



**Canadian Addiction Counsellors Certification Federation  
Fédération Canadienne D'agrément des Conseillers en Toxicomanie**

PO Box 408, Carp, ON K0A 1L0 Phone: 1-866-624-1911 Fax: 613-839-0050 Email: info@caccf.ca

## Canadian Certified Clinical Supervisor (CCCS) APPLICATION CHECKLIST

**Please complete all the application materials as listed below. The application must be typed or carefully printed, and all requested information must be documented.**

**Applicant's Name:** \_\_\_\_\_

- Canadian Certified Clinical Supervisor (CCCS) Form
- Hold a current Canadian Certified Addiction Counsellor certification (CCAC)
- Documentation of Formal Education in Clinical Supervision -30 hours
- Documentation of Direct Clinical Supervision experience in the last 5 years- 800 hours
- Documentation of verifiable addictions work within the last 5 years – 4000 hours
- 1 letter from each place of employment you have had in the 5 years immediately preceding your application confirming your employment
- Read & Sign *Consent to Release Information*
- Read & Sign *Canon of Ethical Principles and Professional Code of Conduct*
- Membership with CACCF in good standing
- Application Processing Fee \$300.00 + applicable taxes – Waived during Grandfathering period (March 1 to December 31, 2017)

Payment Enclosed:

Cheque \_\_\_\_ Money Order \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_

Credit Card# \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature of Cardholder/Applicant \_\_\_\_\_

You can mail your completed package to the following:

ATTENTION: MEMBERSHIP DEPARTMENT  
CACCF  
PO Box 408  
Carp ON K0A 1L0



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Canadian Certified Clinical Supervisor (CCCS)  
APPLICATION FORM

**\*\*PLEASE COMPLETE ENTIRE FORM\*\***

APPLICANT NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

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Canadian Certified Clinical Supervisor (CCCS)  
DOCUMENTATION OF FORMAL EDUCATION

*Please include copies of ALL transcripts, degrees, diplomas, and/or certificates, beginning with most recent.*

**30 HOURS OF FORMAL EDUCATION IN CLINICAL SUPERVISION**

**FORMAL EDUCATION**

NAME OF SCHOOL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_

DEGREE/DIPLOMA/CERTIFICATE EARNED: \_\_\_\_\_

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**FORMAL EDUCATION**

NAME OF SCHOOL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_

DEGREE/DIPLOMA/CERTIFICATE EARNED: \_\_\_\_\_

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**FORMAL EDUCATION**



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NAME OF SCHOOL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_

DEGREE/DIPLOMA/CERTIFICATE EARNED: \_\_\_\_\_

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MAJOR AREA OF STUDY: \_\_\_\_\_

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**FORMAL EDUCATION**

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DATES ATTENDED: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_

DEGREE/DIPLOMA/CERTIFICATE EARNED: \_\_\_\_\_

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**FORMAL EDUCATION**

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DATES ATTENDED: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_

DEGREE/DIPLOMA/CERTIFICATE EARNED: \_\_\_\_\_

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DOCUMENTATION OF WORK EXPERIENCE

Please include a letter from at least one employer listed below describing the job description in detail. Please note: We must be able to contact all employers and supervisors listed. An inability to reach past employers may affect your application.

CLINICAL WORK EXPERIENCE (800 HOURS DIRECT CLINICAL SUPERVISION IN THE PAST 5 YEARS, PLUS 4000 HOURS OF VERIFIABLE ADDICTIONS WORK IN THE LAST 5 YEARS)

JOB TITLE: \_\_\_\_\_

EMPLOYER/CENTRE NAME: \_\_\_\_\_

SUPERVISOR'S NAME, E-MAIL AND PHONE NUMBER: \_\_\_\_\_

LENGTH AND DATES OF EMPLOYMENT: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED HOURS OF DIRECT CLIENT CONTACT OR CLINICAL SUPERVISION** \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

EMPLOYER/CENTRE NAME: \_\_\_\_\_

SUPERVISOR'S NAME, E-MAIL AND PHONE NUMBER: \_\_\_\_\_

LENGTH AND DATES OF EMPLOYMENT: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED HOURS OF DIRECT CLIENT CONTACT OR CLINICAL SUPERVISION** \_\_\_\_\_



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**JOB TITLE:** \_\_\_\_\_

**EMPLOYER/CENTRE NAME:** \_\_\_\_\_

**SUPERVISOR'S NAME, E-MAIL AND PHONE NUMBER:** \_\_\_\_\_

**LENGTH AND DATES OF EMPLOYMENT:** \_\_\_\_\_

**TOTAL HOURS:** \_\_\_\_\_

**JOB DUTIES:** \_\_\_\_\_

**ESTIMATED HOURS OF DIRECT CLIENT CONTACT OR CLINICAL SUPERVISION** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**EMPLOYER/CENTRE NAME:** \_\_\_\_\_

**SUPERVISOR'S NAME, E-MAIL AND PHONE NUMBER:** \_\_\_\_\_

**LENGTH AND DATES OF EMPLOYMENT:** \_\_\_\_\_

**TOTAL HOURS:** \_\_\_\_\_

**JOB DUTIES:** \_\_\_\_\_

**ESTIMATED HOURS OF DIRECT CLIENT CONTACT OR CLINICAL SUPERVISION** \_\_\_\_\_



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## **Canadian Certified Clinical Supervisor (CCCS)**

### **CONSENT TO RELEASE INFORMATION TO THE CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION (Hereafter called "CACCF")**

- 1) I have presented full information concerning education, certification, accreditation, experience, special skills and certificates, as well as any disclosures of any unfavourable history with regard to prior employment.
- 2) You are requested and permitted to seek from my present employer, or any prior employer/institution/agency/person with which I have been associated, information concerning my professional competence and ethical character, including my knowledge or information as to whether my membership status of professional privileges have ever been suspended, revoked, reduced or not renewed at any other agency or institution.
- 3) I hereby authorize the CACCF to consult with the professional staffs of other facilities with which I have been associated, and with any other persons who may have information on competence, character and ethical qualifications.
- 4) I hereby consent to CACCF inspection of all records and documents that may be material to the requested certification.
- 5) I hereby release from any liability all representatives of the CACCF for acts, performed in good faith and without malice, concerning the evaluations of my credentials.
- 6) I hereby release from any liability all individuals and organizations who provide information to the CACCF in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification, including otherwise privileged or confidential information.
- 7) I understand that any misrepresentations, deliberately erroneous information or omission of significant information relevant to my qualifications and competence for certification, now or in the future, will result in negative action by the CACCF, which may include denial of certification, suspension or revocation of certification or legal action.

Name of Applicant (print): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Where the candidate does not expressly cancel the consent, it shall automatically terminate 12 months from the signed date.**



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**CANON OF ETHICAL PRINCIPLES**

As a member of the Canadian Addiction Counsellors Certification Federation, I must:

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 of humane treatment of anyone suffering from alcoholism or drug abuse, whether directly or indirectly;
3. Promote and assist in the recovery and return to society of every person served, assisting them to help themselves, and referring them promptly to other programs or individuals, when in their best interests;
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 interests;
5. Adhere strictly to established precepts of confidentiality in all knowledge, records and materials concerning persons served, and 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 alcoholism and/or drug counsellors and related professionals;
8. Respect institutional policies and procedures, and cooperate with any agency management with which I may be associated, as long as this remains consistent with recognized standards, procedures and ethics;
9. Contribute my ideas and findings regarding alcoholism and other drug addictions and their treatment and recovery, to any body of knowledge, through appropriate channels;
10. Refrain from any activities, including the abuse of alcohol, drugs or other mood-altering chemicals 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 competency 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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_