

Use this application only if you are applying to transfer your license to Nova Scotia from another Canadian provincial/territorial regulator.

Please refer to Policy R-08.0 (*Licensure of Applicants Currently Licensed in Canadian Jurisdictions Outside of Nova Scotia*) for further information.

Page 1 of 2

| SECTION A: All applicants must complete this section | | | |
|---|---|---|-----------------------------|
| First Name | Initial | Last Name | Phone |
| Address | | NOTE that only fully completed applications will be processed. | |
| Province | Postal Code | | |
| Email | | | |
| Current Licensing Body | Address of Licensing Body | | Telephone of Licensing Body |
| Website of Licensing Body | | | Title on License |
| | Province | Postal Code | |
| Registration Number: | Date of Issue | Expiry Date | |
| SECTION B: Application Fee | | | |
| <p>B. 1 The application must include a <i>non-refundable</i> Application Fee of \$110 via e-transfer to: finance@nscct.ca or by cheque or money order payable to <i>Nova Scotia College of Counselling Therapists</i>.</p> <p>B. 2 Newly licensed members are required to pay membership fees pro-rated from the date the application is approved. (Refer to NSCCT Policy R-06.0 for further information)</p> | | | |
| SECTION C: Required Documentation | | | Enclosed |
| 1. | Copy of Current License | | |
| 2. | Evidence of Professional Liability Insurance (\$1,000,000 minimum) (Refer to NSCCT Policy R-02.0 for further information) | | |
| 3. | Criminal Record Check (Refer to NSCCT Policy R-07.1 for further information) | | |
| 4. | Vulnerable Sector Check (Refer to NSCCT Policy R-07.1 for further information) | | |
| 5. | Written confirmation from the Registrar of the licensing body under which you are currently licensed, that you are a member in good standing and not the subject of any unresolved disciplinary matters and that there are no previous, current or pending sanctions or licensing restrictions imposed upon or due to be imposed upon you. (Refer to NSCCT Policy R-07.0 for further information) | | |

SECTION D: Declaration and Attestation

Are you now, or have you ever been, subject to any disciplinary process, review, inquiry, investigation, fitness-to-practice process, or other regulatory process which has or had the potential to impact your licensure or status with any regulatory body?

No **Yes** ... if YES, please provide full details on a separate page.

Signature

Date

Attestation of Document Review

I _____, (Print Name)

attest that I have thoroughly reviewed and fully comprehend the following documents,

- Canadian Counselling and Psychotherapy Association Code of Ethics (2020)
- Canadian Counselling and Psychotherapy Association Standards of Practice (2015)

and commit myself to practicing according to the precepts and standards contained therein.

Signature

Date

Forward this application and all required documents electronically or by mail to:

Registrar
Nova Scotia College of Counselling Therapists
Unit 207 - 1 Kingswood Dr
Hammonds Plains, Nova Scotia
B3B 0P4

902-225-7531

apply@nscct.ca