

# Canadian Humanistic and Transpersonal Association

208 Carlton St, Toronto, Ontario, Canada, M5A 2L1  
416 515 0404, [chta@chata.ca](mailto:chta@chata.ca) [www.chata.ca](http://www.chata.ca)

## Professional Membership Application Form - Psychotherapy

Candidates for psychotherapy professional membership are psychotherapy practitioners (part time or full time<sup>1</sup>) who have completed a recognized psychotherapy training program (provided by a member of the Alliance of Psychotherapy Training Institutions [APTI] or a comparable Institution, or a recognized university or graduate school) or have equivalent experience and training through personal psychotherapy, workshops, supervision and clinical practice. An interview may be required. They may be in private practice or work in an organizational setting.

I certify that I meet the above criteria \_\_\_\_\_

### Background Information

1. Training Institution<sup>2</sup> \_\_\_\_\_ <sup>3</sup>

2. Qualification obtained \_\_\_\_\_

#### 3. Psychotherapy Practice

3.1 # years in practice \_\_\_\_\_

3.2 approx # hours of supervision \_\_\_\_\_

3.2 type of practice (e.g. solo, clinic, institution)

\_\_\_\_\_

3.6 type of client (e.g. individual, group, children, couples, addictions)

\_\_\_\_\_

3.7 Modalities practiced (e.g. existential, transpersonal, somatic, psychodynamic)

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

4. I have read and agree to abide by the CHTA Code of Ethics \_\_\_\_\_

5. Professional membership requires that you hold liability insurance with a minimum of \$1,000,000 per claim. Please indicate that you have this in place \_\_\_\_\_

If you do not, CHTA can provide such insurance. Please indicate if you want information on the CHTA insurance plan\_\_\_\_\_

6. I consent to listing my name on the CHTA website as a professional member (optional) \_\_\_\_\_

7. Practice description (optional)

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8. Professional Affiliations (optional)

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9. Fee (\$75). Enclosed \_\_\_\_\_

10. Please send a CV with application. Enclosed \_\_\_\_\_

**Member Information: PLEASE PRINT**

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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

\_\_\_ New member \_\_\_\_\_ Membership Renewal

Payment by: \_\_\_ cheque **Make payable to CHTA** \_\_\_ cash

**Mail to: 208 Carlton St, Toronto, Ont., Canada, M5A 2L1**

**Email: [chata@chata.ca](mailto:chata@chata.ca)**

- 1 Part Time: up to 15 hours per week; Full Time: more than 15 hours per week
- 2 If not a member of APTI please provide contact information
- 3 Please provide a photocopy of qualification document and CV