



**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

**CSD / CSDS APPLICATION FORM**

APPLYING FOR:	<input type="checkbox"/> Certified Spiritual Director (CSD) <input type="checkbox"/> Certified Spiritual Director Supervisor (CSDS)	
NAME	Surname	First Name
TELEPHONE	Home	Business
E-MAIL	Home	Business
HOME ADDRESS	Street	City
	Province	Postal Code
BUSINESS	Name	
ADDRESS	Street	City
	Province	Postal Code

**FORMAL EDUCATION**

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

***List any/all courses completed or are currently taking that are applicable to this application for certification.***

<u>Year completed</u>	<u>Description of course</u>	<u>Institution</u>



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**Pls list where you completed your 12 month internship:**

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

**PAST EXPERIENCE**

*List most recent positions and experience as it relates to the Certification you are requesting. (Or Attach CV)*

From	To	Title	Employer	Type of Business	Number of Employees Supervised

**Please initial:** \_\_\_\_\_ Yes, I have read and will adhere to the Ethics and Professional Responsibilities outlined in the manual.

**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. Upon approval your certificate, receipt, and updated certification card will be issued. Please allow four to six weeks to process you application. 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:** \_\_\_\_\_