

REGISTERED COUNSELLING THERAPIST CANDIDATE APPLICATION

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All persons wishing to have their credentials considered for the designation, Registered Counselling Therapist-Candidate, must submit this completed application, with all required attachments, to the Nova Scotia College of Counselling Therapists.

Please use the checklist below to ensure that you have included all additional documents required for review. Only original completed applications will be considered. Please ensure you complete all sections on every page.

ITEMS 1-7, and 11 are to be sent with this application.

ITEMS 8-10 must be sent directly from the source.

- 1 Course Descriptions of all Graduate Level Courses taken.**
- 2 An original Criminal Record with Vulnerable Sector Check conducted within the previous 3 months.**
- 3 Cheque or money order made out to the "Nova Scotia College of Counselling Therapists" for the non-refundable Registration Application Fee of \$ 110.**
- 4 Current resumes of both Applicant and Proposed Supervisor.**
- 5 Section A (2) Provide response, and if required, enclose test results.**
- 6 Letter to Registration Committee (item 'J' on application).**
- 7 Completed 'Graduate Degree Obtained in Canada' form. If degree was conferred by a university located outside Canada, contact the Registrar for the appropriate form to use.**
- 8 Practicum Description Form, signed and sent to NSCCT by your University Practicum Professor or Practicum Supervisor.**
- 9 Two Professional References (using the Professional Reference Form) sent by referees directly to this office.
An Official Transcript of your graduate degree, indicating that your degree has been conferred*, to be sent directly from from the institution's Registrar, stating the Institution to the NSCCT Registrar. *If your degree**
- 10 has not yet been conferred, your Transcript, along with a letter that all requirements for graduation have been met, can be submitted.**
- 11 Evidence of professional liability insurance policy coverage of \$1,000,000 minimum.**

A (1) Please print clearly – Your name as it appears below will be used for your license

Name (First, Middle, Last):

Address:

Phone 1:

Birth date (YYMMDD):

Email:

Gender:

Salutation: Ms. Mr. Other:

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Province or country of residence:

A (2) English Language Proficiency: Please Check one response below and complete as required:

All courses taken by me in my Masters level counselling degree were in English.

OR

I have completed the following English Language Proficiency test:

An official copy of my evaluation is provided as an enclosure with this application. I realize that I may be required to take another test if either this test, or the score is not satisfactory.

INITIAL HERE: _____

B. Post Secondary Education					
		University / Institution and Location	Date Graduated (YMD)	Degree	Major
Bachelor Degree(s)	1				
	2				
Graduate Degree(s)	1				
	2				

C. Practicum Settings and Locations: If additional space is needed, please use a separate sheet.				
	Name	Position and Employer	Professional Qualifications	Email and Phone #
Practicum Supervisor				
Onsite Supervisor				

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Practicum Supervisor				
Onsite Supervisor				

D. Professional References: Referees are asked to complete the Professional Reference Form and submit it directly to the NSCCT at the address noted on the form or sent to registrar@nscct.ca and dated within 2 months of the date of this application.

Referee's Name		Email	
Postal Address			
Professional Relationship to Applicant			
Professional College / Assoc. To which referee belongs & Reg. #			
Referee's Name		Email	
Postal Address			
Professional Relationship to Applicant			
Professional College / Assoc. To which referee belongs & Reg. #			

E. Graduate Counselling Courses Completed for Registration (From Transcripts)

Record all Masters level courses you have taken in your "counselling therapy education program" using the ones listed on the chart below as a guide. Check that the course content in your description corresponds with the content in the generic course description listing, 'Graduate Course Content' available in Section A of the 'Guide for Preparing Your Registered Counselling Therapist-Candidate Application'.

Note:

1. Course descriptions for all of the courses you list below are to be attached.
2. An official transcript from the institution(s) where the courses recorded below were taken is required to be sent directly from the institution's Registrar's office to NSCCT. If the institution is not in Canada, contact the NSCCT Registrar.

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3. In addition to the four compulsory courses listed below, you must ensure that a minimum of four of the remaining additional courses taken in your Masters degree, are chosen from the "Additional Courses" listed below. Of these, no more than two courses per category can be accepted. While course names may vary, course content should be similar. The balance of the credit hours of Masters level courses taken should complete the list, be recorded on the chart below and verified in your University transcript. If additional space is required, attach another sheet.

Compulsory Courses					
#	Course #	Course Title	Your Course Title	Credit/Hours	Date Completed (YMD)
1		Counselling Theory			
2		Supervised Counselling Practicum			
3		Professional Ethics			
4		Counselling Skills			

Additional Courses: A minimum of four, 3 credit hour courses must be chosen from the course content selections below: Assessment Processes, Counselling in Specialized Settings, Counselling Intervention Strategies, Consultation Methods, Diversity Issues, Gender Issues, Group Counselling, Human Development and Learning, Lifestyle and Career Development, Psychological Education, and Research and Evaluation.

These four, and all remaining courses listed on your qualifying Masters level university transcript, are to be recorded below.

#	Course #	Your Course Title	Credit/Hours	Date Completed (YMD)
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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16				
17				
18				
19				

These are the two sections (F and G) that the RCT-C Applicant and Proposed Candidacy Supervisor are required to complete in consultation with one another. Supervisors need to meet the requirements found in Section 'E' of the 'Guide for Preparing Your Registered Counselling Therapist-Candidate Application' and be licensed with NSCCT or NSBEP, or registered with NSASW. In addition to these prerequisites, a Supervisor to have taken the Supervision Workshop offered by NSCCT. Workshops shall be advertised in the NSCCT Professional Development section of the NSCCT website.

F. Supervision Requirement: The supervisory relationship between Candidate and Supervisor is one which must be 'at arm's length' from one another.

1. Supervision does not include peer supervision by a person of equivalent qualifications, status, and experience.
2. Nor does it include current or former family members or others where the personal relationship interferes with or makes challenging the establishment of a professional relationship.
3. Supervisors in administrative relationships to the Candidate, whose position involves evaluating job performance or assessing case management, are not suitable for evaluating the quality of therapy given to a client.
4. On-site Supervisors from applicant's Masters level Practicum placements, are not eligible to provide supervision for applicant's Candidacy.

I have read the list of requirements in Section 'E' of the Guide noted in the amber coloured block above, and in this section and confirm that none of the above applies to the supervisory relationship being submitted for approval in this application.

Candidacy Applicant's signature:

Date (YMD):

Proposed Supervisor's Signature:

Date (YMD):

G. Proposed Supervisor: To be completed in full by Registered or Licensed Mental Health Professional

Name (First, Middle, Last):

Address:

Phone 1:

Phone 2

Email:

Professional Registration #:

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Name of Registration / Licensing Body:	
Licensing Body's Phone Number:	
I am enclosing a copy of my current resume with this application. I confirm that I hold a minimum of one million dollars professional liability insurance, that includes in its coverage my activity as Supervisor of a Candidate for licensure.	
Proposed Supervisor's Signature:	Date (YMD):

H. RCT-C Applicants Professional Counselling Experience. Use your most recent counselling therapy work experience.

Date of Employment (YMD)	Fr:	To:	
Employer:			
Address:			
Supervisor:	Phone:	Email:	
Your Position / Title:			
Counselling Responsibilities, including hours per week:			

I. RCT-C Applicants Professional Liability Insurance

As prescribed in the Counselling Therapists Act, RCT-Cs must have Professional Liability Insurance coverage. This may be coverage that your employer will take out on your behalf. Otherwise, you must have your own insurance coverage before you begin your counselling practice as a RCT-C. Please provide the applicable information below:

_____ I am presently covered for Professional Liability as a counsellor or therapist through an insurance policy I have with Company: _____ Policy# _____ Expiry Date: _____ and enclose verification of this coverage.

_____ My professional liability insurance coverage is held by my employer for all counselling or therapy in which I am engaged and I enclose a letter from my employer confirming this coverage.

_____ I do not have Professional Liability insurance coverage, but will obtain coverage upon provisional approval of my RCT-Candidacy and understand that I cannot begin direct client contact or begin accruing supervised candidacy hours as a licensed Registered Counselling Therapist – Candidate, until verification of coverage is received by NSCCT. Please note, applicants cannot receive a licensing number until proof of insurance is submitted. **Initial here: X** _____

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J. Career Aspirations:

Write a 250 word letter to the Registration Committee introducing yourself and outlining your career aspirations as a Counselling Therapist. Enclose letter with the rest of this application.

K. Declaration:

I have never been subject to any disciplinary process or to any ruling that has suspended or revoked my membership or registration with any registering professional association. (If you have been subject to a disciplinary process or ruling, do not sign this statement. Provide details on a separate sheet.)

X _____

Applicant's Signature

X _____

Date (YMD)

I certify that all of the information included in this form and accompanying documents is correct in consideration of which I wish to apply for Candidacy as an RCT as stated. I agree to abide by the 'Code of Ethics' and 'Standards of Practice' of the Canadian Counselling and Psychotherapy Association *. 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 -Candidate. 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 unless stated in correspondence. I have included a valid Criminal Record with Vulnerable Sector Check report conducted within the last 3 months, and, a Child Abuse Registry check if my practice does or will include persons under 16 years of age.

**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.*

X _____

Applicant's Signature

X _____

Date (YMD)

Matt Lafond, Registrar

Nova Scotia College of Counselling Therapists

207-1 Kingswood Dr
Hammonds Plains, Nova Scotia
B4B 0P4

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(1) Practicum Description for RCT-Candidacy Application

(2) Professional Reference Forms (2)

(3) Official University Transcript

I have made arrangements for the original documents noted above to be completed and forwarded to the NSCCT Registrar, and until these are received, I understand that my application cannot be reviewed. I understand that I am responsible for any inquiries about these documents having been sent to the College and that I will hear from the Registrar or designate when all documents have been received for the next Registration Committee review.

X _____

Signature of Applicant

X _____

Date (YMD)