



# LEAVE FROM ACTIVE PRACTICE REQUEST FORM

Page 1 of 2

Use this form only if you are requesting a leave from active practice (pause in licensure).

## REGISTRANT CONTACT INFORMATION

Last Name:	Registration #:
First Name:	Phone:
Address:	
Community:	Postal Code:
Email:	

## ANTICIPATED DURATION OF LEAVE

Pause Date:	Reactivation Date:
-------------	--------------------

**Note:** Initial leave requests must be between 3 and 12 months (see Policy A(r)-04.0 for details regarding extensions)

All applications for leave from active practice (pause of licensure) must include the non-refundable processing fee of \$10 as indicated in the [Schedule of Fees \(S-01.0\)](#). Payment can be sent via e-transfer to: [finance@nscct.ca](mailto:finance@nscct.ca) and by cheque or money order payable to Nova Scotia College of Counselling Therapists.

**Only complete applications will be considered. Applications will not be processed prior to payment in full.**

## ATTESTATION

I \_\_\_\_\_ (print name) confirm that I have read and understand the restrictions that will apply during my leave from active practice, as outlined in Policy A(r)-04.0 *Leave From Active Practice*

and

attest that during the approved leave period, I will:

- refrain from the practice of counselling therapy
- refrain from advertising or promoting counselling therapy services

**Note: Having been granted leave from practice by the College in no way diminishes a registrant's individual professional responsibility to act in accordance with the CCPA Code of Ethics or CCPA Standards of Practice, or their liability for any failure to do so.**

Signature:

Date: