



2022-2023 PACCP Renewal Form

Payment by Credit Card

RENEWAL DEADLINE is April 30th, 2022 All renewals must be received, with payment, in the office prior to that date. A late fee of \$30 will be charged for anything received after that point.

Please complete this online member renewal form if you intend to pay by credit card.

PACCP Member Number

PACCP Certification Number (if Certified)

Membership Category (ie. Associate Professional Counsellor)

Last Name *

First Name *

Mailing Information (not accessible to the public):

Address

Street Address

City

State / Province

Postal / Zip Code

Email (to be used for all PACCP correspondence from the national office) *

example@example.com

Phone Number

Area Code

Phone Number

Business Address (for Find a Therapist listing; if you don't want an address listed to public viewing, please just fill in your City and Province). All member names, membership category, city and province must be listed on our Find a Therapist.

You can also access and change the information the public sees by logging in at www.paccp.ca

Address

Street Address

City

State / Province

Postal / Zip Code

Business Phone Number

Area Code

Phone Number

Business Email

Declaration of Renewal Must be completed in order to renew

Website Address

I confirm each of the following statements: *

I have read, understand, agree to abide by and adhere to the PACCP Statement of Beliefs, PACCP Principles of Practice, PACCP Code of Ethics (2018), and all other regulations and procedures for PACCP Members.

I agree to cooperate fully with the National Ethics Complaints Committee and the Ethics Complaint Procedure in the event a formal complaint is lodged against me.

I have no active ethical complaints under investigation by an Association, regulatory College, legal system or entity.

I have not been the subject of an ethics investigation that resulted in disciplinary sanctions (including educative, reparative, or other corrective required actions).

I have not been denied membership in a professional association or registration in a regulatory college for counselling or a related field.

I confirm that I do not have any other history of personal and professional conduct that conflicts with the PACCP Code of Ethics.

I confirm I do not have a criminal record

If I cannot confirm all of the statements above, I will attach details to be taken into account when considering this application for renewed membership.

By renewing as a member of PACCP, I agree that PACCP is authorized to collect, utilize and disclose personal information to PACCP partner organizations solely for the purpose of communicating with me the special arrangements entered into with the PACCP, such as liability insurance plans available to members. In addition, I agree that PACCP may share personal information regarding my professional conduct, including disciplinary action, to the appropriate professional associations, regulatory bodies and/or agencies, both governmental and non-governmental, as required in order to comply with PACCP's mission of protecting the public. *

Agree

Disagree

Signed by Member only (by signing your name to this agreement, you are stating that you have filled out the declaration and other information in honesty and integrity) - you may just type your name as a signature *

Date *



Month Day Year

Any further comments you'd like to provide PACCP

Are you licensed by any provincial regulatory body/college such as the College of Psychologists, College of Social Workers, College of Counsellors or Mental Health Therapists, etc? If yes, please list the college and your registration number. This is very important information for PACCP to know in the event that an ethical complaint comes forward to PACCP. If you are licensed by a regulatory body, all ethical complaints must be submitted to the college for review rather than PACCP's national ethics complaints committee (NECC). *

I am employed or work within a contractual relationship in counselling agency? If so, please provide the name and mailing address below. *

Yes

No

If yes to above, please indicate name, address and email of counselling agency

How can PACCP be praying for you right now and in this coming year?

If you were to be asked to serve within PACCP's leadership, which of these roles would be of most interest to you? This just gives the National Board a resource of knowing people's interests and giftings for current or future years.

Areas of Serving/Volunteer Interest: *

- | | |
|--|--|
| National President/President Elect | National Board of Directors: Marketing Portfolio |
| National Board of Directors: Ethics Portfolio | National Board of Directors: National Conference Portfolio |
| National Board of Directors: Member Care | National Board of Directors: Professional Development and Membership |
| National Board of Directors: Advocacy and Government Relations | National Board of Directors: Finance |
| National Ethics Complaints Committee | Marketing Committee |
| Application and Certifications Committee | National Conference Planning Committee |
| Member Care Committee (Geographical) | Branch Executive |
| I do not have any interest in serving within PACCP | |