



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

RCS Director / Manager Evaluation Report

Applicant Name: _____

When a person applies for credentials from the Canadian Council of Professional Certification as a Registered Clinical Supervisor (RCS), we, the examining board of the CCPC, seek to determine their competence/character and knowledge by authentication from various sources.

As their Director/Manager, we consider your comments very important because of your first hand observation of the applicant's skills, knowledge and ethical standard. Please provide us with written comments that indicate your observations of the applicant's skills and abilities in the areas indicated.

Management theory	Poor <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments: _____			

Communication Skills	Poor <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments: _____			

Employee relations	Poor <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments: _____			

Decision making/Leadership Skills	Poor <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments: _____			



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Team building	Poor	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Comments: _____						

Conflict resolution	Poor	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Comments: _____						

Crisis/stress management	Poor	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Comments: _____						

Professional ethics	Poor	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Comments: _____						

Legal responsibilities	Poor	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Comments: _____						

Time Management	Poor	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Comments: _____						



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Additional comments, if appropriate

Director/Manager - Name

Applicant's Name

Director/Manager - Professional Qualifications

Director/Manager - Address

Director/Manager – Telephone Number / Email

Please return your report in a separate confidential envelope with the application.

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Western Canada Regional Office

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