

Transfer of Licensure as a Registered Counselling Therapist

Application for Transfer of License to Nova Scotia under the Canadian Free Trade Agreement (CFTA) from another Canadian Provincial or Territorial Regulatory Body possessing government mandated licensure powers in the province or territory. This Application is to be used only by those possessing licensure in another province or territory in Canada.

Page 1 of 2

SECTION A: All applicants must complete this section		
Applicant's Name:	Daytime Phone:	
Address (street, PO Box, city/town, province, postal code);	Alternate (cell) Phone:	
Email address:		
Current Licensing Body:	Address of Licensing Body:	Telephone of Licensing Body:
Website of licensing Body	Province: _____ Postal Code: _____	Title on license:
Registration Number:		Date of issue (YMD):
SECTION B: Application fee		
<p>B. 1 Application must be accompanied by the non-refundable application fee of \$100 in Cheque or money order form (no credit card, debit or email money transfer information accepted at this time).</p> <p>\$ _____ enclosed _____ (initial)</p> <p>(Note: Upon approval newly licensed members will be required to pay the pro-rated membership fee based on the date of approval. Licensure renewal year runs from April 1 – March 31 of the following year.)</p>		
SECTION C: Documentation required to be enclosed with this application:		Check if enclosed
1.	Masters Level University Official Transcript used to obtain licensure elsewhere in Canada	
2.	Current Resume or Curriculum Vitae	
3.	Copy of Current Provincial / Territorial license used in submitting this application	
4.	An original letter from each registering body with whom the applicant is registered, to attest to applicant's good standing with that College.	
5.	Criminal Record with Vulnerable Sector Check and Child Abuse Registry Check (Where available)	
6.	Evidence of Professional Liability Insurance policy coverage of \$1,000,000 minimum.	
7.	Reference letter from a clinical supervisor or colleague in a non-compliant relationship to the applicant, attesting to the applicant's good character. (this letter to be sent directly from the author to NSCCT Registrar)	

Transfer of Licensure as a Registered Counselling Therapist

Application for Transfer of License to Nova Scotia under the Canadian Free Trade Agreement (CFTA) from another Canadian Provincial or Territorial Regulatory Body possessing government mandated licensure powers in the province or territory. This Application is to be used only by those possessing licensure in another province or territory in Canada.

Page 2 of 2

SECTION D: Declaration

I _____, declare that:

1. I have never been subject to any disciplinary process, inquiry, investigation, or to any ruling that has, or might have resulted in/ had the potential to result in, suspension or revocation of my membership, registration, or licensure with any registering/licensing professional association or body. (If you have been subject to a disciplinary process, inquiry, investigation, or ruling, do not sign this statement. Provide details on a separate sheet).

Applicant's Signature

Date (YMD)

2. I certify that all of the information included in this form and accompanying documents is correct and accurate in all details in consideration of which I wish to apply for Transfer of Licensure as a Registered Counselling Therapist (RCT) as stated. I agree to abide by the "code of ethics" and "Standards of Practice" of the Canadian Counselling and Psychotherapy Association *
3. If I am granted Registration by NSCCT and practice counselling as a private practitioner, I do so at my own risk. I hereby release NSCCT from any and all liability and/or claim that may arise from any decisions to practice privately as a Registered Counselling Therapist. I understand that all material submitted to the College becomes the property of NSCCT upon receipt and that neither originals nor photocopies will be returned to me. I have also included a valid Criminal Record with Vulnerable Sector Check and a Child Abuse Registry Check (where available) conducted within the last 6 months.

**As per Section 41(1) of the NSCCT By-Laws, the Code of Ethics and Standards of Practice adopted by the College are the CCPA Code of Ethics and Standards of Practice.*

Applicant's Signature

Date (YMD)

Enclose this with all of your other application documents and mail to:

**Ruth Mitchell, Registrar
Nova Scotia College of Counselling Therapists
1-5229 St. Margaret's Bay Road
Upper Tantallon, Nova Scotia
B3Z 4R5**

Or, email applicable documentation to registrar@nscct.ca