



BC Association of Clinical Counsellors
REFERENCE FORM - CLINICAL

SECTION A: (To be completed by the applicant)

Applicant's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date: _____ Applicant's Signature: _____

After you complete this section and digitally sign above, please save the file as "ClinicalReferenceYourName.pdf" and send the file by email to your clinical referee, who will complete the form and send it to BCACC.

If you are unable to sign the form digitally, you may print it and send it to your referee via mail, fax, or as a scanned attachment to an email.

SECTION B: (To be completed by the referee)

The applicant named above is applying to the BCACC for registration and membership. Under our Bylaws, each applicant requires a minimum of 100 supervision hours from one or more clinical supervisors. It is the function of the Registration Committee to assess an applicant's eligibility for registration as a clinical counsellor. The applicant must submit satisfactory evidence to the Registration Committee concerning his/her abilities as a clinical counsellor, establishing that he/she is of good character, both personally and professionally. The reference you are being asked to provide is a major criterion for acceptance.

To assist you in your task as a professional referee, we have attached an outline of the criteria necessary for us to determine the acceptability of the applicant. Please read it prior to completing this form. For your information, the committee defines supervision as follows:

- A. At least 25 hours of supervision must be through direct observation by the clinical supervisor. This means the qualified clinical supervisor witnessed the applicant's clinical skills in one or more of the following ways:
a) direct observation of sessions
b) review of video-taped sessions
c) review of audio-taped sessions
d) co-counselling
e) co-facilitating
B. The remaining 75 hours of clinical supervision may be comprised of a combination of the following:
a) case consultation
b) group supervision
c) file review
d) case management
C. Supervision which occurred prior to the start of the Master's program will not be considered.

Referee's Name: _____

Position: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email Address: _____

PROFESSIONAL DEGREES OR CERTIFICATES – PLEASE ATTACH A COPY OF YOUR CV:

<u>Degree</u>	<u>Institution</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of years of clinical practice _____

Number of years of experience as a clinical supervisor _____

REGISTRATIONS:

BCACC CPBC BCCSW CRPNBC AAMFT

OTHER _____

I was a member in good standing during the time I provided supervision for this applicant.

NO YES

ASSOCIATION/RELATIONSHIP WITH APPLICANT:

How long has the applicant been known to you? _____

Is there any reason you should not be considered an appropriate reference for this applicant by virtue of a conflict of interest, or insufficient knowledge of the candidate's clinical work as a counsellor?

NO MAYBE
If MAYBE, please append details

Do you have any relationship/association with this applicant other than that of clinical supervisor?

NO YES

If YES, please describe.

COMPETENCY:

Considering your overall experience with this applicant, do you think he/she is aware of and uses ethical standards appropriate to the work of a clinical counsellor?

NO YES

Do you have any reservation about this applicant regarding his/her suitability as a Registered Clinical Counsellor?

NO YES

If YES, append details

IMPORTANT COMPLETE ALL SECTIONS BELOW

Supervision took place from (date)_____ to (date)_____ and consisted of:

This supervision was provided as part of a university practicum experience.

NO YES

<u>Direct Supervision</u>			<u>Non-Direct Supervision</u>		
Review/discussion of Video:		hours	Review/discussion of Case:		hours
Review/discussion of Audio:		hours	Group Supervision:		hours
Visual Observation:		hours	Case Management:		hours
Co-counselling with applicant:		hours	File Review:		hours
Co-facilitating with applicant:		hours	Other:		hours
TOTAL DIRECT		hours	TOTAL NON-DIRECT		hours
TOTAL OF ALL SUPERVISION HOURS:			hours		

Comment on the applicant's awareness and ability to operate within the following principles.

NOTE: There is a 300 character limit for each section.

RESPECT FOR THE DIGNITY AND RIGHTS OF PERSONS

INFORMED CONSENT

COMPETENCE

INTEGRITY

Date: _____ Referee's Signature: _____

Instructions to Referees

To sign the form:

Click on the box next to Referee's Signature, and follow the steps to sign using a digital signature. If you are unable to sign digitally, you may print the form and sign it manually, then fax, mail, or scan and attach to an email.

To submit the completed form electronically:

- 1. Upon completing the form, immediately save a copy for your records. Attach the saved form to an email and send to BCACC Head Office: hoffice@bc-counsellors.org OR**
- 2. Print and sign the completed form, then scan the form and attach it to an email addressed to hoffice@bc-counsellors.org.**

If you are unable to submit this form electronically, please print and sign the completed form, and send it by mail or fax to:

BCACC HEAD OFFICE

14 - 2544 Dunlevy Street, Victoria, BC V8R 5Z2

Fax (250) 595-2926

TEL. (250) 595-4448 Toll Free in Canada 1-800-909-6303

hoffice@bc-counsellors.org

The BC Association of Clinical Counsellors conforms to the requirements of the British Columbia Personal Information Protection Act (PIPA). Applicants' information will be used to determine their eligibility for membership only. Incomplete applications will be held for a period of three years from the date the information was received before it may be destroyed without notice to the applicant. After three years an application must be resubmitted according to current criteria for membership.

CRITERIA FOR REGISTERED MEMBERSHIP

A successful applicant will:

1. Hold a Master's degree in a field of study prescribed by the BCACC Board of Directors (e.g. counselling, clinical or educational psychology, pastoral counselling, child and youth care, marital and family counselling, clinical social work, psychiatric nursing, applied behavioural sciences) from an institution acceptable to the Board. An acceptable institution is a:
 - government-approved or government-authorized degree-granting institution of higher education in Canada, or
 - regionally accredited institution of higher education in the United States, or
 - university in another country that has been recognized or authorized by an appropriate authority of that jurisdiction.
2. Official transcripts for all education listed on page 1 of the application form must be sent directly from the institution to BCACC.
3. Show by transcript, or otherwise, a broad counselling base which includes:
 - normal development & abnormal psychology
 - counselling and personality theories
 - group therapy theory & practice
 - family therapy theory & practice
 - basic research design
 - ethics
4. Provide references from at least two regulated mental health professionals who are familiar with his/her work. At least one referee must have supervised the applicant's clinical work; the other can be a colleague.
5. Submit evidence of a minimum of 100 hours of clinical supervision, which must be documented on the Clinical Reference Forms provided in the application package. If the 100 hours were supervised by more than one supervisor, each supervisor must complete a Clinical Reference Form for the number of hours she/he supervised.

A. Qualifications of the Clinical Supervisor:

To be acceptable to the Committee, a "qualified professional" who provides the formal supervision required under bylaw 12(1)(f)iii must be a counselling professional who meets the following criteria:

1. The supervisor was appointed, by a university acceptable to the Board, to supervise a practicum or internship in a Master's level counselling program.

OR

2. a) the supervisor is a registered member in good standing of a mental health profession that has third party accountability; **OR**
b) the supervisor has provided evidence of advanced skills in clinical counselling acceptable to the Committee equal to or greater than those which apply to members of the Association; **OR**
c) the supervisor holds a minimum of a Master's degree that is acceptable to the Board and would otherwise meet or exceed the Association's membership requirement;

AND

- d) the supervisor has a minimum of 5 years' clinical experience as a practicing counsellor or equivalent relevant experience before being acceptable as a supervisor to the Registration Committee.

- B. At least 25 of the supervised hours must be directly observed by a clinical supervisor. The clinical supervisor will witness clinical work in one or more of the following ways:
 - i. direct observation of sessions
 - ii. review of video-taped sessions
 - iii. review of audio-taped sessions
 - iv. co-counselling
 - v. co-facilitating

- C. The remaining 75 hours of clinical supervision may be comprised of a combination of the following:
 - i. case consultation
 - ii. group supervision
 - iii. file review
 - iv. case management

- D. Supervision which occurred prior to the start of the Master's program will **not** be considered.

- 6. Submit a current resumé, with details of academic qualifications, counselling training and relevant work experience.
- 7. Provide a current criminal record search from his/her region, to be conducted at the applicant's expense.
- 8. Possess or show intent to purchase professional liability insurance.
- 9. Sign an agreement that he/she has read and understood the BC Association of Clinical Counsellors' Scope of Practice, Code of Ethical Conduct, and Standards of Clinical Practice.

10/4/2011/aa