



CRPRMHTO / OPATASMO

Transitional Council of the College of Registered Psychotherapists
and Registered Mental Health Therapists of Ontario

Conseil transitoire de l'Ordre des psychothérapeutes autorisés
et des thérapeutes autorisés en santé mentale de l'Ontario

Application for Review and Recognition of Psychotherapy Education and Training Programs

GUIDELINES FOR COMPLETION OF APPLICATION

Thank-you so much for agreeing to take part in the transitional Council's pilot project for reviewing and recognizing education and training programs. Through your participation, you will be assisting us in testing the "Framework" (criteria, process and materials) by which education and training will gain "Recognized" status, as set out in the draft Registration Regulation of the College. NOTE: the Registration Regulation is still considered "draft" until such time as it is approved by government (a revised regulation is now under review by the Ministry of Health and Long-Term Care).

As mentioned in the cover letter from our President, we will be asking participating programs to complete a web-based e-form of general information about their program(s), as well as a 'mapping tool' (also web-based), showing how programs provide learning opportunities for students to develop identified entry-to-practice competencies. PDF versions have been sent to you as samples, so you may see in advance what questions will be asked. Shortly, we will notify you that the e-link to the web-based 'forms' is available on our website.

The information and feedback you provide will be treated respectfully, and made available only to staff and Task Group members, who are under a statutory obligation to maintain confidentiality.

If you have any questions as you proceed through this process, please don't hesitate to contact College staff:

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The purpose of this document is to provide the transitional Council with detailed information about aspects of your program. Please note suggested word limits for answers; concise responses will be greatly appreciated – longer isn't necessarily better.

You may add a link or attach a file to your answers; however, this is optional and does not substitute for answering the question on the application form.

YOUR CONTACT INFORMATION

Primary Contact

[Primary Contact]

Title

[Title]

Main Phone

[(###)###-####] Ext. [#####]

Alternate Phone

[(###)###-####]

Email Address

[Email Address]

[Confirm Email Address]

PROGRAM INFORMATION

Program Title

[Program Title]

Program Website

[Website]

Faculty/Department/Division

[Faculty/Department/Division]

Faculty/Department/Division Website

[Website]

Institution

[Institution]

Institution Website

[Website]

Degree/Diploma/Certificate Granted

[Degree/Diploma/Certificate]

Abbreviation of Degree/Diploma/Certificate Granted

[Degree/Diploma/Certificate Abbreviation]

Address Line 1

[Address]

Address Line 2

[Address]

City

[City]

Province

[Province]

Postal Code

[Postal Code]

PROGRAM DESCRIPTION

Brief description of program.
[suggested 100 words maximum]
[add link or attach file (optional)]

Explain why the program should be recognized by the College.
[suggested 100 words maximum]
[add link or attach file (optional)]

ORGANIZATIONAL ATTRIBUTES

The following are organizational attributes that **may** indicate that a program is capable of developing identified entry-to-practice competencies in students. These attributes will help reviewers in forming a comprehensive understanding of the program.

Year program was founded

[YEAR]

Have at least two cohorts graduated from the program as of the application date?

Yes No

Staffing

Describe how faculty members are academically, professionally and experientially qualified, and in sufficient numbers, to achieve the education and training goals of the program.

[suggested 150 words maximum]
[add link or attach file (optional)]

Describe the program's staffing structure.

[suggested 150 words maximum]
[add link or attach file (optional)]

Describe the program's staffing policies and practices.

[suggested 150 words maximum]
[add link or attach file (optional)]

Does program staff have regular meetings and/or consultations?

Yes No

If yes, provide a description of the meetings and/or consultations

[suggested 150 words maximum]
[add link or attach file (optional)]

Ethics and Standards

Describe the published code of ethics and professional practice standards to which faculty, students and clinical supervisors subscribe.

[suggested 150 words maximum]

[add link or attach file (optional)]

Complaint Procedures

Describe policies and procedures for addressing formal student complaints.

[suggested 150 words maximum]

[add link or attach file (optional)]

KEY PROGRAM COMPONENTS

Programs seeking Recognition by the College must provide evidence of the following:

Teaching and learning practices, and learning environment that support the achievement of the education and training goals of the program. Please describe.

[suggested 150 words maximum]

[add link or attach file (optional)]

Regular review of the entry-to-practice Competency Profile for Registered Psychotherapists (RPs), and registration requirements of the College, to determine whether students can reasonably be expected to successfully enter the profession. Please describe.

[suggested 100 words maximum]

[add link or attach file (optional)]

Program's mission, goals and educational outcomes.

[suggested 150 words maximum]

[add link or attach file (optional)]

Program Admissions

Admission criteria and processes. Please describe.

[suggested 150 words maximum]

[add link or attach file (optional)]

Is an undergraduate degree required for admission to the program?

Yes No

Prior Learning Assessment and Recognition processes, if utilized. Please describe.

[suggested 150 words maximum]

[add link or attach file (optional)]

Program Delivery and Evaluation

Method(s) of program delivery (lectures, group learning, online or web-based media, etc.) and how students are evaluated. Please describe.

[suggested 150 words maximum]

[add link or attach file (optional)]

Teaching philosophies/methods. Please describe.

[suggested 100 words maximum]

[add link or attach file (optional)]

Program evaluation process, including how student feedback is acquired and included in the review. Please describe.

[suggested 150 words maximum]

[add link or attach file (optional)]

Program Alignment with Draft Registration Regulation Requirements

The following are the education and training requirements for RPs at entry-to-practice as set out in 5(1)1 of the [draft Registration Regulation](#), which must be successfully completed by applicants seeking registration with the College.

Please check the description below that most closely matches your program's alignment with criteria set out in the [draft Registration Regulation](#) [provision 5.(1)1] for recognized education and training programs:

- i. a structured, coherent program of education and training in psychotherapy which has as a prerequisite an undergraduate degree and which includes 360 hours of training and education central to the practice of psychotherapy, which hours exclude practicum, direct client contact hours and clinical supervision hours, or
- ii. a master's degree, which includes at least 10 semester courses (360 hours) of training and education central to the practice of psychotherapy, which hours exclude direct client contact hours and clinical supervision hours, or
- iii a program in Indigenous practice of psychotherapy.

OR

- Program does not fit any of the above requirements.

Which statement below best describes your program's alignment with your choice above?

- Program is exactly aligned with the selected requirement
- Program is mostly aligned with the selected requirement
- Program is somewhat aligned with the selected requirement

If the program does not align with any of the three options for a recognized education and training program, please explain.

[suggested 100 words maximum]

[add link or attach file (optional)]

Describe how the program develops student competency in the safe and effective use of self in the therapeutic relationship¹

[suggested 150 words maximum]

[add link or attach file (optional)]

CLINICAL EXPERIENCE

Programs seeking Recognition **must** prepare students to meet the education and training requirements set out in 5(1)1 of the [draft Registration Regulation](#) and referenced above.

Programs seeking Recognition **may** provide students with some or all of the clinical experience requirements set out in 5(1)3 of the [draft Registration Regulation](#):

- 5.(1) 3. The applicant must have successfully completed clinical experience that includes at least 450 direct client contact hours and at least 100 hours of clinical supervision related to these client contact hours. This clinical experience must not commence before the commencement of the educational program referred to in paragraph 1.

NOTE: Graduates of education and training programs that do not deliver the full direct client contact and clinical supervision hours required for registration may seek registration in the Qualifying category. An RP (Qualifying) can work as a psychotherapist, with clinical supervision, until the minimum direct client contact and clinical supervision hours are met for full registration as a Registered Psychotherapist.

Does the program provide students with supervised clinical experience?

Yes No

If yes, provide a description.

[suggested 150 words maximum]

[add link or attach file (optional)]

Does the program provide students with direct client contact hours?

Yes No

If yes, provide a description.

¹ Safe and effective use of self speaks to one of the defining competencies of psychotherapy practice: the therapist's learned capacity to understand his or her own subjective context and patterns of interaction as they inform his or her participation in the therapeutic relationship with the client. It also speaks to the therapist's self-reflective use of his or her personality, insights, perceptions, and judgments in order to optimize interactions with clients in the therapeutic process.

[suggested 150 words maximum]
[add link or attach file (optional)]

Does the program provide students with clinical supervision²?

Yes No

If yes, provide a description.

[suggested 150 words maximum]
[add link or attach file (optional)]

On average, how many hours of clinical supervision do students obtain by graduation?

[0-999 hours]

On average, how many hours of direct client contact do students obtain by graduation?

[0-9999 hours]

OTHER INFORMATION

Is there anything else you would like to tell us about your program that has not already been included?

[suggested 150 words maximum]
[add link or attach file (optional)]

DECLARATION

For the pilot project, no declarations are required. However, the application form provides this area for future use. A staff member or officer with the authority to bind the organization seeking Recognition will be required to make a declaration attesting to the accuracy and completeness of the information and materials presented.

² The [draft Registration Regulation](#) defines clinical supervision as a contractual relationship in which a clinical supervisor engages with a supervisee to: safeguard the welfare of the client, discuss the direction of therapy and the therapeutic relationship, promote the professional growth of the supervisee, and enhance the supervisee's safe and effective use of self in the therapeutic relationship.