

**SECTION A: All applicants must complete this section.**

Applicant's Name:	Daytime Phone:
-------------------	----------------

Email address:

Name of University:	University Address:
---------------------	---------------------

Graduate Degree:	Year of Graduation: M/Y
------------------	-------------------------

**SECTION B: Applicants with Masters and/or Ph. D degrees obtained from a Canadian institution must complete the following section:** From the Counselling Therapists Act – clause 2(0) "equivalent to the programs approved by the Board" means a program that meets both of the following criteria:

**B.1 (a)** the program is obtained from a government-authorized, degree granting institution in Canada.

(i) provide the following: the government, which has authorized the institution to grant degrees:

\_\_\_\_\_

\_\_\_\_\_

(ii) website link verifying the above: \_\_\_\_\_

**B.2 (b)** the program is subject to the oversight of a recognized external academic authority recognized and approved by the Board:

(i) provide the name, postal address, and website link of the external academic authority:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C:**

I submit this information to be considered when my application for Registered Counselling Therapist – Candidate is reviewed by the Nova Scotia College of Counselling Therapists.

X \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*This document is to be submitted with the rest of the RCT-C Application.*