



CCPC GLOBAL™

Certifying Your Future

Canadian Council of Professional Certification

CCPC Head Office

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APPLICATION FORM

APPLYING FOR:	___ CCSW	___ ACSW
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

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

SPECIFIC EDUCATION

List all education specific to CSW training including core competency areas; CCSW - 800 hours documented education // ACSW – 250 hours documented education		
Degree/Credential	Institution	Number of Hours
	TOTAL	



WORK EXPERIENCE

List all supervised work experience, voluntary or paid, dealing directly with clients.
CCSW - 2000 hours // ACSW – 250 hours

Dates	Employer	Title	Job Description	Number of Hours
			Total	

Use separate sheet if necessary.

RELATED DATA

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.)

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

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



Please initial:

_____ Yes I have read and will adhere to the Code of Ethics

Please indicate where you received training/education related to the following core competency areas:

Psychology _____

Sociology _____

Family Dynamics _____

Group Facilitation _____

Introduction to Social Work _____

High Risk Populations _____

Addictions / Mental Health _____

Counselling Interviewing Skills _____

Case Management _____

Group Facilitation _____

Life Skills Training _____

Report Writing _____

Team Work _____

Self Care _____

Comments:

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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