



CCPC GLOBAL™

Certifying Your Future

Canadian Council of Professional Certification

CCPC Head Office

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APPLICATION FORM

APPLYING FOR:	Solution Focused ___ Therapist ___ Practitioner ___ Coach	
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	Business

FORMAL EDUCATION**

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

<u>Year</u>	<u>Level</u>	<u>Institution</u>

****Attach copy of certificates or transcripts indicating completion of a 72 hour solution focused training program including the Clinical Case Presentation workshop.**

WORK EXPERIENCE	
PRESENT POSITION	Title
	Length of Time in this position
	Type of Business

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

Name of University, College or Institution	
Address	Street City
	Province Postal Code
Faculty/Department	Course(s)

Please attach the following to the completed application:

- My current Curriculum Vitae (Resume)
- Proof of current membership in a professional association or college
- A signed Consent to Release Information
- Copy of certificates or transcripts indicating completion of a 72 hour SF training
- CSFC Applicants must show proof of having completed the min 125 hours of coaching experience - 10 supervision hours with a CCPC approved supervisor/consultant/coach – 12 hours of coaching training.

Signature: _____ Date: _____

The procedure for approval or denial of certification requires 4 to 6 weeks to process. This application must be accompanied by the appropriate forms and registration fee. Please make cheque or money order payable to the Canadian Council of Professional Certification. **To keep your certification in good standing;** you must complete a minimum of 10 hours of Credit Unit Education related to the practice of SF every year. Credit hours may consist of workshops, PD courses, reading professional papers, etc. The CCPC does not require that you submit your CU's but asks that keep a portfolio for verification should we as to audit your records as well as sign the waiver on your annual renewal. Your certification must be renewed annually at your anniversary date. You will receive notification 30 days prior to this date. Please advise us of a change of address. For fees, visit www.ccpcprofessionals.com/about-ccpc-certification

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: _____

Any information provided on this application is for use of the Canadian Council of Professional Certification for certification purposes only.