



## RQS: Supervisor Application Form

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Complete the following Application and submit with the required documentation by either of the following options:

**Email to:** [qualifying@thecpca.ca](mailto:qualifying@thecpca.ca)

Include "RQS QUALIFYING APPLICATION" in subject line

**Mail to:**

P.O. Box 23144, Medicine Hat, AB, V1B 4C7

For further information and inquiries, phone (250) 558-3323

### THE PROCESS

**Step 1:** Complete this application form (Note: Do not submit it until you have all required documentation).

**Step 2:** Accumulate all documentation needed for making an application (See Step 4).

**Step 3:** Send copy of "Supervisor's Evaluation Form" to your clinical supervisor for them to fill out and submit to [qualifying@thecpca.ca](mailto:qualifying@thecpca.ca) on your behalf.

**Step 4:** Email application and all needed documentation (below) in one email to [qualifying@thecpca.ca](mailto:qualifying@thecpca.ca)

- A copy of current CV or resume.
- Certificates showing a minimum of **30 hours** of education specific to supervision
- One certificate of education must include an 'Ethics and Supervision' course within last 3 years
- Clear Criminal Record Check including Vulnerable Sector Check within last year
- Two recommendation forms filled out from mental health professionals or clinical counsellors with personal knowledge of applicant's clinical knowledge and skills (who have 8 years experience)
- One recommendation form filled out from a qualified clinical supervisor who has supervised applicant for more than a year (within the last 3 years).

**Step 5:** Submit application fee (**\$75 + \$5 admin fee + applicable taxes**) on same day as you submit your application.

- GST Provinces: BC, YT, NT, AB, NU, SK, MB, QC = 5% (**\$84.00**)
- HST Provinces: ON = 13% (**\$90.40**); NS = 14% (**\$91.20**); NB, NL, PE = 15% (**\$92.00**)
- Payment can be made by:
  - (1) **E-transfer** to [payment@thecpca.ca](mailto:payment@thecpca.ca), password: **application**;
  - (2) **Credit Card** - email [upgrade@thecpca.ca](mailto:upgrade@thecpca.ca) to request an online invoice which will be accessed through your member dashboard.

**Step 6:** Upon notification of successful application, submit membership dues. The difference in member dues is required upon approval. Congratulations you are now a **RQS Provisional**.

**Step 7:** Complete 100 hours of supervision in which you are supervised and submit the **RQS Supervision Verification Form** to [qualifying@thecpca.ca](mailto:qualifying@thecpca.ca) and you are complete.

**Step 8:** Congratulations, you hold the full designation of Supervisor! You may use the designation MPCC-S.

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Personal Data:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth date (M/D/Y): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Name of Organization / Private Practice: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

How long have you held RPC/MPCC Membership with the CPCA? \_\_\_\_\_

List the Regulatory Body and/or any Associations you are a Member in "Good Standing".

Regulatory Body/Association	Identification Number	Registration Date

Have you had any complaints against you in the past 5 years? Yes No

If YES, please provide an explanation and attach with a copy of the complaint resolution:

Do you agree to allow the CPCA to contact your professional association(s) regarding any record of client complaints? Yes No

(The CPCA reserves the right to refuse applicants with previous complaints. Note: It is an offense to make a false or misleading statement and can result in refusal of application.)

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Specialized Training & Certification relevant to Counselling Supervision:  
(Minimum 30 clock hours required)

Degree, Certificate, Course specific to Supervision	Institution	Date Granted	Is Certificate attached to email with application?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

List of Qualified Clinical Supervisors (QCS):

Please provide the Names, Professional Qualifications, and Phone Numbers of **all Qualified Clinical Supervisors** who have supervised you over the last 5 years, with the most recent at the top.

Ref?	Name of Supervisor (QCS)	Professional Qualifications	Phone	MM/YY starting supervision and MM/YY ending supervision
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

→ Check box indicating who you have asked to provide a recommendation form on your behalf to become a supervisor.

Clinical Counsellor References:

Please provide the Names, Professional Qualifications, and Phone Numbers of **at least two** clinical counselling professionals with more than 8 years of clinical experience who will serve as references.

Give the "Recommendation Form" to at least 2 of the following three people below who will speak to your knowledge and skills recommending you as a Supervisor.

Name of Professional Reference	Professional Qualifications	Phone

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Please provide answers to the following questions:

1. Give a brief description of your supervision modality or approach.
2. What is the difference between (1) Best Practice, (2) Poor or Bad Practice, and (3) Unethical Practice?
3. List some areas which you believe may be beyond your counselling competency to provide clinical supervision (at this time)? How would you address this situation?
4. Give a brief example of a situation when, as a counsellor, you needed to confront or challenge a colleague, and describe how you resolved the issue you believed to be bad practice, unethical, incompetent, or unprofessional. What did you do and what might you do differently next time? If you have not done so, provide example of what you would do.

5. What would you do if you found out that one of your supervisees had broken an ethical boundary? Give a hypothetical example. What steps would you take?

6. Please explain your approach to how you would identify if/when a supervisee may be experiencing counter transference and how would you deal with it?

### Application Fee

- **Non-Refundable Fee of \$75.00 + \$5.00** admin fee + GST/HST must accompany this application. Applications submitted without receipt of the application fee are unable to be placed in queue for processing and review.
- **Ensure you include the applicable provincial GST/HST amount with your payment.**  
**GST Provinces:** BC, YT, NT, AB, NU, SK, MB, QC = 5% (**\$84.00**)  
**HST Provinces:** ON = 13% (**\$90.40**) NS = 14% (\$91.20); NB, NL, PE = 15% (**\$92.00**)
- Payment(s) can be made by: (1) E-transfer to **payment@thecpca.ca**, password: **application**;  
(2) Credit Card - email **qualifying@thecpca.ca** to request an online invoice which will be accessed through your member dashboard.

### Additional Information

- RQS Annual Member dues **\$400 + \$5** admin fee + **GST/HST** expires Dec 31<sup>st</sup> annually
- Annual Renewal criteria: 12 hours CEU's/ProD, 6 hours clinical supervision of self and self-care

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## DECLARATIONS WITH APPLICATION

### Read and Verify the Following Understandings and include in Application:

1. I understand that this information will be used for purposes of admission, registration, research and development, and other purposes consistent with the mandate of the association. The use of this information will be in compliance with the Federal Privacy Act (PIPEDA). (Any questions concerning the collection and use of this information should be directed to the Registrar ([registrar@thecpca.ca](mailto:registrar@thecpca.ca)))

Print form and initial here: X\_\_\_\_\_ or  fill in your initials here as verification: \_\_\_\_\_

2. I understand that submission of this application in no way guarantees membership in the CPCA, and that misrepresentation of this information in any way may result in cancellation of my admission or registration status.

Print form and initial here: X\_\_\_\_\_ or  fill in your initials here as verification: \_\_\_\_\_

3. I understand that my CPCA membership has annual requirements that must be met in order to renew my designation on or before December 31<sup>st</sup> each year. Membership falls into a “not-in-good-standing” status if membership dues and requirements are not met and submitted before the grace period of January 15<sup>th</sup> annually. Membership can be terminated or retired by member choice submitted in writing to the CPCA Head Office.

Print form and initial here: X\_\_\_\_\_ or  fill in your initials here as verification: \_\_\_\_\_

4. I confirm that I do not have a criminal record that might prejudice my work as a Professional Counsellor and have disclosed any/all criminal convictions for which I have not received a pardon.

Print form and initial here: X\_\_\_\_\_ or  fill in your initials here as verification: \_\_\_\_\_

5. I confirm that I have not been dismissed from employment or refused membership in a professional association or registration in counselling or related field, on the grounds of professional misconduct in Canada or elsewhere.

Print form and initial here: X\_\_\_\_\_ or  fill in your initials here as verification: \_\_\_\_\_

6. I confirm that I have read and understand and will abide by the expectations and regulations of the Regulatory College in my province, if there is one. <https://www.cpca-rpc.ca/regulatory-colleges~.aspx>

Print form and initial here: X\_\_\_\_\_ or  fill in your initials here as verification: \_\_\_\_\_

7. I confirm that I have read and understand and will abide by the Code of Ethical Conduct, Core Competencies and Standards of Practice for the CPCA. <https://www.cpca-rpc.ca/code-of-ethics~.aspx>

Print form and initial here: X\_\_\_\_\_ or  fill in your initials here as verification: \_\_\_\_\_

8. I confirm that I have been in active clinical practice for a minimum of 8 years out of the last 10 years.

Print form and initial here: X\_\_\_\_\_ or  fill in your initials here as verification: \_\_\_\_\_

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**FINAL DECLARATION**

I certify that all statements on the application are true and complete to the best of my knowledge and belief. In the event of any complaint or complaints arising which suggest unethical clinical practice on my part prior to or during the process of application for registration, I authorize the Canadian Professional Counsellors Association to both investigate and to consider such information as part of my eligibility for registration.

**Option 1: Print document & sign here:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name: \_\_\_\_\_

**Option 2: Fill in your name and date as your signature:**

Your name as signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name as signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Save this Document to your Computer before submitting to [qualifying@thecpca.ca](mailto:qualifying@thecpca.ca))

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