

REGISTERED COUNSELLING THERAPIST CANDIDATE APPLICATION (United States)

Use this application only if you are applying to be licensed as a Registered Counselling Therapist-Candidate (RCT-C) in Nova Scotia as a graduate of a degree-granting institution in the United States. **Note:** Applicants should familiarize themselves with NSCCT Policy R-09.2: Licensure of Applicants Educated in the United States Not Currently Licensed in Canada, prior to completing this form.

SECTION A: Applicant Information (Enter name as you would like it to appear on your license)

First Name

Initial

Last Name

Phone

Date of Birth

Email

Address

**State/
Province**

**Zip/
Postal Code**

SECTION B: Post Secondary Education U.S. applicants must hold a graduate degree in counselling or related profession from an institution accredited by one of the seven Regional Accreditation Bodies in the United States.

		Name and Location of Institution	Date Graduated	Degree	Major
Bachelor Degree(s)	1				
	2				
Graduate Degree(s)	1				
	2				

Regional Accreditation Body

An official transcript must be sent directly to NSCCT from the Registrar of the institution from which your counselling graduate degree was conferred.

Registrar
Nova Scotia College of Counselling Therapists
207-1 Kingswood Dr
Hammonds Plains, Nova Scotia
B4B 0P4

SECTION C: NSCCT Course Requirements

As part of this application, all Registered Counselling Therapist - Candidates who graduated from a regionally accredited graduate program in the United States, must submit a completed Course Description Form (F-02.2) listing all graduate-level courses obtained as part of their degree, and which appear on official transcripts.

SECTION D: Application Fee

Submit the non-refundable application fee of \$110 (Can) via e-transfer to: finance@nscct.ca or by cheque or money order made out to Nova Scotia College of Counselling Therapists.

SECTION E: Proposed Candidacy Supervisor

This section of the application must be completed by, and in full consultation with, a proposed Candidacy Supervisor. Both parties are asked to refer to Policy SC-04.0:Candidacy Supervision to ensure they are familiar with its requirements; in particular. Sections: Eligible Supervisors and Supervisory Role.

First Name	Initial	Last Name
Phone	Email	Registration #
Address	Province	Postal Code

I hereby confirm that I,

- Have read and agree to comply with the requirements of NSCCT Policy SC-04.0: *Candidacy Supervision*;**
- Meet each of the 'Eligible Supervisor' requirements as set out in Policy SC-04.0;**
- Have expressed to the applicant your willingness to supervise their candidacy as approved by the Registrar.**

Signature

Date

SECTION F: 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.

Furthermore, I agree to read all official correspondence from the College transmitted by hard copy or electronic means.

Signature

Date

SECTION: G. Professional Liability Insurance

Registered Counselling Therapist - Candidates are required by law to maintain Professional Liability Insurance in the amount of \$1,000,000 (minimum) [see Policy R-02.0 Professional Liability Insurance]. The NSCCT requires that all RCT-C applicants provide evidence that they:

- Currently hold professional liability insurance in an amount not less than amount of \$1,000,000 ; **or**
- are covered by an insurance policy held by a current employer for the required amount.

Check which one applies.

Application Checklist

Use this checklist to ensure all required documents are enclosed with the application or have been submitted independently as required.

Submitted with Application	
Criminal Record Check (NSCCT Policy R-07)	<input type="checkbox"/>
Vulnerable Sector Check (NSCCT Policy R-07)	<input type="checkbox"/>
Proof of Professional Liability Insurance (Policy R-02.0)	<input type="checkbox"/>
Non-refundable Application Fee \$110 (Policy S-01.0)	<input type="checkbox"/>
Graduate Course Description Form (F-02.2)	<input type="checkbox"/>
Copy of Current License (Policy R-09.2)	<input type="checkbox"/>
Independently Submitted	
Official Transcript(s)	<input type="checkbox"/>

NOTE that only fully completed applications will be processed. Do not send required documents separately.

I certify that all the information included in this application and accompanying documents submitted by me is correct to the best of my knowledge.

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

Registrar

Applicant Signature

Nova Scotia College of Counselling Therapists

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

Date

902-225-7531

apply@nscct.ca