The CPCA Guide for all Provisional Counselling Members:

RPC Provisional
MPCC Provisional

Updated: September 2026

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1. What are the CPCA Provisional designations?

The CPCA currently has three designations for three different scopes of practice:

Designation	Designation Letters	Provisional Designation
1. Registered Mental Health Coach	**RMHC**	**RMHC Provisional**
2. Registered Professional Counsellor	**RPC**	**RPC Provisional**
3. Master Practitioner in Clinical Counselling	**MPCC**	**MPCC Provision**

NOTE: If you are an **RMHC Provisional**, this guide will **not** apply to you. Please look for the CPCA Guide for all RMHC Provisional Members.

Each of these designations has an introductory period where Provisional Designation is used. The provisional time is a transition time when a person is doing the work of their profession but with additional supports in place to ensure a good start to their profession and career. During the Provisional period, a member has a written contract and support from a Qualified Supervisor (RQS) as they accumulate (1) Supervision hours, (2) Direct Client Contact hours, and (3) Currency hours (each are explained later in this document). Once these hours have been fulfilled, the member may then apply to remove their provisional status and is then eligible to become the RMHC, RPC or MPCC. They are also required to (4) complete a Supervisor Evaluation and (5) a Professional Paper Audit to complete their Provisional status.

Each of the designations (with "Provisional" after the designation) is a **full practicing designation** which is owned by the CPCA and used by CPCA members who meet CPCA Core Competencies for their Scope of Practice. This designation gives recognition that they are competent to practice in their scope of practice in Canada.

2. What are the two different Scopes of Practice for Counselling Designations?

The 2 Counselling Scopes of Practice are: (1) the Mental Health Counselling Scope of Practice and the (2) Clinical Counselling Scope of Practice. These two scopes of practice overlap, however the clinical counselling scope of practice is understood to be a larger scope of practice.

On the next page is a chart that gives a quick overview of the differences between these two scopes of practice. Clinical Counselling works with a large scope of problems and issues which include moderate to severe and longer-term mental health issues, while the Mental Health

Counselling Scope of Practice targets more moderate mental health issues and focuses on wellness.

Scope:	Clinical Counselling Scope of Practice	Mental Health Counselling Scope of Practice
Population:	Mental **illness**, able to address severe and complex disorders and **severe** symptoms	Mental health **wellness**, emotional distress, **moderate** symptoms
Type of Issue:	Works with clients **diagnosed** or not diagnosed with **moderate to severe**, long-term mental health issues. Depression, anxiety, complex grief, trauma and complex trauma, abuse, neglect, family issues, suicidal ideation, relationship problems, addiction, and stress management.	Works with clients facing **common life challenges** rather than severe, long-term mental health issues. Depression, anxiety, grief, trauma, abuse, neglect, life transitions, family issues, suicidal ideation, relationship problems, addiction, and stress management.
Type of Relationship:	A therapeutic relationship rooted in a positive therapeutic attachment	A therapeutic relationship rooted in a positive therapeutic attachment
Focus & Approach:	Focuses more on **symptom reduction** and **managing diagnosed disorders**. Does not diagnose but may **assess mental health symptoms**. Treatment and management of **more intensive and complex mental health symptoms** through evidence-based therapeutic approaches such as cognitive-behavioral therapy, psychodynamic therapy, acceptance and commitment therapy, solution focused therapy and person-centered therapy, etc. Practitioners support and help clients cope with depression, anxiety, life transitions, relationship problems, spirituality, identity, and stress management. Helps clients develop/improve coping strategies and achieve personal goals and growth.	Significant emphasis on **clients' strengths**, resources, and **personal growth**. Uses **preventative** rather than pathology-oriented approaches, encourages **personal development**, and improves quality of life. Uses evidence-based and emerging therapy approaches such as cognitive-behavioral therapy, person- centered therapy, faith-based therapy, and motivational interviewing, and other counselling therapies tailored to clients' needs. Practitioners may support and help clients cope with depression, anxiety, life transitions, relationship problems, spirituality, identity, and stress management. **Does not diagnose or assess mental health disorders** but helps clients develop/improve coping strategies and achieve personal goals and growth. Works with clients facing common life challenges rather than severe mental health issues.
Education:	Completed a min. 1100-hour counsellor training program with **Advanced Mental Health training*** from an accredited college or university. A master's degree in counselling psychology or equivalent counselling diploma program.	Completed a minimum 1100-hour counsellor training program with a supervised practicum from an accredited college or university.
Regulation:	If you reside in Ontario, Quebec, Nova Scotia, New Brunswick, or PEI, you **must be a member of the Regulatory College** to choose this Scope of Practice.	Not yet regulated in regulated provinces.

3. What is the Clinical Counselling Scope of Practice?

The **MPCC** designation is reserved for members who practice within the **Clinical Counselling Scope of Practice**.

Clinical counselling is a service whereby a mental health practitioner provides "*treatment of cognitive, emotional or behavioural disturbances*" (CRPO, 2024) using methods which are rooted in psychological theories, clinical psychology, counselling psychology, psychotherapy, and psychological science to help in relieving emotional and/or mental distress in a client through a positive therapeutic relationship.

Scope: Provides counselling to clients dealing with mental illness or symptoms in a supportive and therapeutic setting. Practitioners may also work with clients who experience severe/complex symptoms from a mental illness where the client does not pose a risk to themselves or others. Practitioners do not diagnose mental disorders, but are familiar with all mental health disorders and are able to recognize and refer when a disorder requires a formal diagnosis or specific treatment not in their scope of practice.

Practitioners provide assessment and treatment to help clients cope with depression, anxiety, grief, trauma, abuse, neglect, couple & family dysfunction, suicidal ideation, relationship problems, addiction, personality disorders, etc. This scope of practice uses evidence-based therapeutic approaches such as cognitive-behavioral therapy, psychodynamic therapy, acceptance and commitment therapy, solution-focused therapy and person-centered therapy (and there are many other evidenced-based therapies which may be appropriate which are not all listed in this document). This scope would be similar to the CRPO definition of the controlled act of psychotherapy "*an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning*" (CRPO, 2024).

Clinical Counselling Scope of Practice	
Population:	Mental illness, severe and complex disorders and moderate to severe symptoms
Type of Issue:	Depression, anxiety, grief, trauma and complex trauma, abuse, neglect, family issues, suicidal ideation, relationship problems, addiction related issues, and stress management
Type of Relationship:	A therapeutic relationship rooted in a positive therapeutic attachment
Setting:	In-patient, out-patient, agency, private practice
Focus & Approach:	Assessment and treatment of serious mental health issues through evidence-based therapeutic approaches such as cognitive-behavioral therapy, psychodynamic therapy, acceptance and commitment therapy, solution focused therapy and person-centered therapy, etc. Does not diagnose but

	may assess moderate to severe mental health symptoms . Helps clients develop/improve coping strategies and achieve personal goals and growth.
Education:	Completed a minimum 1100-hour counselling program with a supervised practicum from an accredited college or university. A master's degree in counselling psychology or an equivalent counselling diploma program.
Regulation:	Provincially regulated in regulated provinces. A clinical counsellor in a regulated province **must** be registered for provincial regulation. Thus, if you are **not** part of the regulatory college in your province (for those provinces which are regulated), you need to avoid working in the regulated scope of practice and you would be an RPC Provisional member.

4. What is the Professional Mental Health Counselling Scope of Practice?

The **RPC** designation is reserved for members who practice within the **Professional Mental Health Counselling Scope of Practice**.

The Professional Mental Health Counselling Scope of Practice is a service whereby a practitioner uses (but is not limited to) the following services: counselling, guidance, professional advice, pastoral care, case management, advocating, crisis intervention, and intake. These services are rooted in counselling modalities and counselling psychology, psychotherapy, psychosocial theories to help in relieving emotional and/or mental distress through a positive therapeutic relationship.

Scope: Practitioners provide therapeutic counselling to clients dealing with mental or emotional distress not related to a diagnosed mental health disorder. Practitioners may help clients cope with depression, anxiety, life transitions, relationship problems, spirituality, and stress management. Uses evidence-based and emerging therapuetic approaches such as cognitive-behavioral therapy, person-centered therapy, faith-based therapy, and motivational interviewing, and other counselling therapies tailored to clients' needs. Practitioners may work in diverse settings such as private practice, community agencies, hospitals, clinics, schools, or religious settings. Works with clients facing common life challenges rather than severe, long-term mental health issues. This scope does not address "*serious disorders of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning*" (CRPO, 2024). Serious mental health disorders are recognized and referred to appropriate services.

Activities: counselling, advocating, case management, discharge planning, parenting skill development, mindfulness practices, emotional support, including direct and indirect advising and/or advice-giving, instruction, assisting in resolution of dilemmas, assisting in

improvement of coping strategies, crisis intervention/management, including de-escalation, safety planning, help with addiction recovery, intake and referral, mediating, group counselling, milieu therapy/milieu-based interventions, problem solving, social skill development, emotional regulation, rehabilitation, including helping an individual to deal with the physical symptoms of a medical illness, resuming activities of daily life, learning or relearning skills that assist in carrying out the activities of daily life, single session counselling, spiritual or faith-based guidance/counselling, teaching, and prescriptive programs (ie: SMART Recovery, Positive Parenting Program, Grief Support Group, etc.) (CRPO, 2024).

Professional Mental Health Scope of Practice	
Population:	Mental illness, mental health issues, emotional distress, moderate symptoms
Type of Issue:	Depression, anxiety, grief, trauma, abuse, neglect, life transitions, family issues, suicidal ideation, relationship problems, addiction, and stress management. Works with clients facing common life challenges rather than severe, long-term mental health issues.
Type of Relationship:	A therapeutic relationship rooted in a positive therapeutic attachment
Setting:	Community agencies, hospitals, clinics, schools, religious settings, out-patient, schools, agencies, and private practice
Focus & Approach:	Uses evidence-based and emerging therapy approaches such as cognitive-behavioral therapy, person-centered therapy, faith-based therapy, and motivational interviewing, and other counselling therapies tailored to clients' needs. Practitioners may support and help clients cope with depression, anxiety, life transitions, relationship problems, spirituality, identity, and stress management. Does not diagnose or assess mental health disorders but helps clients develop/improve coping strategies and achieve personal goals and growth. Works with clients facing common life challenges rather than severe mental health issues.
Education:	Completed a minimum 1100-hour counselling program with a supervised practicum from an accredited college or university.
Regulation:	Not regulated in regulated provinces and unregulated provinces

5. What is the Mental Health Coaching Scope of Practice?

This is just a quick summary of the Mental Health Coaching Scope of Practice. The **RMHC** designation is reserved for members who practice within the **Mental Health Coaching Scope of Practice**.

Mental health coaching is a service whereby a service provider uses methods rooted in community work, social work, sociological theories, and counselling to aid in relieving emotional distress and/or addictions recovery issues in a client through the provision of said services.

Scope: Provides support to clients dealing with emotional distress or addiction recovery issues in a non-intensive or informal setting. Providers may help clients with coping skills, address relationship issues, spirituality, manage stress, addictions recovery, and a range of personal challenges. Utilize coaching techniques and approaches tailored to meet clients' needs, these practitioners may work in diverse settings such as schools, treatment centers, private practices, and field work such as street outreach, and more. Focuses specifically on addressing a broad range of mental health concerns through coaching services. Utilizes coaching techniques and approaches tailored to clients' individual needs. Works in diverse settings to provide accessible mental health support.

Mental Health Coaching Scope of Practice	
Population:	Mental health concerns, moderate symptoms, supporting mental health and addiction recovery goals
Type of Issue:	Depression, anxiety, grief, trauma, abuse, neglect, family issues, suicidal ideation, relationship problems, addiction recovery, mental health recovery, and life & stress management. Focuses on promoting overall well-being and improving mental health through coaching techniques rather than therapy.
Type of Relationship:	A therapeutic relationship rooted in a positive therapeutic attachment
Setting:	Community agencies, private practice
Approaches:	Emphasizes goal setting and achievement, resilience, and stress management skills. Utilizes techniques from positive psychology and mindfulness to empower clients. Methods rooted in community work, social work, sociological theories, motivational enhancement, solution-focused approaches to help clients reach their goals in relieving emotional distress and enhancing how well they live.

Education:	1100-hour education program in Coaching and Mental Health. Education does not meet provincial standards for provincial regulation.
Regulation:	Not regulated.

6. What is the purpose of the Provisional Status to a CPCA Designation?

Occasionally we come across applicants who want to avoid the Provisional designation. This is usually due to a misunderstanding of what the nature and purpose of what the Provisional status is for. To answer this, it first must be understood that a Provisional RPC designation is a **full practicing designation**. A person can choose to go into private practice with these provisional designations, if they feel ready to do so.

But why does the CPCA have Provisional designations? The Provisional designation is for: (1) foundational support, (2) increased client success, (3) professional development, and (4) greater protection.

1. **More Foundational Support** – the provisional designation ensures that a new mental health professional, whether a Provisional RPC, or Provisional MPCC, has a contract with a qualified supervisor who takes on responsibility to ensure that the mental health professional is getting more regular supervision when an individual is starting their professional career. Experience while in school is great learning, but it is a very different experience in the real world. Many new mental health professionals are surprised by what is thrown at them once out in the world. Ensuring they have more clinical support as they start their career is not only kind, but wise.

2. **Increased Success with Clients** – Often times new mental health professionals are unaware of their own knowledge gaps. It is through supervision where one learns (in more specific detail) issues that might need to be addressed that they were not aware of before their supervision. This improves the competency of the provisional member and improves their success with clients. A contracted qualified supervisor is dedicated to the provisional mental health professional's success. It is so valuable for a new mental health professional to feel success when starting with new clients.

3. **Greater Professional Development** – There is so much professional growth that happens for a new mental health professional in their first year of practice. This growth happens as a result of experiences of working with clients. But it also comes because of having that supervision support in working with very different types of people and unique situations. A provisional mental health professional also receives guidance in how to grow their practice, what types of CE might be valuable for their

continued development and as a result growth. All this growth and learning is supported and thus becomes more affirmed and incorporated into one's growing identity as a people helper. All professionals need affirmation, reassurance, guidance, refined critical thinking, and skill development to feel like they are growing in their competency. The Provisional status is there to ensure that this happens.

4. **Greater Protection** – a MPCC Provisional, and RPC Provisional are all full practicing designations. We encourage you to inform their clients that you have a CPCA qualified supervisor when explaining limits of confidentiality. As such, having that supervisor, helps to provide greater liability protection if something were to go sideways with a client and a lawsuit results. As a provisional mental health professional, your liability insurance helps you, but you are also protected further by the fact that you have a qualified supervisor who also has their own liability insurance.

The CPCA is dedicated to supporting competency, for all our members and the Provisional status is a mechanism to have the support in place to ensure that the clinician builds a strong foundation in their emerging identity as a people helping professional. Why would the CPCA not want to provide (1) more foundational support, (2) increased clinical success, (3) greater professional development, and (4) greater protection for new mental health professionals entering the profession? (Yes, this is rhetorical question)

7. How do I Apply to Become an RPC Provisional or MPCC Provisional counsellor with the CPCA?

(if you are a **Student Member of CPCA** go to page 12 to learn how to Upgrade to non-provisional status)

To apply, simply use the **CPCA Membership Application Form**. All instructions for applying are on the first pages of the application form and the following graphic shows the steps to the process. If you are **already a student member of the CPCA**, please go to the next page to see how you upgrade to RPC Provisional or MPCC Provisional depending on your Scope of Practice.

Canadian Professional Counsellors Association

National Membership Application

Complete the following Application and submit with the required documentation to the Canadian Professional Counsellors Association by either of the following options:

Fastest Option: Email to: application@theCPCA.ca include "**Application**" in subject line

Slower Option: Mail to: **Canadian Professional Counsellors Association**
P.O. Box 23144, Medicine Hat, AB, V1B 4C7

For further information and inquiries, phone **(250) 558-3323**

Application Process:

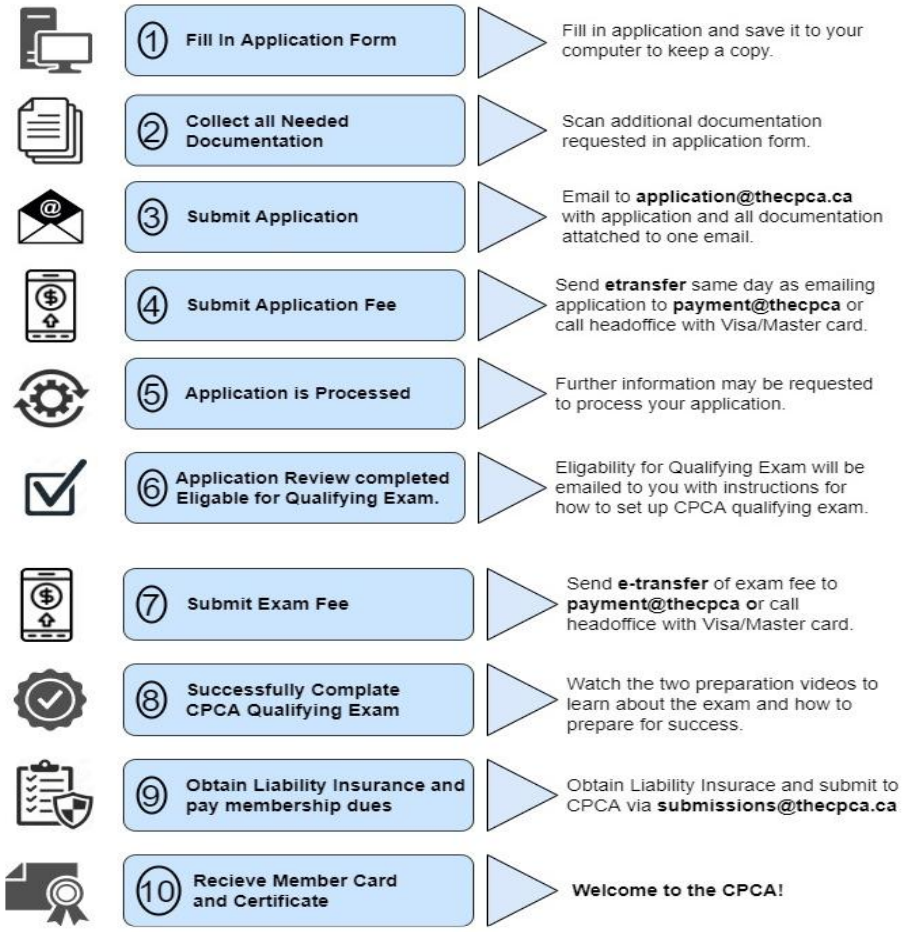
Step 1: Complete this application form (Note: Do **not** submit it until you have all required documentation).
Step 2: Accumulate all documentation needed for making an application (listed on page 2).
Step 3: Email application and all needed documentation in one email to application@theCPCA.ca
Step 4: Submit application fee ($150 + $5 admin fee + applicable taxes) on same day as you submit your application.

GST Provinces: BC, YT, NT, AB, NU, SK, MB, QC = 5% **($162.75)**
HST Provinces: ON 13% **($175.15)**; NB, NL, NS, PE = 15% **($178.25)**
Payment can be made by:
(1) E-transfer to **payment@theCPCA.ca**, password: **application;**
(2) Credit Card - email admissions@thecpca.ca asking for payment link.

Step 5: Upon eligibility approval, submit Qualifying Exam fee ($300 + $5 admin fee + applicable taxes)

GST Provinces: BC, YT, NT, AB, NU, SK, MB, QC = 5% **($320.25)**
HST Provinces: ON 13% **($344.65)**; NB, NL, NS, PE = 15% **($350.75)**
Payment can be made in same way as Step 4 above. (Password for E-transfer is: **qualifyingexam**)

Step 6: Successfully complete the online Qualifying Exam (QE).
Step 7: Upon notification of successful completion of QE, submit membership dues.
Step 8: Apply for liability insurance if you do not already have it professionally or through your employment.
Step 9: Submit copy of current liability insurance certificate to application@theCPCA.ca.
Step 10: Congratulations, you are a member of the CPCA! Your membership certificate, member card, and welcome letter will be mailed to you.



Note: Steps 6-9 do **not** apply for **Student Applications**

To apply for a **Provisional** designation, you will need to the following documentation:

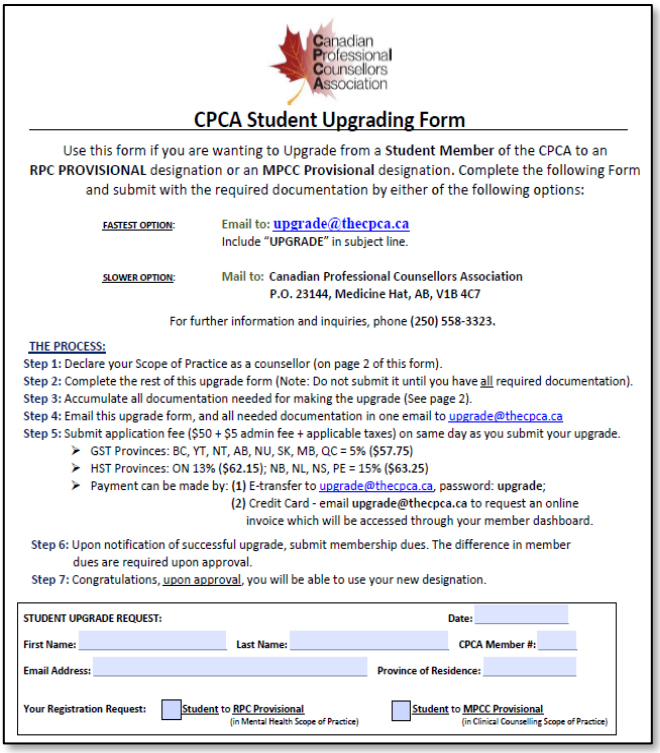
1. E-transfer Application fee the same day as you submit your upgrade request or email payment@thecpca.ca with password: **application** or request a link to pay by credit card.
2. Scanned Copy of Training Certificate(s) (Originals need to be emailed to application@thecpca.ca or mailed to the CPCA head office)
3. Two letters of Recommendation (only 1 from training institution).
4. Current Curriculum Vitae (also known as Resume)
5. Proof of supervised practicum (if not on transcript)
6. Original Criminal Records Check including Vulnerable Sector Check – not more than 6 months old.

Please use the **CPCA Application Form** which explains all the steps.

8. As a Student Member of the CPCA, how do I Upgrade to a Provisional Status to Practice?

If you are already a student member of the CPCA, do **not** use the CPCA Application Form, but rather, you would use the **CPCA Student Upgrading Form** which has all the steps for upgrading to a practicing designation – either the **RPC Provisional** or the **MPCC Provisional** designation.

Part of the Upgrading process is to clarify which Scope of Practice you will be working within. Based on the Scope of Practice (explained in the form) you choose to practice in will determine which designation you will upgrade to.



CPCA Student Upgrading Form

Use this form if you are wanting to Upgrade from a **Student Member** of the CPCA to an **RPC PROVISIONAL** designation or an **MPCC Provisional** designation. Complete the following Form and submit with the required documentation by either of the following options:

FASTEST OPTION: Email to: upgrade@thecpca.ca
Include "UPGRADE" in subject line.

SLOWER OPTION: Mail to: Canadian Professional Counsellors Association
P.O. 23144, Medicine Hat, AB, V1B 4C7

For further information and inquiries, phone (250) 558-3323.

THE PROCESS:
Step 1: Declare your Scope of Practice as a counsellor (on page 2 of this form).
Step 2: Complete the rest of this upgrade form (Note: Do not submit it until you have all required documentation).
Step 3: Accumulate all documentation needed for making the upgrade (See page 2).
Step 4: Email this upgrade form, and all needed documentation in one email to upgrade@thecpca.ca
Step 5: Submit application fee ($50 + $5 admin fee + applicable taxes) on same day as you submit your upgrade.
- GST Provinces: BC, YT, NT, AB, NU, SK, MB, QC = 5% ($57.75)
- HST Provinces: ON 13% ($62.15); NB, NL, NS, PE = 15% ($63.25)
- Payment can be made by: (1) E-transfer to upgrade@thecpca.ca, password: upgrade;
(2) Credit Card - email upgrade@thecpca.ca to request an online invoice which will be accessed through your member dashboard.

Step 6: Upon notification of successful upgrade, submit membership dues. The difference in member dues are required upon approval.
Step 7: Congratulations, upon approval, you will be able to use your new designation.

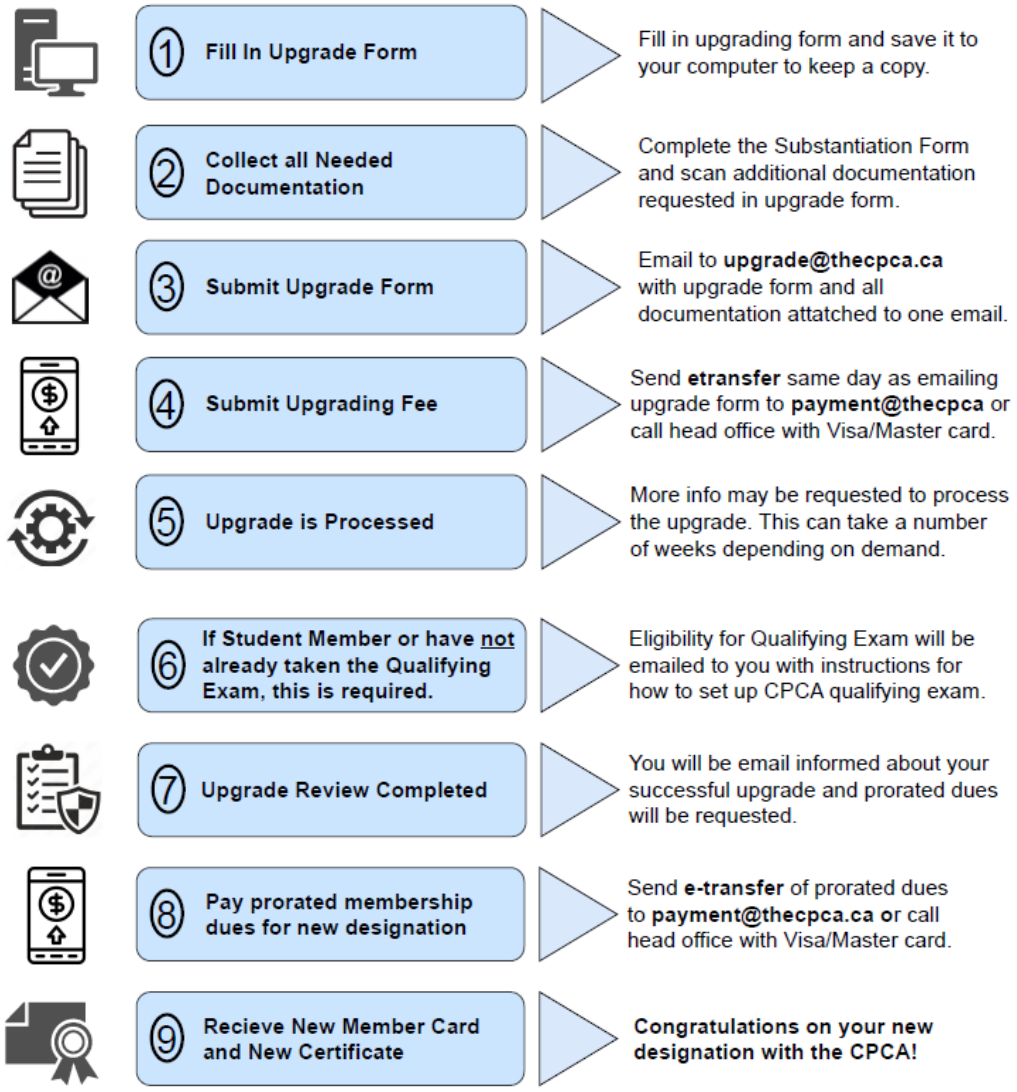
STUDENT UPGRADE REQUEST: Date:
First Name: Last Name: CPCA Member #:
Email Address: Province of Residence:
Your Registration Request: ☐ Student to RPC Provisional (in Mental Health Scope of Practice) ☐ Student to MPCC Provisional (in Clinical Counselling Scope of Practice)

Student members upgrading to Provisional Status need to email the upgrade form to upgrade@thecpca.ca with the following:

1. E-transfer upgrade fee the same day as you submit your upgrade request or email payment@thecpca.ca with password: **upgrade** or you can pay through your member dashboard by credit card.
2. A copy of counselling education Diploma/Degree/Certification
3. A copy of official educational transcripts (Sending original in mail)
4. A copy of Resume or CV (Curriculum Vitae)
5. Two letters of recommendation from professional attesting to your character
6. A recent Criminal Record Check with Vulnerable Sector Check (within last 6 months)

After submitting the above, you will receive information on how to arrange to take the CPCA Qualifying Exam for your Scope of Practice.

9. What is the Process for Upgrading to Provisional RMHC, Provisional RPC or Provisional MPCC?



10. Do I need a new Criminal Record Check & Vulnerable Sector Check to Upgrade?

Yes, you will need to obtain **a new Criminal Record Check with Vulnerable Sector Check** (that is not more than 6 months old) from your local police department. This document can many times be requested online through your local police department. It is critical to have the Vulnerable Sector Check completed with the criminal record check for the upgrade process to take place smoothly.

11. When is the earliest a Student can obtain a Provisional Status designation?

Whether a **CPCA Student Member** or if you are applying to the CPCA without being a Student Member, the earliest a **CPCA Student member** could upgrade is dependent upon when you are able to obtain the documentation needed for upgrading. Once you have the following documentation, you can submit it with your **CPCA Student Upgrading Form**:

1. A copy of education Diploma/Degree/Certification
2. A copy of official educational transcripts (Sending original in mail)
3. A copy of Resume or CV (Curriculum Vitae)
4. Two letters of recommendation from professional attesting to your character
5. A recent Criminal Record Check with Vulnerable Sector Check

GREAT STRATEGY: So, if you are in the last month of your educational program, it would be a great strategy to (1) get your resume updated, (2) obtain two letters of recommendation, (3) and go to your local police department and get a new Criminal Record Check with Vulnerable Sector Check. Then you are only waiting on your educational institution, and you can apply as soon as you have their documents.

12. Once graduated how long is my Student Membership with the CPCA valid?

Your **Student Membership** with the CPCA is only **valid for 6 months after your graduation** from your educational program. Beyond 6 months, you will **not** be able to upgrade to a CPCA practicing designation (RPC Provisional or MPCC Provisional) but rather will need to go the application route via the regular **CPCA Membership Application Form**.

13. Can I volunteer to continue to work with Practicum clients while waiting to complete my educational program?

No. It is important to understand that a Student Member is a **Non-Practicing Membership**, which means that students are not to engage in any form of counselling outside of their practicum. The CPCA Student Member completed a CPCA Student Application Form which includes 8 attestations or commitments of holding membership with the CPCA and one of them is to not provide counselling (whether paid or as a volunteer) outside of their educational program or practicum.

8. I confirm and agree that while a counselling student, I will not provide counselling services outside of my educational program or practicum, whether paid or as a volunteer, as to do so would be a breach of the CPCA Code of Ethics and could result in loss of my CPCA Membership.
   Print form and initial here: X_____ or fill in your initials here as verification: _____

The CPCA is a self-regulated body, dedicated to the Competency Model for Clinical Practice, and to the **protection of the public**. The CPCA holds that competency is more than just a specific degree or program completion. Competency in clinical practice is the primary means of protecting the public. Thus, the CPCA takes competency very seriously and thus, has several measures to ensure competency of a counselling from the start of their professional career and throughout it. But, for anyone to start their counselling practice, the CPCA holds that they must have an entry-to-practice minimum Counselling Core Competencies before they can receive **a Practicing Designation with the CPCA**. This is established through the successful completion of the CPCA Qualifying Exam in the Scope of Practice they will work in.

14. Can I keep working with my practicum clients once my practicum is over?

No. Your practicum experience has a specific set of criteria and guidelines which must be abided by. Every client who sees a practicum student clearly knows that it is a practicum experience. They sign off on it as a part of their consent process with the understanding that this cannot be a long-term therapy relationship. Ending the therapeutic relationship is essential as it is abiding by the terms of the client-counsellor-clinic consent agreement. Learning to maintain clear boundaries and commitments is essential for ethical practice in one's professional career. As such, it is important to stress that the clients you see in your practicum are not **your** clients, but rather clients of the clinic or agency in which you completed your practicum.

It is also extremely valuable to learn how to successfully end a counselling relationship. Having a limited number of sessions can increase the effectiveness and focus of each session. Learning how to say goodbye, and how to end the counselling relationship well with good closure, support, and resources for the client, is valuable for your future career.

Practicum clients should never be encouraged to seek you out after you become an Provisional Status with your practicing designation. However, **occasionally** a client may find you in your new work role or private practice. In this case, your new role will have different consent forms with different rules and boundaries for the nature of the relationship (i.e.: confidentiality, counselling fees, missed appointments, etc.). Having a clear ending to the practicum relationship establishes a clean break and boundary for this relationship. However, **if** they become your client in the future, there are now new rules, boundaries, consents, expectations, and professional fees.

15. How can I prepare for the CPCA Qualifying Exam?

The CPCA Qualifying Exam is a 4-hour online exam which measures competency and readiness for safe practice as a professional counsellor. All **Provisional Qualifying Exams** are open book exams where you are allowed to have books and notes, but you are not allowed to have any form of electronic devices, and your exam must be proctored. The exam is mostly multiple-choice questions, but there are some written questions where you are asked to write out your answer. A minimum score of **70%** must be obtained to successfully complete the qualifying exam.

The CPCA has created videos to help you understand the exam, see what it looks like to become familiar with it and how to prepare for the type of questions that will be on the exam. Here are links to the QE Preparation Videos:

- Preparing for the CPCA Qualifying Exam – Part 1 (22 min)
- Preparing for the CPCA Qualifying Exam – Part 2 (13 min)
- Resources for Dealing with Test Anxiety

The Documents that are useful to review for the Qualifying Exam are:

- The CPCA Core Competencies
- The CPCA Code of Ethics
- The CPCA Standards of Practice

16. How do I arrange to take the CPCA Qualifying Exam?

Whether you are Applying or Upgrading to (1) Provisional RPC or (2) Provisional MPCC, once all your documentation has been reviewed, you will receive an "Eligibility Email" stating that you are eligible to take the CPCA Qualifying Exam and it will give instructions as to how to arrange for your exam. You can take the exam any day and at any time that is suitable for both you and your proctor.

17. How long does it take to learn of my results for my exam?

Your exam is marked, and you will receive an email with a letter of the results to your exam within 2 weeks of your writing date.

18. Can I take the exam again if I am unsuccessful the first time?

Yes. Your first re-take of the exam is free of charge but there is a 60-day study period that is allotted prior to taking the exam again.

19. After completing the CPCA Qualifying Exam, what else is there to do to obtain my Provisional designation?

After successfully completing the CPCA qualifying exam, you will need to:

- Get liability insurance (unless you work for an employer who has liability insurance).
- Get a Qualified Supervisor and have them sign a contract (provided for you)
- Submit your prorated dues for your Provisional Status Designation.

Once these have been submitted to the CPCA, you will then receive:

- A Certificate of your New designation – RPC Provisional or MPCC Provisional
- A CPCA member "Letter of Good Standing" document
- A receipt for your membership dues

20. What are the Provisional Requirements to be completed during one's Provisional term?

The CPCA requires all Provisional Members to complete the following:

1. **150 hours of Supervision** – Supervision must be with a "Qualified Supervisor" where you speak with your supervisor about the nature of your work and get support for the issues related to helping clients.
2. **250 Direct Client Contact (DCC)** – Every Provisional Mental Health Professional needs to acquire 250 hours of DCC which can include working with individuals, couples, families, or group work (whether online or in-person) as long as the work is in their scope of practice.
3. **200 Currency or Practice Hours** – Currency hours or Professional Practice hours are hours accumulated through writing case notes, doing research, staff meetings, Continuing Education (CE), writing reports, teaching a workshop (not to clients), or other professional activities.
4. **Professional Documentation Audit (PDA)** - A Professional Document Audit needs to be completed within the Provisional term while a Provisional member, as it ensures good boundaries to one's practice from the beginning of one's career. As a new professional, you are responsible for creating these documents and then have them reviewed by your supervisor for feedback.

   The **PDA** is submitted at the time when you have completed your provisional term with your CPCA Qualifying Application. To transition from a **Provisional** status to a full status of **RPC** or **MPCC** designation you will use the **CPCA Qualifying Application** form which includes instructions for how to complete

your Professional Documentation Audit as part of your **Qualifying Application. Which is** submitted to qualifying@thecpca.ca. The CPCA Qualifying Application (with the PDA) is $75+Tax.

21. What documentation is needed to complete a Professional Documentation Audit?

Below is a list of the documents needed for your Professional Documentation Audit for **all RPC Provisional** and **MPCC Provisional** members. Be sure to only send blank documents for the forms. Please do **not** send any client information with your documents. Be sure to scan (digitize) your documents. Ensure the file name for each document is numbered with the correct number according to list below:

1. Intake form
2. Informed Consent for Counselling with limits of confidentiality
3. Informed Consent for Online Counselling
4. Informed Parental Consent for Counselling a Child
5. Counselling Assessment form
6. Counselling Treatment Plan form
7. Referral form
8. Payment Receipt – documentation of payment made by client for services rendered (with no client identifying info or with client info redacted)
9. Release of Information Consent form
10. Sample of Case Notes – without any identifying information
11. Professional Public Profile – the "about you" portion of your website that describes who you are and what you do - representing your professional self and your practice online (or in any written profile of yourself)
12. Professional Email Signature – how you represent yourself online
13. Informed Consent for Couples Counselling (if doing couples counselling)
14. Informed Consent for Group Counselling (if doing group counselling)

NOTE: If you use digital forms, please print out and scan the digital form. All documents are required except #13 and #14. Only supply document #13 and/or #14 if you do or intend to do this type of counselling work.

It is typically reviewed by your supervisor for feedback and then must be submitted to the CPCA Head Office (qualifying@thecpca.ca) to be reviewed by the Office of the Registrar. The PDA Review is submitted with a $75+Tax fee.

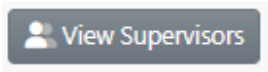
22. How do I find a Qualified Supervisor while I am a Provisional Status member?

To find a Qualified Supervisor (MPCC Qualified Supervisor, RPC Qualified Supervisor, or RMHC Supervisor), you can:

1. Go to the CPCA website and click on the "**Counsellor Directory**" (https://thecpca.ca/find-a-counsellor/alphabetical-index) and scroll through members looking for a Supervisor.

2. Or go to your Membership Dashboard and find the option along the left-hand side that says "Clinical Supervision" and click on it.

3. Once there, look at the top-right hand side of your screen, for a grey button which says "View Supervisors" and click on it.



4. You will then get a list of all those who you can choose to approach to provide you with clinical supervision.

It is important to note that your Qualified Supervisor does not have to be in your geographic location. With video conferencing, many members choose to do clinical supervision by video. Your number of options for clinical supervisors grows substantially as a result.

IMPORTANT NOTE: You need to choose a Registered Qualified Supervisor (RQS) who works within your Scope of Practice.

Provisional Status Designation	Scope of Practice	Qualified Supervisor
RPC Provisional	Mental Health Coaching	"MPCC, QRS" or "RPC, QRS"
MPCC Provisional	Clinical Counselling	"MPCC, QRS" Supervisor
RMHC Provisional	Mental Health Coaching	"RMHC, QRS" Supervisor

23. Can I have a Qualified Supervisor who is not a CPCA Member?

Yes. If you are not able to find a clinical supervisor within the CPCA, you can also choose a clinical supervisor who is not part of the CPCA. But this is a little more involved, as to be recognized as a Qualified Supervisor by the CPCA, the person needs to meet the same criteria as someone who is a qualified supervisor in the CPCA.

What criteria does an **Registered Qualified Supervisor (RQS)** need to meet?

1. They need to have held their full designation **for 8 years** or more and still in practice.
2. They need to **hold a designation/credentials** (letters behind their name) in another Counselling Association (BCACC, CCPA, etc.) and need to be "in good standing" with their Association.
3. If they live in a regulated province, they must need to be a member of their regulatory college of that province.
4. They need to meet the have a Masters-Level Equivalency in Clinical Counselling.
5. Supplemented education specific to clinical counselling skills may be taken into consideration on a case-by-case basis. This is reviewed by the CPCA National Registrar.
6. They need to **have 30 hours of specific supervisory training** in how to do clinical supervision.
7. And it is preferred that they also have supervisory experience.

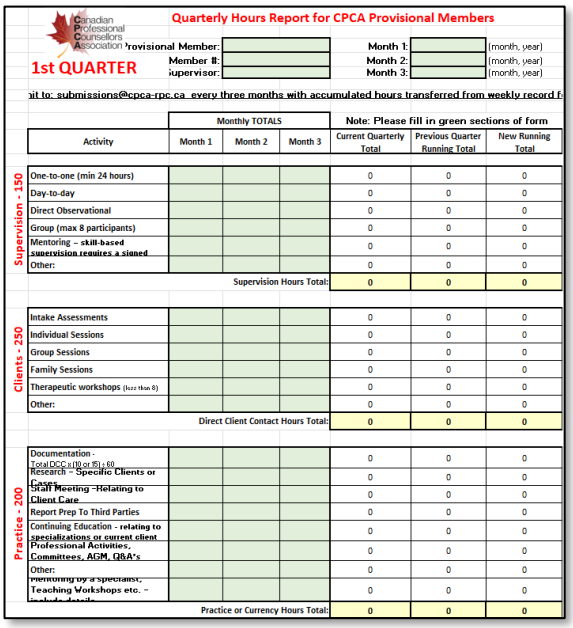
These requirements are to enhance the protection of Provisional Member who is in the process of completing their provisional requirements. The CPCA wants to ensure that all Provisional Members have a positive learning and educational experience to their provisional period and get the quality of support they need to achieve excellence in serving their clients. Ultimately, the CPCA holds these standards for the best possible welfare of all clients.

Therefore, if you choose a supervisor who is <u>not</u> part of the CPCA, you will need to have your supervisor approved by the CPCA National Registrar. To do this, complete the following steps:

1. Get a current CV or resume of your potential supervisor along with copies (or even photos) of any training or certificates they hold.
2. Ask your potential supervisor if they have specific supervisory education and get a document verifying this.
3. Email all the above documentation to the CPCA Registrar at **registrar@thecpca.ca** with your request for the approval of this individual be considered as your Clinical Supervisor for your candidacy.
4. Your submission will be reviewed, and you will receive an email response.

24. What are Provisional Quarterly Reports and how do I use them?

Part of your Provisional requirements are to track certain hours associated with your Provisional activities. All Provisional members track their: (1) Supervision hours, (2) Direct Client Contact hours and (3) Professional Practice hours or Currency hours. These hours are submitted once every 3 months or quarterly (End of **March**, **June**, **September**, and **December**). Please, **do not submit supervision hours or continuing education hours online through the CPCA Member Dashboard.** This is only done once you have completed your Provisional Status and have your full designation. Rather, please use the **Quarterly Hours Report for CPCA Provisional Members Form** which is an excel spreadsheet we have created specifically for Provisional Members. It will make your life so much easier and keeping track of your hours much easier.



Quarterly Hours Report for CPCA Provisional Members

1st QUARTER

Provisional Member:
Member II:
Supervisor:

Month 1: (month, year)
Month 2: (month, year)
Month 3: (month, year)

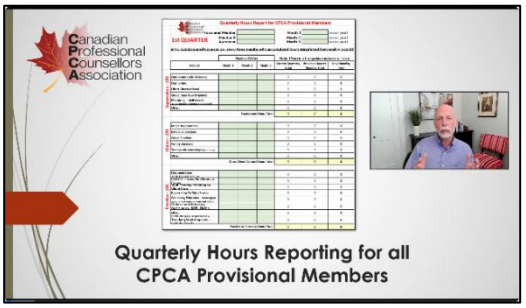
...it to: submissions@cpca-rpc.ca every three months with accumulated hours transferred from weekly record f...

Note: Please fill in green sections of form

	Activity	Monthly TOTALS Month 1	Month 2	Month 3	Current Quarterly Total	Previous Quarter Running Total	New Running Total
Supervision - 150	One-to-one (min 24 hours)				0	0	0
	Day-to-day				0	0	0
	Direct Observational				0	0	0
	Group (max 8 participants)				0	0	0
	Mentoring – skill-based supervision requires a signed				0	0	0
	Other:				0	0	0
	Supervision Hours Total:				0	0	0
Clients - 250	Intake Assessments				0	0	0
	Individual Sessions				0	0	0
	Group Sessions				0	0	0
	Family Sessions				0	0	0
	Therapeutic workshops (less than 8)				0	0	0
	Other:				0	0	0
	Direct Client Contact Hours Total:				0	0	0
Practice - 200	Documentation - Total DCC x (10 or 15) ÷ 60				0	0	0
	Research – Specific Clients or Cases				0	0	0
	Staff Meeting -Relating to Client Care				0	0	0
	Report Prep To Third Parties				0	0	0
	Continuing Education - relating to specializations or current client				0	0	0
	Professional Activities, Committees, AGM, Q&A's				0	0	0
	Other:				0	0	0
	Mentoring by a specialist, Teaching Workshops etc. –				0	0	0
	Practice or Currency Hours Total:				0	0	0

The excel spreadsheet is locked so that the formulas will not accidentally be broken. Any green area on the form is a place where you can fill information. As you fill in hours on a particular month, they will automatically be added to your running total. You will see that along the bottom of your computer screen are tabs that represent a Quarters of a year or three-month periods. Each tab is connected to the prior 3-month period, so you will always know exactly how many hours you have accumulated in each category. And if you click on the last "Totals" tab, you will see the grand total of all the quarters put together.

	Activity	New Running
Supervision - 150	One-to-one (min 24 hours)	0
	Day-to-day	0
	Direct Observational	0
	Group (max 8 participants)	0
	Mentoring – skill-based supervision requires a signed agreement	0
	Other:	0
		0
Clients - 250	Intake Assessments	0
	Individual Sessions	0
	Group Sessions	0
	Family Sessions	0
	Therapeutic workshops (less than 8)	0
	Other:	0
		0
Practice - 200	Documentation - Total DCC x (10 or 15) ÷ 60	0
	Research - Specific Clients or Cases	0
	Staff Meeting -Relating to Client Care	0
	Report Prep To Third Parties	0
	Continuing Education - relating to specializations or current client work	0
	Professional Activities, Committees, AGM, Q&A's	0
	Other:	0
	Mentoring by a specialist, Teaching Workshops etc. – include details	0
		0



Please watch the **15-minute Instructional Video** which explains how to use the Quarterly Supervision Reports. You may wish to have your clinical supervisor also watch this instructional video to ensure both of you understand how it works.

25. Can my Supervision hours in my practicum count towards for my Provisional hours?

No. Your practicum is **part of** your **educational program** and training to gain all the competencies required for the skills and knowledge you need to competently work with your clients. The CPCA is a Competency-Based Counselling Association. As such, the purpose of your (1) education and (2) educational practicum is to build the many competencies for entry-to-practice as a people helper. Knowledge of a skill is very different than being able to use the skill in the correct context. This is the purpose of your practicum – for the integration of knowledge and skills into working with clients.

From the CPCA's perspective, a person proves their competency by (1) successfully completing the needed education and (2) the CPCA Qualifying Exam. It is only after successfully completing this exam that your **entry-to-practice competency has been established**.

Supervised practicums are essential training for developing your competency. It is great learning within the context of your educational program. However, it is a very different experience working with a practicing designation under a Provisional status, with the responsibilities of practicing your scope of practice with clients on your own. Many new Provisional Members are surprised by what is thrown at them once they start their practice. The Provisional period ensures all Provisional RMHCs, Provisional RPCs and Provisional MPCCs have the supervisory support needed to start your career and is essential for long-term career success.

26. Can prior counselling work count towards for my Provisional hours?

No. The CPCA is a competency-based association. It is only after successfully completing the CPCA Qualifying Exam that your **entry-to-practice competency has been established**. Your prior work with clients to obtain a CPCA Designation and successfully completing the Qualifying Exam are valuable to your own professional growth, learning, and development. But it can not be then added to your Provisional hours after the fact.

27. What are the different types of Supervision that count towards my Provisional Hours?

It is important to state that there are two classifications of Supervision:

- **Direct**: In person or distance through online venues, observation in session, watching via one-way mirror, review of a recorded session (with client consent),
- **Indirect**: Case or Documentation Review, Case Consultation, Skill or Self-Care Strategy Consultation

Both Direct and Indirect supervision are considered supervision and are acceptable for counting towards supervision hours. There are different types of supervision that can be used:

1. **One-to-One Structured** – Every Provisional Member must have a minimum of 24 One-to-One supervision hours addressing their practice with their approved CPCA Qualified Supervisor over the course of fulfilling their provisional hours.
2. **Day-to-Day Consultation** - This type of supervision is with a workplace supervisor, a CPCA Qualified Supervisor, or an experienced clinician who must have expertise in the area of consultation. In other words, you can gain clinical supervision from someone other than your "main" Supervisor. However, your main Supervisor needs to be aware of it and approve of it, so they can sign off on it with regard to your Quarterly Reporting of your hours. This supervision could include individual and/or group supervision sessions, phone calls, face-to-face immediate consultations, or clinical oversight as a result of employment in a mental health setting. However, this type of supervision must be more than day-to-day administrative oversight.
3. **Direct Observational** - This type of supervision is with a Qualified Supervisor and includes either recorded audio/video, or in-session observation (with client consent).
4. **Group** - This supervision is facilitated by a Qualified Supervisor (who practices in your scope of practice) to a maximum of 8 supervisees or participants. This supervision could include case summaries, technique/intervention education, role plays, moderated discussion about client cases, practice, or ethical issues associated with one's practice. It can also address issues and/or enhance strategies around self-awareness and self-care.
5. **Mentoring** - This type of supervision is facilitated by an intentionally matched experienced clinician/therapist/mentor who works in your scope of practice and is also registered as a CPCA Qualified Supervisor, is recognized as a supervisor in the field or meets the equivalent requirements. This must include a planned agreement between mentor and mentee of goals and expectations, where the mentee is being observed by the Qualified Supervisor/mentor. (Note that if the mentee is doing coursework, coursework hours are reported as Professional Practice or Currency hours)

   The CPCA qualifications for a counsellor to be able to provide mentoring or mentorship is the same as the qualifications to become a CPCA Registered Qualified Supervisor (RQS):

   1. A Mentor must have **a full CPCA designation** (RPC or MPCC) and <u>not</u> provisional.
   2. A CPCA Mentor is a **(a)** CPCA Qualified Supervisor, is **(b)** recognized as a supervisor in the field or **(c)** meets the equivalent requirements to be a CPCA Qualified Supervisor
   3. Mentoring must include a planned agreement between mentor and mentee of goals and expectations, where the mentee is being observed by the Qualified Supervisor/mentor.
   4. A Mentor has a minimum of **8 years** out of the last 10 in counselling practice

6. **Other -** This can include such things as One-to-One Self-Care with a Qualified Supervisor. This type of supervision addresses personal life impact and self-awareness either in prevention or recovery.

Keep in mind that the purpose of supervision is two-fold: (1) Safety for Clients or to ensure no harm to clients and (2) the development and expansion of competencies within your Scope of Practice.

Note: Peer Debrief/Consultation, whether one-to-one individual or as a peer group may have value but is **not** a CPCA approved type of supervision and cannot substitute for supervision.

28. Can I have more than one Supervisor?

You can receive supervision from more than one person, but you are to have **only one Main Supervisor (for which you have a contracted relationship) at any one time**. Some work in an environment where there are multiple possible people who may supervise your work. You may have (1) a Main Supervisor, who may or may not be on your work site, (2) you may participate in a supervision group, (3) have a scheduled regular mentor you work with and (4) a workplace supervisor who regularly gives you input into your work with clients. All four would meet the criteria of clinical supervision. Your main Supervisor may request documentation from others who have given you supervision as verification of these hours.

However, your main supervisor must be kept informed, and you need their approval for the other sources of supervision which you are obtaining. Why? Because your main Supervisor is the individual who you send your **Quarterly Hours Report for CPCA Provisional Members Form** (**QHR**) to and signs off all Provisional hours.

29. What Is Direct Client Contact (DCC) hours?

Direct Client Contact are sessions working directly with clients (1) in-person or by (2) e-therapy.

- The Client may be an individual, couple, family or group.
- Client Contact is defined by the sessions, or the actual time spent with clients addressing client issues.
- Sessions may also take the form of an assessment, crisis intervention or intake for initiating the working relationship.
- Group sessions need to be focused on defined issues or desired outcomes with a group of individuals who have common issues and/or goals to a maximum of 8 client participants.
- Workshops for Clients where learning and client work are being combined in such a way that interpersonal growth and dealing with client issues is taking place.
- Other: Critical Incident Debriefing where a critical incident has occurred you have been brought in to facilitate debriefing and/or supporting a group of affected individuals

30. What Are Professional Practice Hours or Professional Currency Hours?

Professional Practice hours or Professional Currency is a combination of professional tasks related to client sessions.

- **Documentation** is time needed for making notes on a session following its conclusion. The average is 10 minutes per session, regardless of the duration of time the session took to be complete. In the beginning, it may take 15 minutes, and it is permissible to calculate documentation as 15 min during the beginning of your provisional period. The formula to use in calculating this is: Take the total # of DCC hours and multiply that number by the number of minutes (10 or 15) and then divide that whole number by 60 minutes. The sum will be the approximate documentation hours accumulated for the number of client sessions you are reporting for.
- **Research** counted here is research specific to current client cases with whom you are working.
- **Staff Meetings** are workplace meetings relative to client cases and caseload but do not include clinical supervision.
- **Report Preparation** for collaborative care of a client with other health professionals and/or other necessary letters.
- **Continuing Education (CE)** is part of your collective professional currency.
- **Professional Activities** provide opportunities for ongoing growth and maintenance of professional competence.
- **Teaching Workshops** with groups where counselling or coaching is not a component, but therapeutic learning is occurring.
- **Other:** Peer Debrief / Consultation with Colleagues / Mentoring Skill Development / Mental Health Projects. Note that for Provisionals, these activities qualify only if they are guided or led by a supervisor or senior clinician.

31. When and how often should I get some type of supervision?

When starting your professional counselling career, it is important to have regular supervision. Why? Because you never know when something comes up in supervision that was key or essential for your practice. Usually, it is suggested that for the first year it is vital to have regular supervision **once every 10 to 20 sessions**. At the start of your provisional period, it would be wise to have more supervision more often.

It is always important to come to supervision prepared. You need to prepare for what it is that you want to get out of supervision. Some ideas might be: case consultation, reflecting on your own process in your work, discussing scope of practice, discussion of knowledge or skill development, transference, countertransference, professional orientation, ethical practice, career development, boundaries, legal issues, mandatory reporting, refining assessment skills, use of self in working with clients, treatment planning or goal setting, interventions, writing effective case notes, cross-cultural competency, relationships with colleagues, work related stressors, and self-care.

And there will be times when you may need to reach out in specific situations where you would like input into a specific case. You need to consider the best welfare of your clients, and it is wise to get support when you need support.

32. What do I do if I must change Supervisors midway through my Provisional period?

Sometimes life happens and a Provisional Member might need to find a new supervisor. Be sure to request help from your current supervisor to find a new supervisor. Once you have a new supervisor who has agreed to be your supervisor:

1. Ensure that your prospective new Supervisor meets the qualifications associated with the **CPCA Clinical Supervision Guidelines** to be your supervisor. If you are not sure, please contact the CPCA head office at office@thecpca.ca with your question.

Closing Relationship with your Prior Supervisor:

2. Have your **prior Supervisor** sign-off on your the **Quarterly Hours Report for CPCA Provisional Members Form** and send it into the CPCA Head Office to submissions@thecpca.ca.
3. If you are **RPC Provisional**, have your **prior Supervisor** fill out this **Substantiating Form** showing the hours you completed with your former Supervisor. Keep it for your records and submit it with your Qualifying Application when you have accumulated the hours you need. If you are **MPCC Provisional**, have your **prior Supervisor** fill out this **Substantiating Form** showing the hours you completed with your former Supervisor. Keep it for your records and submit it with your Qualifying Application when you have accumulated the hours you need.
4. Complete a Provisional Evaluation of Supervisor Form regarding your prior Supervisor and submit it to submissions@thecpca.ca.
5. Have your prior Supervisor complete a Supervisor Evaluation of Provisional Member Form and have them submit it to submissions@thecpca.ca.

Starting with a New Supervisor:

6. Be sure to complete with your Supervisor the **Clinical Supervision Declaration Agreement** form and the **Clinical Supervision Informed Consent** forms and submit them to office@thecpca.ca informing the CPCA Office that you changing Supervisors.
7. Start a **new** Quarterly Hours Report for CPCA Provisional Members Form with your new Supervisor, as they cannot sign off on what you did with your prior Supervisor.

33. Am I able to change my Counselling Scope of Practice and if so, how?

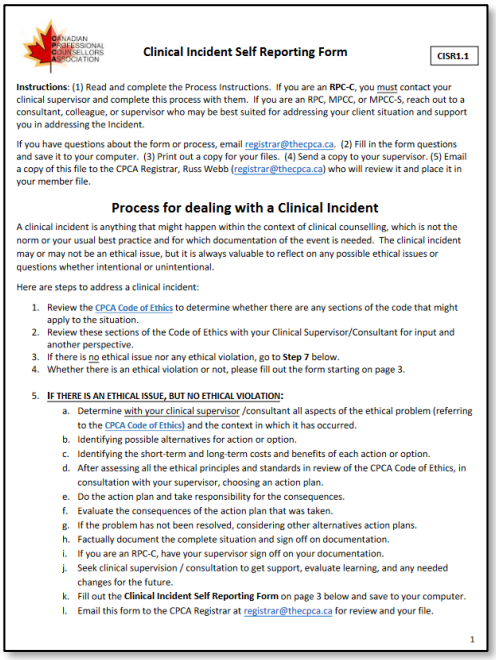
Yes. It is possible (for some counsellors) to change their Scope of Practice, but there are a number factors that must be considered to be eligible to change one's Scope of Practice. The CPCA has two counselling Scopes of Practice – the (1) Mental Health Counselling Scope of Practice (aligned with the RPC designation) and the (2) Clinical Counselling Scope of Practice (aligned with the MPCC designation). To change one's scope of practice, an application process is required. To obtain a **Change in Scope of Practice Application form**, please email office@thecpca.ca for more information and for an application form.

34. What should I do if I have an ethical issue or problem with a client?

Every Provisional Member will come across times when they are faced with an ethical issue. It is for this reason that the CPCA developed a 10 Step Ethical Decision Making Process which can be found on page 8 of the CPCA Code of Ethics. It is important to consult with your supervisor about these types of issues, even when you may feel you have done something incorrectly. Many situations can be addressed and repaired if handled appropriately. Therefore, it is important not to wait when you have an ethical issue.

Your supervisor can many times predict when and where ethical issues may arise in a case and talking about these cases allows you to learn how to work in such a way that you can avoid certain ethical issues. Reach out to experienced CPCA members and even to the CPCA Head Office when needed. Talking through the situation will help you see the different angles to consider and options for how you can handle the situation.

It may happen that during your Provisional period, you experience a Practice Incident. A practice incident is anything that might happen within the context of your work or relationship with a client, which is not the norm or your usual best practice and for which documentation of the event is needed. The Practice Incident may or may not be an ethical issue, but it is always valuable to reflect on any possible ethical issues or questions whether intentional or unintentional.



Clinical Incident Self Reporting Form CISR1.1

Instructions: (1) Read and complete the Process Instructions. If you are an **RPC-C**, you must contact your clinical supervisor and complete this process with them. If you are an RPC, MPCC, or MPCC-S, reach out to a consultant, colleague, or supervisor who may be best suited for addressing your client situation and support you in addressing the Incident.

If you have questions about the form or process, email registrar@thecpca.ca. (2) Fill in the form questions and save it to your computer. (3) Print out a copy for your files. (4) Send a copy to your supervisor. (5) Email a copy of this file to the CPCA Registrar, Russ Webb (registrar@thecpca.ca) who will review it and place it in your member file.

Process for dealing with a Clinical Incident

A clinical incident is anything that might happen within the context of clinical counselling, which is not the norm or your usual best practice and for which documentation of the event is needed. The clinical incident may or may not be an ethical issue, but it is always valuable to reflect on any possible ethical issues or questions whether intentional or unintentional.

Here are steps to address a clinical incident:

1. Review the CPCA Code of Ethics to determine whether there are any sections of the code that might apply to the situation.
2. Review these sections of the Code of Ethics with your Clinical Supervisor/Consultant for input and another perspective.
3. If there is no ethical issue nor any ethical violation, go to **Step 7** below.
4. Whether there is an ethical violation or not, please fill out the form starting on page 3.

5. **IF THERE IS AN ETHICAL ISSUE, BUT NO ETHICAL VIOLATION:**
   a. Determine with your clinical supervisor /consultant all aspects of the ethical problem (referring to the CPCA Code of Ethics) and the context in which it has occurred.
   b. Identifying possible alternatives for action or option.
   c. Identifying the short-term and long-term costs and benefits of each action or option.
   d. After assessing all the ethical principles and standards in review of the CPCA Code of Ethics, in consultation with your supervisor, choosing an action plan.
   e. Do the action plan and take responsibility for the consequences.
   f. Evaluate the consequences of the action plan that was taken.
   g. If the problem has not been resolved, considering other alternatives action plans.
   h. Factually document the complete situation and sign off on documentation.
   i. If you are an RPC-C, have your supervisor sign off on your documentation.
   j. Seek clinical supervision / consultation to get support, evaluate learning, and any needed changes for the future.
   k. Fill out the **Clinical Incident Self Reporting Form** on page 3 below and save to your computer.
   l. Email this form to the CPCA Registrar at registrar@thecpca.ca for review and your file.

1

The CPCA has a Practice Incident Self Reporting Form [link] which is a valuable too giving you a step-by-step process to deal with the incident, whether the incident involved:

1. An ethical issue, but no ethical violation
2. An ethical issue with an ethical violation
3. No ethical issue and no ethical violation

This tool is used with your supervisor to address the incident in the most productive and ethical manner.

35. Can I become a member of the CPCA Facebook page?

Yes, we would encourage you to become a member of your provincial CPCA Facebook group. If your province does not yet have a CPCA Facebook page, you are welcome to join any of the CPCA Facebook communities. Here are links to the CPCA Facebook groups:

- BC CPCA Members

- CPCA Counsellors of Alberta & NT
- CPCA Saskatchewan Counsellors
- Ontario CPCA Members

36. When can I upgrade from Provisional status to the full designation?

Upgrading from Provisional to non-Provisional is possible once you have completed your Provisional Hours:

- **150** Hours of Qualified Counselling Supervision.
- **250** Hours of Direct Client Contact.
- **200** Hours of Professional Practice hours or Currency hours.
- A Completed **Professional Documentation Audit** (See question 21)

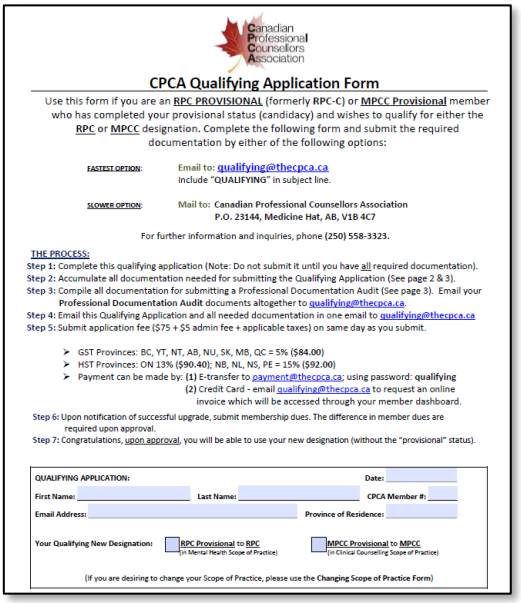
Upon completion of these hours, your supervisor needs to sign off on the hours using the following **Substantiating Full Designation Form (SUB1.1)** to show that you are eligible to Qualify for your full designation.

37. How do I complete my Provisional Status and obtain my Non-Provisional Full Status?

To obtain your full non-provisional Status (RPC or MPCC) you use the **CPCA Qualifying Application Form**.

When upgrading to RPC please email this form to **qualifying@thecpca.ca** with the following:

1. E-transfer upgrade fee the same day as you submit your upgrade request.
2. Your "Quarterly Hours Report for Provisional Members Form" fully completed.
3. Your Supervisor Candidate Evaluation Report [Link] (which is filled out by your supervisor)
4. Your Supervisor Evaluation Report [Link] (which is filled out by you)
5. Your Substantiating Full Designation Form (SUB1.1) fully completed. Please note that you may have more than one Substantiation Form. Use one form for each supervisor individually.



CPCA Qualifying Application Form

Use this form if you are an **RPC PROVISIONAL** (formerly **RPC-C**) or **MPCC Provisional** member who has completed your provisional status (candidacy) and wishes to qualify for either the **RPC** or **MPCC** designation. Complete the following form and submit the required documentation by either of the following options:

FASTEST OPTION: Email to: qualifying@thecpca.ca
Include "**QUALIFYING**" in subject line.

SLOWER OPTION: Mail to: **Canadian Professional Counsellors Association**
P.O. 23144, Medicine Hat, AB, V1B 4C7

For further information and inquiries, phone **(250) 558-3323.**

THE PROCESS:
Step 1: Complete this qualifying application (Note: Do not submit it until you have all required documentation).
Step 2: Accumulate all documentation needed for submitting the Qualifying Application (See page 2 & 3).
Step 3: Compile all documentation for submitting a Professional Documentation Audit (See page 3). Email your **Professional Documentation Audit** documents altogether to qualifying@thecpca.ca.
Step 4: Email this Qualifying Application and all needed documentation in one email to qualifying@thecpca.ca
Step 5: Submit application fee ($75 + $5 admin fee + applicable taxes) on same day as you submit.

- GST Provinces: BC, YT, NT, AB, NU, SK, MB, QC = 5% **($84.00)**
- HST Provinces: ON 13% **($90.40)**; NB, NL, NS, PE = 15% **($92.00)**
- Payment can be made by: **(1)** E-transfer to payment@thecpca.ca; using password: **qualifying**
  (2) Credit Card - email qualifying@thecpca.ca to request an online invoice which will be accessed through your member dashboard.

Step 6: Upon notification of successful upgrade, submit membership dues. The difference in member dues are required upon approval.
Step 7: Congratulations, upon approval, you will be able to use your new designation (without the "provisional" status).

QUALIFYING APPLICATION: **Date:**
First Name: **Last Name:** **CPCA Member #:**
Email Address: **Province of Residence:**
Your Qualifying New Designation: ☐ **RPC Provisional to RPC** (in Mental Health Scope of Practice) ☐ **MPCC Provisional to MPCC** (in Clinical Counselling Scope of Practice)
(If you are desiring to change your Scope of Practice, please use the **Changing Scope of Practice Form**)

Once the Qualifying Application is approved, a difference in your membership dues will be required. Congratulations! You will then be issued your NEW **CPCA Designation Certificate**, and a **letter of good standing**.

If you have any further questions about your provisional journey, please send you question to office@thecpca.ca. Thank you.