



CCPC GLOBAL™
Certifying Your Future
 Canadian Council of Professional Certification

CCPC Head Office

1 Edenmills Drive, Toronto, Ontario M1E 4L1 Canada
 Tel: (416) 724-5339 Fax: (416) 724-0884
 Email: info@ccpcglobal.com

Western Canada Office

#3404 – 3000 Somervale Court SW, Calgary, Alberta T2Y 4J2
 Tel: (403) 201-2123 Fax: (403) 254-8385
 Email: wco@ccpcglobal.com

AAC APPLICATION FORM

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

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

REQUIRED WORK EXPERIENCE - AAC (500 hours)				
<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		

FORMAL EDUCATION		
<i>State highest level obtained and 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

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

RELATED DATA
<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, Voluntary Offices 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 Counsellor Professional Responsibilities and Code of Ethics

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

Assessment: Techniques, Tools, Procedures (__7.5 hrs min) _____

Treatment Planning (__ 5 hrs min) _____

Family & Social Supports (__ 5 hrs min) _____

Group Facilitation (__7.5 hrs min) _____

Teamwork (__ 5 hrs min) _____

Outreach (__ 5 hrs min) _____

Prevention (__7.5 hrs min) _____

Cultural Awareness (__7.5 hrs min) _____

Program Development, Implementation and Evaluation (__ 5 hrs min) _____

Counselling Skills: Interviewing Approaches and Techniques (__10 hrs min) _____

Conflict Management (__ 5 hrs min) _____

Crisis Intervention (__ 5 hrs min) _____

Relapse Prevention (__7.5 hours min) _____

Case Management (__ 5 hrs min) _____

Pharmacology(__ 5 hrs min) _____

Drug/Alcohol Abuse (__7.5 hrs min) _____

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: _____