



CCPC GLOBAL™

Certifying Your Future

Canadian Council of Professional Certification

REGISTERED CLINICAL SUPERVISOR (RCS)

STANDARDS MANUAL

www.ccpcglobal.com

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STANDARDS MANUAL FOR THE REGISTERED CLINICAL SUPERVISOR (RCS)

Canadian Council of Professional Certification Statement of Purpose

The Canadian Council of Professional Certification (CCPC) provides recognition to those professionals whose occupational activities meet its relevant criteria. In this manner we endeavour to help and encourage the upgrading of standards within Canada and International professional communities.

Introduction

The Canadian Council of Professional Certification (CCPC) provides the opportunity for all competent clinical supervisors, meeting the standards of the CCPC, to be certified and recognized as Registered Clinical Supervisors. Those approved by the Examining Board will be issued a Registered Clinical Supervisor (RCS) certificate. The CCPC has a Federal Charter to issue professional credentials to those who qualify in their respective field.

Purpose of Certification

The purpose of certification for the **Registered Clinical Supervisor (RCS)** is to recognize, by way of the certification process, those who have acquired an acceptable level of training, skills and effectiveness as Addiction Counsellor Supervisors.

The Council encourages everyone having the required qualifications to apply regardless of age, race, nationality, religion, sex, or disability.

The focus is

- 1) To provide the avenue for qualified persons who have studied, worked, and developed skills in the addiction field to receive professional recognition as a Registered Clinical Supervisor.
- 2) To provide the public with confidence that Registered Clinical Supervisors have attained an acceptable level of competency.
- 3) To provide Registered Clinical Supervisors with encouragement and opportunity for continual education and professional development.



Certification as a Registered Clinical Supervisor

Who may be certified?

Any person may apply for credentials as a **Registered Clinical Supervisor (RCS)**. However, he or she must be able to meet the “Standards Criteria” set by the Examining Board of the Canadian Council of Professional Certification.

The application process provides the opportunity for the applicant to demonstrate adequate skill, knowledge and competence as a Registered Clinical Supervisor.

Applicants must have:

1. Certification as an addictions counsellor, CAC II, CGC or equivalent for a minimum of two (2) years.
2. Two (2) years of supervisory experience in the field of addictions. This experience may be acquired within the two year period of certification.
3. Specific management training in the following areas:
 - Required courses:
 - Management theory
 - Communication skills
 - Employee relations
 - Decision-making skills/Leadership
 - Teambuilding
 - Conflict resolution
 - Crisis/stress management
 - Professional ethics/ethical dilemmas
 - Legal responsibilities of addiction counsellors.
 - Time management
 - Performance Appraisal
 - Optional courses:
 - Collective bargaining process
 - Clinical Supervisor as expert witness
4. Documentation must be provided that will demonstrate that the supervisor has attained proficiency in the above required management training courses.



Ethics and Professional Responsibility

The Canadian Council of Professional Certification expects its applicants to

1. Adhere to the established Code of Ethics for a RCS. This will preserve a high standard of professionalism and will secure the supervisor's best interest;
2. Maintain Federal, Provincial and/or Agency regulations concerning counselling by following proper procedures to preserve the counsellor's rights;
3. Set up and maintain a program of self-assessment of professional conduct (strength and weakness) using ethical and legal standards;
4. Continue the process of professional growth and development by assessing one's training needs and attaining the necessary education.



CODE OF ETHICS

The Registered Clinical Supervisor will adhere to the following Code of Ethics:

- 1) Believe in the dignity and worth of all human beings, and pledge my service to the well-being and betterment of all members of society.
- 2) Recognize the right to humane treatment of anyone coming under my care whether directly or indirectly.
- 3) Promote and assist every person served endeavouring to provide the highest quality of care.
- 4) Maintain a proper professional relationship with all persons served, assisting them to help themselves, and referring them promptly to other programs or individuals when in their best interest.
- 5) Adhere strictly to established precepts of confidentiality in all knowledge, records and materials concerning persons served — also in accordance with any current government regulations.
- 6) Ensure that all interpersonal transactions between myself and persons served are non-exploitive and essential to their good recovery.
- 7) Give due respect to the rights, views and positions of any other counsellors, referral agents and related professionals.
- 8) Respect institutional policies and procedures, and cooperate with any agency management with which I may be associated — consistent with recognized standards and procedures.
- 9) Contribute my ideas and findings within my field of service to any body of knowledge through appropriate channels.
- 10) Refrain from any activities where my personal conduct might diminish my personal capabilities, denigrate my professional status, or constitute a violation of law.
- 11) Avoid claiming or implying any personal capabilities or professional qualifications beyond those I have actually attained — recognizing that competence gained in one field of activity must not be used improperly to imply competency in another.
- 12) Regularly evaluate my own strengths, limitations, biases or levels of effectiveness always striving for self-improvement and seeking professional development by means of further education and training.



Professional References

All applications must be accompanied by two professional references. All references are for the purpose of assisting the Examining Board of the Canadian Council of Professional Certification (CCPC) to make a fair and complete evaluation of the competency of the applicant.

All references are treated with **strict professional confidentiality**.

They should be addressed to the Canadian Council of Professional Certification and included with the application under confidential cover.

Two professional references should include the following information concerning the applicant:

- 1) How does the applicant demonstrate self control?
- 2) How has the applicant demonstrated reliability?
- 3) Show how honesty is a part of the applicant's personal/professional conduct.
- 4) Give examples of the applicant's ability to work with others.
- 5) How informed is the applicant about their field of expertise.
- 6) Comment on the communication skills of the applicant.
- 7) Comment on the applicant's ethical (professional) conduct.

The CCPC reserves the right to request additional information if required.

Supervisor Letter and Evaluation

All applications must be accompanied by a completed Supervisor Evaluation (See page 12) and a letter from your current supervisor on employer letterhead. The letter should confirm your position title, length of time in position, and number of hours of work experience as outlined in the Experience section of the Manual.

Keep a Record of your Application

It is recommended that you start a personal file for your records including: a copy of your complete application, copies of all past, current and future training undertaken including transcripts, diplomas, certificates; keep track of your hours associated with your education and work experience in relation to your certification. The CCPC does periodic checks in those certifications requiring annual education or work.



APPLICATION PROCESS

It is important that you follow the instructions carefully and read the complete manual and application form first.

Certification for **RCS** is authorized by the Canadian Council of Professional Certification. Following approval of the professional designation **RCS** can be affixed after your name and you may use the professional "CCPC Certified" stamp your resume or business cards.

Instructions for Certification (All forms are available via the web site)

1. Please complete and sign the application form. Application should be typed or printed.

2. Attach the following to your **completed** application:
 - ___ Your current resume
 - ___ Signed "Consent to Release Information" form
 - ___ Director's/Manager's Evaluation Report in separate envelope
 - ___ Photocopies of any diplomas, certificates, workshops, or courses which indicate required Supervisory skills
 - ___ A letter from your supervisor, on employer letterhead, indicating length of time in current position and number of hours of work experience as outlined in the Experience section of the Manual
 - ___ Two current professional letters of reference in separate envelopes
(*Ensure they follow the format outlined on the professional reference page*)

4. ___ Keep a personal file including: a copy of your complete application, copies of all past, current and future training undertaken including transcripts, diplomas, certificates; track hours associated with your education and work experience in relation to your certification.

5. Application Fees / Keeping Your Certification In Good Standing

The fee for certification must accompany your application. All fees are listed on the Certification page on the www.ccpcglobal.com website. To keep your certification in good standing you must renew annually at your anniversary date. You will receive notification 30 days prior to this date from the CCPC Head Office in Toronto.

Payment is made directly to:

CCPC, 1 Edenmills Dr., Toronto, Ontario M1E 4L1 Canada

Please note: The procedure for approval or denial requires 4-6 weeks to process.



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RCS APPLICATION FORM

APPLYING FOR:		
NAME	Surname	First Name
HOME ADDRESS	Street	City
	Province	Postal Code
BUSINESS	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>

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

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

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)

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>

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: _____



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Consent to Release Information

I give permission to Canadian Council of Professional Certification (CCPC) to request information from my present and past employers and any institution or agency with which I am, or have been, associated in a professional capacity.

I consent to the CCPC consulting with any person who may have information on my competence and ethical standards of behaviour.

I consent to CCPC inspecting any documents or records necessary, to determine my "acceptable standard" for certification.

I hereby release from any liability, all representatives of CCPC and all individuals and organizations who provide information to the CCPC, while acting in good faith, to determine my credentials and character.

I am aware that any false or misleading information deliberately given, will be considered a serious matter, and will be dealt with accordingly.

I understand that none of the information referred to herein constitutes "personal information" as defined under the *Personal Information Protection and Electronic Documents Act*.

Applicant's Name (please print)

Applicant's Signature

Date



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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: _____			

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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