



THE ASSOCIATION OF
COUNSELLING THERAPY
OF ALBERTA

Precursor to the College of
Counselling Therapy of Alberta

Protecting the Public, Together

Board Policy #1

The application process for membership and the criteria and requirements for membership

Approved: September 5, 2019

Updated: April, 2024

The application process for membership with the ACTA shall include the following:

1. Individuals to complete the online registration form, which includes the following:

- a. Providing the following documentation:
 - i. For individuals who are currently practicing, a copy of existing insurance coverage (minimum \$2M liability)
 - ii. Professional (supervisor, other registered colleague) Good Character reference #1
 - iii. Professional (supervisor, other registered colleague) Good Character reference #2
 - iv. Criminal and vulnerable sector record checks (within one year of application date)
- b. Answering the following questions:
 - i. Have you been charged with a criminal offence under the Criminal Code that is currently outstanding?
 - ii. Have you pled guilty to or been found guilty of an offence under the Criminal Code for which you have not been pardoned?
 - iii. Are you currently the subject of an ongoing complaint, investigation or other proceeding by ACTA, by a professional association, or by a professional regulatory body?
 - iv. Have you ever been the subject of a complaint, investigation or other proceeding involving ACTA or a professional regulatory body that you are or were a member of that resulted in: a finding of unprofessional conduct; and/or conditions or limitations on your practice?
 - v. Has a court ever made a finding or granted judgment against you arising from your practice as a counsellor?

- vi. Do you have a mental or physical condition or disorder that could impair or negatively impact your ability to practice safely and competently?
- c. Confirming the following acknowledgments and understandings:

Acknowledge and Understand:

- i. I am proficient in the English language.
- ii. I acknowledge and understand that ACTA is an organization established under Alberta's Societies Act and that ACTA is not a regulatory body governed by the Health Professions Act, RSA 2000 c H-7 (the "*HPA*").
- iii. I acknowledge and understand that I am bound by the ACTA Standards of Practice at all times.
- iv. I acknowledge and understand that I am bound by the ACTA Code of Ethics at all times-
- v. I acknowledge and understand that, while the ACTA's previous purpose was to transition to become the College of Counselling Therapy of Alberta (the "*CCTA*") and that the *CCTA* was to be a regulatory body governed by the *HPA*, the Government of Alberta has announced that "Counsellors" will be regulated through the College of Alberta Psychologists ("*CAP*") and that it intends to repeal the legislation that created the *CCTA*. As a result, I acknowledge and understand that the *CCTA* will not be created and acknowledge and understand *ACTA* will not transition to being a regulatory body under the *HPA*.
- vi. I acknowledge and understand that while the *ACTA* will advocate for the grandfathering of individuals registered with *ACTA* and while *CAP* and the Government of Alberta have stated they will work to ensure that those who work in the counselling profession and meet requirements are grandfathered into regulation and licensing, membership in *ACTA* does not provide any guarantees or promises that I will become a regulated member of *CAP* under the *HPA*.
- vii. I acknowledge and understand there are no guarantees the Government of Alberta will proceed with regulating counselling therapists or any other counsellors and that membership in *ACTA* may not provide any benefits related to regulation. I acknowledge and understand that I am joining *ACTA* with the understanding that I may not become a regulated member under the *HPA*.
- viii. I will not represent to anyone that *ACTA* is a college of a regulated profession under the *HPA* or that I am a member of a regulated profession under the *HPA* as a result of my registration with *ACTA*. If *ACTA* is named in any action, claim or complaint arising from my practice as a counsellor, I agree to indemnify *ACTA* from and against any liability, damages and expenses (including *ACTA*'s legal fees) related to or flowing from the action, claim or complaint. I authorize *ACTA* to contact the individuals and/or organizations referred to in this application for the purposes of determining my application to become a member of *ACTA*.
- ix. I acknowledge and understand that I must immediately advise *ACTA* if there are any changes to the information that I have provided to *ACTA* as part of my application for registration, and in particular, if there are any changes to my contact information or to my answers to the "Eligibility Questions".
- x. I acknowledge and understand that the application and registration fees for *ACTA* will go into the general revenue for *ACTA* and are non-refundable.. They

will be used to cover the operating costs of ACTA, and the development of regulatory components. .

- xi.** I understand that by applying to ACTA, I am giving ACTA the right to send me emails. I give permission for ACTA to correspond with me, including for all purposes under the Health Professions Act, by email to the email address I have provided in my application. At any time should my email address change, I acknowledge I must advise ACTA.
- xii.** I acknowledge and understand that I may be requested by ACTA, at any time in the future, to provide proof of all entries on my application form. I will keep a portfolio of my application evidence safe and accessible in the event that this information is requested.
- xiii.** I attest that I have fully read and understand the Entry -to-Practice Competency Profile(s) for the professional permit(s) for which I am applying. Documents — The Association of Counselling Therapy of Alberta (acta-alberta.ca). I further attest that I have a proficiency level, through combined knowledge, skills, attitudes, and judgment, in all competencies that meets or exceeds entry level, according to the Profile(s).
- xiv.** I acknowledge and understand that ACTA may implement a professional conduct program, that manages complaints and concerns made about members, and that I am required to abide by any and all requirements of ACTA within the professional conduct program.
- xv.** I acknowledge and understand that ACTA may implement a continuing competence program, that manages the mandatory professional development and maintenance of competence of members, and that I am required to abide by any and all requirements of ACTA within the professional conduct program.
- xvi.** I acknowledge and understand that a false attestation or responses regarding any question in my Application may result in a complaint and/or discipline against me or the revocation of my registration with ACTA.

COLLECTION AND USE OF INFORMATION

- xvii.** I acknowledge and understand that ACTA will collect, use and disclose my personal information in accordance with the *Personal Information Protection Act, SA 2003, c P-6.5 (“PIPA”)*.
- xviii.** I acknowledge and understand that it is my responsibility to ensure that all of the information that ACTA has about me is current.
- xix.** I acknowledge and understand that my name, member number, original registration date, the status of my membership, expiry dates of my membership, any disciplinary findings, and any outstanding conditions, restrictions or limitations on my ability to practice as a counsellor will be published on the public registry on the ACTA website.

LIABILITY INSURANCE

- xx.** I understand that if I am currently practicing, I am required to have a minimum of \$2,000,000.00 of professional liability insurance coverage, either privately or through my employer.
- xxi.** I acknowledge that at all times, no matter where I am employed, it is my responsibility to ensure that I have the required professional liability insurance coverage.

- B. The Registration Manager, Registrar, and/or Registration Committee will review the individual's application, decide whether to approve or reject it, and advise the individual of the decision.

2. The criteria and requirements for membership with the ACTA shall include the following:

1. A combined total of 750 currency hours from the last three years;
2. For individuals who are currently practicing, insurance coverage (minimum \$2M liability);
3. Good character;
4. Fitness to practice;
5. Proficiency in the English language; and
6. Completion of the application process established by the Board.

3. To remain in good standing with ACTA, Members must complete the annual renewal process and pay the annual registration fee, of \$432 and any applicable late or administration fees. Failure to complete the renewal process or pay the registration fees will result in the Member's file being cancelled with no refund.

4. Notwithstanding anything in this policy, the Board shall retain discretion when it comes to the application process for membership and the criteria and requirements for membership. Included in the Board's discretion, is the right to make exceptions to the process, criteria, or requirements or take any other action so long as the Board determines that such exception or action is in the best interests of ACTA.