



**CCPC Head Office**

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**AAC APPLICATION FORM**

|                     |             |             |
|---------------------|-------------|-------------|
| <b>NAME</b>         | Surname     | First Name  |
|                     |             |             |
| <b>TELEPHONE</b>    | Home / Cell | Business    |
|                     |             |             |
| <b>E-MAIL</b>       | Personal    | Business    |
|                     |             |             |
| <b>HOME ADDRESS</b> | Street      | City        |
|                     |             |             |
|                     | Province    | Postal Code |
|                     |             |             |
| <b>BUSINESS</b>     | Name        |             |
|                     |             |             |
| <b>ADDRESS</b>      | Street      | City        |
|                     |             |             |
|                     | Province    | Postal Code |
|                     |             |             |

| <b>WORK EXPERIENCE – Current Position</b> |  |
|---|--|
| Present Position Title                    | Length of Time in this position        |
| Type of Business                          | Number of employees supervised/managed |

| <b>REQUIRED WORK EXPERIENCE - AAC (500 hours)</b>   |          |       |                 |                             |
|---|----------|-------|-----------------|-----------------------------|
| <i>Calculate # hours per position (X # hours per week per job) x (X weeks per year) x (X # years)</i> |          |       |                 |                             |
| Dates   | Employer | Title | Job Description | Number of Counselling Hours |
|   |          |       |                 |                             |
|   |          |       |                 |                             |
|   |          |       |                 |                             |

|  |  |                         |  |  |
|--|--|-------------------------|--|--|
|  |  |                         |  |  |
|  |  | Total Counselling Hours |  |  |

| <b>FORMAL EDUCATION</b>   |       |             |
|---|-------|-------------|
| <i>State highest level obtained, year of graduation, and any degrees/diplomas obtained.</i> |       |             |
| Year  | Level | Institution |
|   |       |             |
|   |       |             |

If you are currently enrolled in further education, please complete the following

|  |                   |
|--|-------------------|
| Name of University, College or Institution | Web Site Address: |
| Faculty/Department:                        | Program Name      |

| <b>SPECIFIC EDUCATION</b>  |             |                 |
|--|-------------|-----------------|
| List all professional degrees or education as required for certification:<br>AAC - 100 hours education in addictions |             |                 |
| Degree/Credential  | Institution | Number of Hours |
|  |             |                 |
|  |             |                 |
|  |             |                 |
|  |             |                 |

| <b>RELATED DATA</b>   |
|---|
| <i>Please provide data on any other position held or experience gained which is considered necessary to establish the grade of certification to which you are entitled Examples are: Consulting; lecturing; volunteer positions held; management, technical, or scientific papers printed or presented. (Add additional pages if required.)</i> |
|   |
|   |
|   |

**Please initial:**

\_\_\_\_\_ Yes, I have read and will adhere to the Professional Responsibilities and to the Code of Ethics as outlined in the manual.

*Please ✓ indicate where you received training/education related to the following:*

Assessment: Techniques, Tools, Procedures \_\_\_\_\_

Treatment Planning \_\_\_\_\_

Family & Social Supports \_\_\_\_\_

Group Facilitation \_\_\_\_\_

Teamwork \_\_\_\_\_

Outreach \_\_\_\_\_

Prevention \_\_\_\_\_

Cultural Awareness \_\_\_\_\_

Program Development, Implementation and Evaluation \_\_\_\_\_

Counselling Skills: Interviewing Approaches and Techniques  
\_\_\_\_\_

Conflict Management \_\_\_\_\_

Crisis Intervention \_\_\_\_\_

Relapse Prevention \_\_\_\_\_

Case Management \_\_\_\_\_

Pharmacology \_\_\_\_\_

Drug/Alcohol Abuse \_\_\_\_\_

Comments:

**Signature**

**Date**

*Any information provided on this application is for use of the CCPC for certification purposes only. This application must be accompanied by the appropriate forms and registration fee. Please make cheque or money order payable to the CCPC. Do not send cash. A receipt will be issued upon receipt of payment. Please advise us of a change of address.*

**To pay by Credit Card, complete the following:**

**Credit Card Type:** \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express

**Card #:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **(Pls print)**

**Authorizing Signature:** \_\_\_\_\_