

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.

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	Province		Title on License
	Postal Code		
Registration Number:	Date of Issue	Expiry Date	
SECTION B: Application Fee			
B. 1			
B. 2 The annual re-istration license fee of 60 will not be charged to successful transfer applicants until the first renewal period following initial re-istration.			
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