



Approved By: Certification No.

Application Form for Membership and Certification

General Information

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: _____

Post-Secondary Education

Institution: _____ Level Attained: _____

Institution: _____ Level Attained: _____

Institution: _____ Level Attained: _____

Experience

Specialty: _____ Years of Experience: _____

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 Categories¹

- | | |
|---|-------------|
| <input type="checkbox"/> Lay Counsellor | \$150.00/YR |
| <input type="checkbox"/> Pastoral Counsellor (Bachelors) | \$200.00/YR |
| <input type="checkbox"/> Certified Christian Counsellor (Bachelors) | \$200.00/YR |
| <input type="checkbox"/> Associate Clinical Counsellor (Masters) | \$250.00/YR |
| <input type="checkbox"/> Certified Clinical Counsellor (Doctorate) | \$300.00/YR |

Payment Method

Master Card: ___ VISA: ___ Interac: ___ Cheque: ___ Money Order: ___ Cash: ___

Charge Card No. _____ Expiry: ___ / ___

Name as it appears on the card: _____

Certification and Agreement

I AGREE:

1. THAT MY COUNSELLING PRACTICE AND MY PERSONAL LIFE WILL REFLECT THE STANDARDS OF THE “CANADIAN COLLEGE OF CHRISTIAN COUNSELLORS”;
2. 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;
3. THAT I WILL MAINTAIN THE CONTINUING EDUCATION AND, WHERE APPLICABLE, SUPERVISION REQUIREMENTS SET OUT BY THE COLLEGE; AND
4. 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.

¹ There is a one-time administration fee of \$100.00

Signed on this _____ day of _____ 20_____.

Signature: _____ Approved by: _____

Information and Documents to Submit

Please enclose:

1. Photocopies of Diplomas, if any
2. Photocopies of Degrees, if any
3. Photocopies of Certificates, if any
4. Two reference letters
 - a. One must be from your pastor or coworker

Reference 1 Name: _____

Address: _____

Phone: _____ Email: _____

Reference 2 Name: _____

Address: _____

Phone: _____ Email: _____

How to Submit

Please fill out this form and submit it to Dr. Ranmalie Brooker via email or fax.

Email: rbrooker@canadachristiancollege.com

Tel.: (416) 391-5000 ext. 344

Fax: 416-391-3969