



**OACCPP**



an association of .....

*mental health professionals*

*ontario association of consultants, counsellors, psychometrists and psychotherapists*

### Application for Certification

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Employer/Business: \_\_\_\_\_

#### Academic Background

Universities	Major Areas	Dates Attended	Degrees granted

#### Supervised Experience (practicums, internships, etc)

Describe any supervised programs connected to course and program requirements

**Work Experience** (List most recent employer first)

**Present Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Work Setting** \_\_\_\_\_ **Number of Hours per week** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date of Employment from: \_\_\_ to: \_\_\_\_\_**

**Immediate supervisor or eligible colleague** (including private practice) \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Previous Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Work Setting** \_\_\_\_\_ **Number of Hours per week** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date of Employment from: \_\_\_ to: \_\_\_\_\_**

**Immediate supervisor or eligible colleague** (including private practice) \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Previous Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Work Setting** \_\_\_\_\_ **Number of Hours per week** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date of Employment from: \_\_\_ to: \_\_\_\_\_**

**Immediate supervisor or eligible colleague** (including private practice) \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Professional associations and organisations in which you hold membership**

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**Additional professional activities**

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**Honours and awards**

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**Publications**

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**Other**

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## Name of two (2) referees

Must be familiar with work and experience of the applicant following the acquisition of a graduate degree.

Name _____
Organisation _____
Title _____
_____

Name _____
Organisation _____
Title _____
_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date