



## Insured by Employer Confirmation

This form confirms you have professional liability insurance through your employer.

### Membership Applicant/Member Information

Name: \_\_\_\_\_

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

Position Title at Workplace: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Employer Information

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Note: If you are accepted as a member of the College and you decide to engage in private practice, you must provide proof of purchase of professional liability insurance in the amount of \$2 million or more.

### Declaration

I confirm that I have professional liability insurance through my employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Membership Applicant/Member*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Employer*

Please submit this form by mail or email:

College of Counselling Therapists of New Brunswick  
205-236 rue St. Georges Street, Moncton, NB E1C 1W1

[info@cctnb.ca](mailto:info@cctnb.ca)