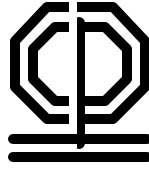


**ONTARIO ASSOCIATION OF CONSULTANTS, COUNCELLORS
PSYCHOMETRISTS AND PSYCHOTHERAPISTS**



Request for Professional Reference

To:

I am applying for certification by the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists. As part of this process, I am required to submit references concerning my professional performance.

Since you are familiar with my work, please complete the attached *Professional Reference Form (B 8202)* as an evaluation of my professional competence.

Please return the form to:

Mr. John Marai
Chair, Certification Committee
52 Delburn Drive
Toronto, ON M1V 1A7

Applicant's signature

REFeree INFORMATION

The Ontario Association of Counsellors, Psychometrists and Psychotherapists is a professional association, which certifies competent providers of mental health services. Your assessment of the applicant's professional qualities and competence will aid the Certification Committee in determining his/her eligibility for certification.

Any information submitted by you will not be made available to the applicant by the Committee without your written consent and will be held in strictest confidence.

The criteria for certification are included to assist you in making an appraisal of the applicant.

Please assess the applicant's professional experience in one or more of the following areas.

1. Assessment of functioning and potential in areas of development, intellect, personality and vocational aptitudes based on the administration and interpretation of appropriate measures.
2. Counselling to facilitate greater self-understanding and improved decision making, leading to behavior change, problem resolution and/or developmental growth.
3. Therapy and/or psychotherapy to resolve personal difficulties and enhance growth, self-understanding and personality change.
4. Development of techniques, methods, tests, etc., to evaluate individual, agency and community needs in the mental health area.
5. Development and/or implementation of appropriate programs and interventions to meet identified mental health needs.
6. Consultation and direction in the above areas to individuals, organizations, agencies and communities.

For such experience to qualify as acceptable to the Committee, the applicant must be able to demonstrate to the Committee that it was performed competently at a professional level.

The following guidelines apply:

ACCEPTABLE

- | |
|--|
| <ol style="list-style-type: none">1. Administering and interpreting tests.2. Providing counselling, therapy and/or psychotherapy.3. Planning and recommending detailed interventions based on an individual's or organization's needs. |
|--|

UNACCEPTABLE

- | |
|--|
| <ol style="list-style-type: none">1. Administering and scoring tests2. Observing counselling or therapy sessions3. Implementing in a direct way the recommendations of another professional. |
|--|

**ONTARIO ASSOCIATION OF CONSULTANTS, COUNCELLORS
PSYCHOMETRISTS AND PSYCHOTHERAPISTS**

Professional Reference Form

Applicant's Name _____

Referee's Name: _____

Position: _____ Title: _____

Degree: _____

Organization: _____

Address: _____

_____ Telephone No. _____

If you have been certified by OACCPP,
please give your Certification Number.

If you are certified, registered or licensed as a mental health professional by a legal or
Professional College or Board, give full details below.

Name of College or Board: _____

Date of original Certificate or Licence: _____

Specialty, if Designated: _____

Certificate Number: _____ Certificate current? _____

Knowledge of Applicant: Limited Moderate Through

During the period _____ to _____

I became familiar with the applicant's work in the following capacity (Colleague, Supervisor
Etc.): _____

Describe the work situation (i.e., hospital, school setting, etc.,)

Describe the applicant's duties and responsibilities, including a description of the client population:

What are the applicant's strengths?

What areas need further development?

Signature: _____

Date: _____

Please complete the attached checklist of the applicant's characteristics.

Professional Conduct

Ready for Independent Practice	Acceptable for Supervised Practice	Needs further Development	Not Acceptable	Not Relevant
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Ethical conduct					
Appropriate referrals					
Insight into client's problems					
Concern for client's welfare					
Recognition of own limits					
Professional conduct with clients					
Use of community resources					

Maturity of Attitude and Behavior
--

Ability of get along with co-workers					
Sense of responsibility					
Ability to be objective on the job					
Personal integrity					
Acceptance of criticism					
Self Assessment					
Professional identity					

Please explain any not acceptable ratings:

Are there any limitations to the applicant's competent performance based on client population, age, etc?

Signature: _____ Date: _____

APPLICANT CHARACTERISTICS

Name: _____

Date: _____

COMPETENCE IN THE FIELD	Ready for Independent Practice	Acceptable for Supervised Practice	Needs further Development	Not Acceptable	Not Relevant
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Assessment

Initial Interview					
Administration of psychological measures in the following areas: <ul style="list-style-type: none"> • Development • Intellect • Personality • Vocational aptitudes 					
Interpretation and report writing					

Counseling and/or Therapy

Individual					
Group					
Marital					
Family					
Intervention strategies used:					

Consultation

Development of techniques and methods to evaluate agency and/or community needs					
Development and/or implementation of appropriate Programs and interventions to meet identified mental health needs					

Supervisory Skills

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