



CCPC GLOBAL™

Certifying Your Future

Canadian Council of Professional Certification

CCPC Head Office

1 Edenmills Drive, Toronto, Ontario M1E 4L1 Canada

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Email: info@ccpcglobal.com

Western Canada Regional Office

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Tel: (403) 201-2123 Fax: (403) 254-8385

Email: wco@ccpcglobal.com

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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
HOME ADDRESS	Street	City
	Province	Postal Code
BUSINESS ADDRESS	Name	
ADDRESS	Street	City
	Province	Postal Code
TELEPHONE	Home	Business
	E-MAIL	Home

FORMAL EDUCATION

State highest level obtained and year of graduation and any degrees/diplomas obtained.

Year	Level	Institution

List any/all courses completed that are applicable to this application for certification.

Year completed	Description of course	Institution



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

PREVIOUS EXPERIENCE					
<i>List most recent positions and experience as it relates to the Certification you are requesting.</i>					
From	To	Title	Employer	Type of Business	Number of Employees Supervised

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

Name of University, College or Institution	Web Address
Faculty/Department	Course(s)

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. 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: _____

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