



*BC Association of Clinical Counsellors*  
**REFERENCE FORM – COLLEAGUE**  
 ONCE COMPLETED, THIS FORM IS CONFIDENTIAL

**SECTION A:** (To be completed by the applicant)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**SECTION B:** (To be completed by the referee)

The applicant, named above, is applying to the BCACC for registration and membership. Under our Bylaws, it is the function of the Registration Committee to assess an applicant's eligibility for registration as a clinical counsellor. The reference you are being asked to provide is a major criterion for acceptance. 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. To assist you in your task as a professional referee, we have enclosed an outline of the criteria necessary for us to determine the acceptance of the applicant. Please read it prior to completing this form. Thank you for your participation in this process.

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** \_\_\_\_\_

**REGISTRATIONS:**

BCACC

CPBC

BCCSW

CRPNBC

AAMFT

OTHER \_\_\_\_\_

**ASSOCIATION/RELATIONSHIP WITH APPLICANT:**

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

How long has the applicant been known to you? \_\_\_\_\_

**Do you have any relationship/association with this applicant other than that of professional colleague?**

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

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

*RESPECT FOR THE DIGNITY AND RIGHTS OF PERSONS*

---

*INFORMED CONSENT*

---

*COMPETENCE*

---

*CONFIDENTIALITY*

---

*INTEGRITY*

---

Date: \_\_\_\_\_ Referee's Signature: \_\_\_\_\_

**TO BE SENT DIRECTLY FROM REFEREES 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