

## NSCCT AFFILIATE MEMBERSHIP APPLICATION

### Associate, Student and Retired Categories

# Page 1 of 2

Please note that an Affiliate membership in NSCCT does not qualify you as a Registered Counselling Therapist, and mention of membership is not to be utilized on any advertising or identification materials such as business cards, letterhead, signatures, in resumes, or in any other way intended to be construed as a credential. Should you wish to use a qualification designation from NSCCT, you must first apply to become a Registered Counselling Therapist-Candidate. See NSCCT Membership section for details.

**A. Please print clearly**

Name (First, Middle, Last):

Address:

Phone 1:

Phone 2:

Email:

Gender:

Salutation: Ms. Mr. Other:

**B. Post Secondary Education**

		University / Institution and Location	Date Graduated (YMD)	Degree	Major
Bachelor Degree(s)	1				
	2				
Graduate Degree(s)	1				
	2				

**C. Affiliate Membership Categories**

Category	Documentation to include
Associate (\$100 per year)	Current resume is to be enclosed with membership application
Student (\$50 per year)	Letter from post-secondary institution verifying student's current enrolment in a Master's level 'counselling therapy education program' is required
Retired (\$50 per year)	Only available to retiring Registered Counselling Therapist members: please insert RCT# _____

**NSCCT AFFILIATE MEMBERSHIP APPLICATION**  
**Associate, Student and Retired Categories**  
**Page 2 of 2**

Annual renewal date is by March 31 each year. Please contact Registrar at [registrar@nscct.ca](mailto:registrar@nscct.ca) to determine your prorated fee if beginning membership midyear.

Fee Enclosed: \$ \_\_\_\_\_. Cheque \_\_\_\_ or money order \_\_\_\_ made payable to the Nova Scotia College of Counselling Therapists or NSCCT

**K. Declaration:**

Kindly answer all questions by checking the 'yes' or 'no' box below each one. Then sign the space below, which will confirm the responses you have made. Unsigned applications will not be processed.

**Have you ever:**

Been convicted or charged with a criminal offence? (If so, please provide details)

- Yes     No

Had a finding of or are you facing a proceeding of professional misconduct, incapacity, or incompetency filed against you in Nova Scotia or another jurisdiction? (If so, provide details)

- Yes     No

Been registered to practice as a Counselling Therapist in other provinces or countries? (If so, provide copy of registration/membership card)

- Yes     No

By becoming a member of the Nova Scotia College of Counselling Therapists (NSCCT), I agree that NSCCT is authorized to collect, utilize and disclose personal information regarding my status within NSCCT and any other information required to comply with NSCCT's mission of protecting the public. As a member of the NSCCT, I hereby pledge to uphold the Canadian Counselling and Psychotherapy Association's Code of Ethics and Standards of Practice at all times.

X \_\_\_\_\_  
Applicant's signature

X \_\_\_\_\_  
Date (DMY)

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