




CounselCareCanada Learning Solutions

<http://www.counselcarecanadalearningsolutions.com>

A Canadian Learning Organization 

Application Form for CBT-01190120

Certificate Program in Cognitive Behaviour Therapy

Jan 14, 2019 to Jan 24, 2020

Registration Deadline: Dec 1, 2018 when places available

**Early Bird Discount (\$250) when paid in full before November 15, 2018**

**E-mail to:** [registration@ccclearningsolutions.com](mailto:registration@ccclearningsolutions.com) **or Fax (519) 488-1061.** Please allow 24 hours for a reply

In order to register for the CounselCareCanada Learning Solutions **Certificate Program in Cognitive Behaviour Therapy**, participants are asked to commit to: participate fully in the program in the best interest of themselves and their learning peers; to use the CBT model as developed by Beck and colleagues, and as taught in this program (fidelity to method); and to abide by the policy of respecting the curriculum '**Certificate in Cognitive Behaviour Therapy**' as the sole property of CounselCareCanada Learning Solutions, and not to share with others or in any way without the explicit consent of the organization.

I agree to the conditions listed above.

**Personal Information (please complete all fields)**

First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Street Address: (number & name): \_\_\_\_\_ Town or City

Name: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_ Province/State:

\_\_\_\_\_ Telephone #: \_\_\_\_\_ Time Zone: \_\_\_\_\_

Email address: (please write clearly): \_\_\_\_\_ Emergency Contact Name & Contact Information: \_\_\_\_\_



Professional Designation

What is your Professional Discipline?

- Registered Social Worker
- Registered Social Service Worker
- Registered Nurse
- Marriage & Family Therapist
- Mental Health Counsellor
- Registered Dietician
- Physician
- Recreation Therapist
- Registered Psychologist
- Addictions Counsellor
- Registered Psychotherapist
- Occupational Therapist
- Pastoral Counsellor/Priest
- Pharmacist
- Other \_\_\_\_\_

Professional Experience

Are you a student in your field? (If so please indicate the name of your program and school):

\_\_\_\_\_

How many years have you worked in your discipline? \_\_\_\_\_

What is your current knowledge level in CBT? (Read a book, it was covered in a course, attended a workshop, none, etc.):

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

Do you have access to clients with which you can practice CBT? \_\_\_\_\_



**Please check as many of the following that apply to your situation:**

I currently work with counselling/therapy clients on a regular basis (weekly)

I currently have worked with counselling/therapy clients as a student:

I have recently studied counselling but have never worked with a client:

I have graduated from a counselling program and am in the process of setting up a practice:

**Please check the services you have provided to counselling/therapy clients:**

Service	Past (# of years)	Current
Supervision of others in my discipline		
Individual Psychotherapy		
Group Psychotherapy		
Addictions Counselling (substance)		
Addictions Counselling (process)		
Skills Training		
Educator of others in my discipline		
As a student counsellor/therapist		
Crisis Intervention Role		
Community Treatment of Severe Mentally ill		
Case Management in the Mental Health Field		
Group Psychoeducation		
Pharmacotherapy		
Support to Family Members		
At Risk Clients		



In which of the following models have you received training and supervision?

Name of Model	Formal Course Based	Supervision	Self-Directed Learning
Client Centered Therapy			
Contextual Therapy			
Brief Solutions Focused Therapy			
Gestalt Therapy			
Object Relations/ Self-psychology Therapy			
Integrative Therapy			
Expressive (Narrative)			
Analytical			
Systems Therapy			
Mindfulness Models			
Schema Based Therapy			
Insight Oriented Therapy			
Play Therapy			

Please indicate the Methods/Techniques you already use in your practice, and how these methods/techniques were learned:

Methods/techniques	Formal Education & Supervision	Informal Self-Directed Learning
Cognitive Behaviour Therapy (Assessment)		
Cognitive Behaviour Therapy (Individual Case Conceptualization)		
Collaboratively Setting Therapy Goals with Clients		
Psycho-Education about Thoughts, Beliefs, and Actions		
Psycho-Education about Thoughts, Beliefs, and Actions		
Radical Acceptance of Clients		
Cognitive Interventions for Schema Change		
Identification and Evaluation of Negative Automatic Thoughts (NATS)		
Identification of Emotional Dysregulation in Clients		
Providing Insight into Client Problems		
Increasing Self-cohesion and Integration		
Client Skills Training		



Payment Information

If Full Payment is Made in full **Before Nov 15, 2018**: \$250 Discount Applies: (\$1750, Plus HST = \$1977.50)

If Full Payment is Made in full **After Nov 15, 2018** and before Dec 1, 2018: (\$1850, Plus HST = \$2090.50)

On Dec 1, cost of \$2000 applies plus HST (\$2260 if paid in full)

If payment made in 3 Equal Installments (a processing fee \$55 applies), and the cost is \$2,315 ( 3 payments of \$771.67

Please note the time frame in which each payment will be due:

1st payment of \$771.67 (On or Before January 10, 2019)

2<sup>nd</sup> payment of \$771.67 (Before April 15, 2019)

3<sup>rd</sup> payment of \$771.67 (Before July 15, 2019)

Mailing checks is not advised. However, if you choose this method of payment, or if your employer is arranging for a corporate check to be mailed, please send to CounselCareCanada Learning Solutions, Box 116, 347 St. George Street, Dresden, ON, NOP 1M0

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Credit Card Information:

MasterCard  Visa  American Express  Discover

Name as it appears on Credit Card (please print): \_\_\_\_\_

Postal Code of Credit Card Owner: \_\_\_\_\_

Credit Card Number #: \_\_\_\_\_

Expiry Date: (month) \_\_\_\_ year \_\_\_\_

Three or Four Digit Security Code (on back of card in upper right corner): \_\_\_\_\_

**(See next page)**



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I hereby authorize CounselCareCanada Learning Solutions to charge my credit card account number **and place my signature beside** the payment **option** I have chosen (**please initial each section**):

**Option#1: A one-time payment** or the total cost of the program, less Discount of \$250.00 (made before Nov 15, 2018 in the amount of \$1977.50 \_\_\_\_\_)

**Option#2: A one-time payment** for the total cost of the program , less Discount of \$150, (made after Nov 15 and before Dec 1) (in the amount of \$2,090.50 \_\_\_\_\_)

**Option #3: Three payments** can be made: to make up the amount of \$2, 315.00:  
1<sup>st</sup> payment of \$771.87 (before January 10, 2019); 2<sup>nd</sup> payment of \$771.87 (before April 15, 2019); 3<sup>rd</sup> payment of \$771.87 (before July 15, 2019)

\_\_\_\_\_

Signature: \_\_\_\_\_