



**CANADIAN
COLLEGE OF
CHRISTIAN
COUNSELLORS**

Canadian College of Christian Counsellors

APPLICATION FORM FOR MEMBERSHIP AND CERTIFICATION

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ BUS./ CELL _____ EXT _____

E-MAIL _____

DATE OF BIRTH ____/____/____ (dd/mm/yy) MALE _____ FEMALE _____

MARRIED _____ SINGLE _____ DIVORCED _____ SEPARATED _____ WIDOWED _____

DO YOU HAVE CHILDREN _____ AGES _____

NAME OF PRACTICE _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ BUS./ CELL _____ EXT _____

E-MAIL _____

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 _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ BUS./ CELL _____ EXT _____

E-MAIL _____

REFERENCE 2. NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ BUS./ CELL _____ EXT _____

E-MAIL _____