

# REGISTERED COUNSELLING THERAPIST CANDIDATE APPLICATION (International)

**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 outside of Canada or the United States. **Note:** Applicants should familiarize themselves with NSCCT Policy R-09.0: Licensure of Internationally Licensed Applicants Not Currently Licensed in Canada; and Policy R-09.1: English Proficiency Requirements for Internationally Educated Applicants, 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** **Country**

**SECTION B: Post Secondary Education** International applicants must hold a graduate degree in counselling or related profession from an authorized degree-granting institution.

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

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

**Credential Verification and Evaluation**

All International Applicants must have a Credential Evaluation Report sent directly to the Registrar as part of a complete application. NSCCT accepts Credential Evaluation Reports only from the five (5) English-language Alliance of Credential Evaluation Services of Canada (ACESC) <http://www.canalliance.org/en> affiliated credential assessment services. See Policy: Schedule of Approved Credential Evaluation Services (S-04.0) for assistance.

## SECTION C: NSCCT Course Requirements

As part of this application, all Registered Counselling Therapist - Candidates who obtained their graduate degree in counselling or related profession outside Canada or the United States, must submit a completed Course Description Form (F-02.2) listing all graduate-level courses obtained as part of the degree, and which appear on official transcripts.

## SECTION D: Application Fee

Submit the non-refundable application fee of \$165 (Can) via e-transfer to: [finance@nscct.ca](mailto:finance@nscct.ca) or by International Wire Transfer 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 (2021)

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

**Note:** All International Applicants are required to pass a 50 question multiple-choice exam prior to final registration and licensure (Policy R-09.0)

## SECTION G: English Language Proficiency

The NSCCT requires that all internationally educated applicants, whose first language is not English, provide independent evidence of an English proficiency score (IELTS, TOEFL, CAEL or PTE Academic) that meets or exceeds the minimum standard test scores set out in Policy R-09.1: English Proficiency Requirements for Intentionally Educated Applicants.

**Note:** Applicants who have received their professional education in English from one of the countries listed in Policy R-09.1 are exempt from the above test requirement.

## SECTION: H. 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 \$165 (Policy S-01.0)	<input type="checkbox"/>
Graduate Course Description Form (F-02.2)	<input type="checkbox"/>
Copy of Current License (Policy R-09.0)	<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**