



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

<hr/> <hr/> <hr/> <hr/>

Additional professional activities

<hr/> <hr/> <hr/> <hr/>

Honours and awards

<hr/> <hr/> <hr/> <hr/>

Publications

<hr/> <hr/> <hr/> <hr/> <hr/>

Other

<hr/> <hr/> <hr/> <hr/>

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