

Membership Application



Catholic Psychotherapy Association *of* Canada

Current Members

Members should have an up-to-date form submitted every three years, to ensure full records accuracy. Unless they are making important changes (*e.g.*, changing membership category), **renewing members need only submit appropriate payment and (for Clinical members) indicate the expiration date of their current certification.**

Diocesan Liaisons

CPAC seeks to have a contact in each diocese of Canada.

Such **liaisons do not pay a membership fee**, though must be approved by an appropriate diocesan authority.

Liaisons are asked to complete this form for CPAC records.

Thank you for your interest in membership in the Catholic Psychotherapy Association of Canada (CPAC). Our mission is to support Catholic mental health professionals in Canada by promoting psychological theory, research, and mental health practice that encompasses an understanding of the human person, family, and society which respects Catholic anthropology and the Magisterium of the Catholic Church.

Membership Criteria

1. Ongoing support of and fidelity to the teachings of the Catholic Church (including the Church's social and ethical teachings and those on marriage and family life) in one's personal and professional life;
2. Support of the mission of the Catholic Psychotherapy Association of Canada; and
3. Successful completion of the application process established by the Board of Directors.

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- A. Fully complete this application.
 - B. Attach a current résumé or biographical overview by which we may "meet" you personally and professionally.
 - C. For Clinical membership, attach a copy of your relevant certification(s).
 - D. For Clinical membership, you *may* complete the application to be included on CPAC's referral list (on page 6).
 - E. Read and sign the statement on page 5.
 - F. Send these documents and payment for your membership dues (per the fee schedule on page 3) to:

CPAC Membership

1018 – 23rd Avenue, NW
Calgary, Alberta T2M 1T6

Contact Information

Please share the contact information you want CPAC to use.

1 Name

Title	First Name	Surname
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2 Address HOME / BUSINESS

Street	City, Province	Postal Code
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3 Numbers, Personal

Home	Cell
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4 Numbers, Business

Office	Fax
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5 Online

E-mail Address	Website Address
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6 Are you a practising Catholic? (if so, complete the remainder of this question) YES / NO

Rite	Diocese
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7 Why do you want to join the Catholic Psychotherapy Association of Canada? What do you hope the Association can offer you?

8 What do you hope to offer to the Association? On which committees would you like to serve and/or for which initiatives would you like to contribute?

Post-Secondary Education (completed and in process)

9 Degree(s) (Major) Institution Year of Conferral

9 Degree(s) (Major)	Institution	Year of Conferral

Membership Categories

	Catholic	Canadian	Psychotherapist
Clinical	<ul style="list-style-type: none"> • ongoing support of and fidelity to the teachings of the Catholic Church 	<ul style="list-style-type: none"> • a citizen of Canada 	<ul style="list-style-type: none"> • credentialed by a reputable professional governing body, including possessing a graduate degree in mental health; • actively providing professional psychotherapeutic services
Academic			<ul style="list-style-type: none"> • possessing a graduate degree in a social science or theology
Student			<ul style="list-style-type: none"> • currently enrolled in a degree programme that could progress toward Clinical or Academic membership
Associate	<ul style="list-style-type: none"> • seeking to support the Association and its work but not fully qualifying as above (e.g., non-Catholics; foreign nationals; and seminarians, priests, and religious who are not also psychotherapists) 		

Only Clinical and Academic members have voting rights and can serve on the Board of Directors. All other rights and privileges in CPAC are shared equally by all categories of membership. The membership year runs from October 1 to September 30.

⑩ Fee Schedule

In the schedule below, please circle the appropriate fee for your category and the current date.

Current members who bring in a never-before member can access half-price fees for each – for the new member's first term

'Current' or 'never-before' member, if applicable

	Clinical, or, Academic	Associate	Student
October 1 – December 31	\$ 125.00	\$ 75.00	\$ 50.00
January 1 – March 31	\$ 100.00	\$ 60.00	\$ 40.00
April 1 – June 30	\$ 75.00	\$ 50.00	\$ 30.00
July 1 – 31	\$ 50.00	\$ 25.00	\$ 20.00
August 1 – September 30*	\$ 125.00	\$ 75.00	\$ 50.00

** payment in these months gives late membership for the current term and membership for the subsequent full term*

Diocesan Liaison	Each diocese is encouraged to appoint one liaison to CPAC.	
\$ 0	Diocesan contact who can confirm this designation	
	Contact information for this person	

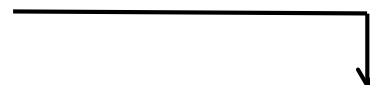
Circle the category name and complete only ONE (1) of the four sections below, for the membership type you are seeking.

① **Clinical**

What is your professional designation(s) (<i>i.e.</i> , licensure, certification, registration, qualification)?	
What is your licence, certificate, or registration number(s)?	
Who is your governing body(s)?	
Are you in good standing with your governing body(s)? If not, please explain.	
Where are you (not) authorized to practise?	
For what organization(s) do you work (including if you are in private practice)?	

If you seek to be included on the referral list for potential clients, see that section on the final page of this application.

Please proceed to the **Closing** section.



② **Academic**

With which institution(s) do you work?	
What position(s) do you hold with this institution(s)?	

Please proceed to the **Closing** section.

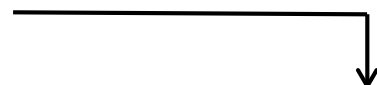


③ **Student**

What school(s) are you currently attending?	
What discipline are you studying (<i>e.g.</i> , psychology, social work)?	
What certification(s) are you seeking (<i>i.e.</i> , which degree, which licence)?	

When do you expect to complete this formal education?	
If you are currently in or about to begin an internship, please describe it briefly.	

Please proceed to the **Closing** section.



④ **Associate**

Here describe the nature of your professional and/or personal circumstance that lead you toward membership with CPAC. What formal and informal experiences and qualifications do you bring to a Catholic association for psychotherapy.

Closing

⑪ Do you consent to CPAC sharing the information you have provided above, internally, for the purposes of networking? (this is optional and will *not* affect your application for membership)

YES / NO

My signature at the bottom of this page confirms the accuracy of the information I have shared on these pages (including that I have read the *Mission Statement* and most current *Bylaws* (<http://www.catholichealingcanada.ca/docs/Bylaws.pdf>) of the Catholic Psychotherapy Association of Canada and agree to what they contain).

_____ signature

_____ date

If you have any questions or concerns about the application process or this form, please contact info@catholichealingcanada.ca.

Referral List Application



Catholic Psychotherapy Association of Canada

This page contains an *optional* application for (potential) Clinical members of CPAC to be included on the Association's referral list for individuals seeking psychotherapeutic services. Full completion includes ① the application for Clinical membership (completed in full for the current membership year); ② TWO (2) written references from other professional psychotherapists; ③ a letter of reference from your pastor (all three signed letters should be sent directly to the CPAC office by these referees); and ④ submission of this application.

On approval of this application, unless you otherwise specify, the *business* contact information you have shared with CPAC will be made available to potential clients.

(A) Do you have authorization for your agency/practice to be listed publically for the purpose of the Referral List?	YES / NO
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(B) Are you ethically able, competent, and willing to provide psychotherapy at a distance?	
by telephone	YES / NO
by Skype (or similar technology)	YES / NO

(C) What are your areas of specialization?

(D) <i>Terms & Conditions</i> read (found at www.catholichealingcanada.ca)	
Version #	Dated Accessed

(E) <i>Acknowledgments & Authorizations</i> read (found at www.catholichealingcanada.ca)	
Version #	Dated Accessed

My signature at the bottom of this page confirms the accuracy of the information I have shared on this page, including that I have read the *Terms & Conditions*, and, the *Acknowledgments & Authorizations* pertaining to the Catholic Psychotherapy Association of Canada's Referral List and agree to what they contain, as well as confirming again the information I shared in my *Membership Application*.

signature date