

Canadian College of Christian Counsellors

APPLICATION FORM FOR MEMBERSHIP AND CERTIFICATION

NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ PHONE _____ BUS _____ EXT _____

NAME OF PRACTICE _____

ADDRESS _____ CITY _____ POSTAL CODE _____

e-mail: _____

DATE OF BIRTH _____ MALE _____ FEMALE _____ MARRIED _____ SINGLE _____

DIVORCED _____ SEPARATED _____ WIDOWED _____

DO YOU HAVE CHILDREN _____ AGES _____

POST SECONDARY EDUCATION:

INSTITUTION _____ LEVEL ATTAINED _____

INSTITUTION _____ LEVEL ATTAINED _____

INSTITUTION _____ LEVEL ATTAINED _____

YEARS OF EXPERIENCE _____ SPECIALTY _____

OTHER _____

IN WHAT LANGUAGES DO YOU COUNSEL: _____

DO YOU CURRENTLY HAVE LIABILITY INSURANCE _____

ARE YOU CURRENTLY CERTIFIED OR LICENSED WITH ANY OTHER ORGANIZATION
IF SO, PLEASE SPECIFY: _____

CHURCH AFFILIATION _____ HOW LONG _____

MEMBERSHIP AND CERTIFICATION CATEGORIES:

- LAY COUNSELLOR \$ 75.00 /YR
- PASTORAL COUNSELLOR (BACHELORS) \$100.00 /YR
- CERTIFIED CHRISTIAN COUNSELLOR (BACHELORS) \$100.00 /YR
(Supervision component to be completed at Bachelors level)
- ASSOCIATE CLINICAL COUNSELLOR (MASTERS) \$200.00 /YR
- CERTIFIED CLINICAL COUNSELLOR (DOCTORATE) \$300.00 /YR
-

There will be a one time administration fee of \$25

MasterCard Visa Interac Cheque Money Order Cash

CHARGE CARD No. _____ **Exp. date** ____/____

Name as it appears on the card _____

I AGREE: THAT, MY COUNSELLING PRACTICE AND MY PERSONAL LIFE WILL REFLECT THE STANDARDS OF THE "CANADIAN COLLEGE OF CHRISTIAN COUNSELLORS"; AND THAT, IN THE EVENT THAT I SHOULD REQUEST OR REQUIRE THE DIRECTION AND OR ASSISTANCE OF THE "COLLEGE" I WILL REMAIN OPEN TO THAT SERVICE; AND THAT, I WILL MAINTAIN THE CONTINUING EDUCATION AND WHERE APPLICABLE SUPERVISION REQUIREMENTS SET OUT BY THE COLLEGE; AND THAT, SUCH PROGRAMS MAY INCLUDE BUT ARE NOT LIMITED TO THOSE PROVIDED BY THE COLLEGE.

I CERTIFY AND AGREE THAT ALL THE INFORMATION GIVEN IS TRUE AND ACCURATE

SIGNED AT _____ THIS _____ DAY OF _____ 2 _____

SIGNATURE _____ APPROVED BY: _____

PLEASE ENCLOSE PHOTOCOPIES OF DIPLOMAS, DEGREES AND CERTIFICATES

INCLUDE TWO REFERENCE LETTERS
ONE MUST BE FROM YOUR PASTOR OR CO-WORKER

REFERENCE 1. NAME _____

ADDRESS _____

PHONE _____ e-mail: _____

REFERENCE 2. NAME _____

ADDRESS _____

PHONE _____ e-mail: _____

Please Fill in this form and Fax to: Dr. Clarence Duff
Fax: 416-391-3969
Tel: 416-391-5000 Ext. 286
cduff@canadachristiancollege.com