



Non-Licensing Membership Application – Student, Associate, Inactive or Retiree

Application Route: Student Associate Inactive or Retiree

Applicant

Full Name: _____

Address: _____

Phone: _____ Email: _____

Phone 2: _____ Website: _____

Language Preference: English French

Post-Secondary Education

Students must submit proof of enrollment.

Highest Degree

Degree & Major: _____

University/Institution : _____ Month/Year
of Graduation: _____

Declaration

I have never been subject to any disciplinary process or to any ruling that has suspended or revoked my membership or registration with any licensing professional counselling association in NB or another jurisdiction. (If you have been subject to a disciplinary process or ruling that has suspended or revoked your membership or registration with any licensing professional counselling association, do not sign this statement. Provide details on a separate sheet).

I have never been convicted or charged with a criminal offence.

Signature: _____ Date: _____

I certify that all of the information included in this form and accompanying documents is correct in consideration of which I wish to apply for membership as a student, associate, inactive, or retiree. I agree to abide by the 'Code of Ethics', 'Standards of Practice' and read the 'bylaws' of the College of Licensed Counselling Therapists of New Brunswick. I understand that all material submitted to the College become the property of CCTNB upon receipt and that neither originals nor photocopies will be returned to me unless stated in correspondence.

*As per CCTNB By-Laws, the Code of Ethics and Standards of Practice adopted by the CCTNB are the Canadian Counselling and Psychotherapy Association Code of Ethics and Standards of Practice.

Signature: _____ Date: _____

Signature: _____ Date: _____