



info@chata.ca 208 Carlton Street, Toronto ON M5A 2L1

Professional Membership Application Form – Psychotherapy

Candidates for psychotherapy professional membership are psychotherapy practitioners (part time or full time¹) 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 _____ (initial)

*Please be advised that with proclamation of the new College of Psychotherapists of Ontario (CRPO) on April 1st, 2105, the title 'psychotherapist' may only be used by members of the CRPO. We understand that many are still processing their grandparenting application, and that this grandparenting period ends April 1st, 2017. We urge all professionals who want to use the term 'psychotherapist' to process with CRPO application. In the interim, please use the General Professional application Form A.2 for counsellors. Once you have your CRPO number please inform CHTA and Intact Insurance.

CRPO number : _____

Background Information

1. Training Institution _____

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)

8. Professional Affiliations (optional)

9. Fee (\$75). Enclosed/Sent _____

10. Please send a CV with application. Enclosed _____

Member Information: PLEASE PRINT

Name: _____ Qualifications: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Payment by: ___ cheque (**Make payable to CHTA**) ___ cash ___ email money transfer

Date: _____ Signature _____

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

Email: 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