



THE ASSOCIATION OF
COUNSELLING THERAPY
OF ALBERTA

Professional Character Reference

ATTENTION: The Association of Counselling Therapy of Alberta

RE: Application for Registration via 'intermediate route'

I, _____ (name of signatory), verify that I have known
_____ (full name of applicant) for the past (how many)
_____ years. I confirm that, to the best of my knowledge _____ (full
name of applicant) has been a practitioner of (check any that apply):

Counselling Therapy

Addictions Counselling

Child and Youth Care Counselling

since _____ (year).

I am acquainted with _____ (name of applicant) in the
following professional capacity:

[] I fully endorse the character of the above named individual, recommending them as a registrant in the College of counselling Therapy of Alberta (CCTA)

[] I do not endorse the character of the above named individual, and do not recommend them as a registrant in the College of counselling Therapy of Alberta (CCTA)



THE ASSOCIATION OF
COUNSELLING THERAPY
OF ALBERTA

Name of Signatory _____
Credential(s)/ Designation(s)/ Title(s): _____

Address: _____
Tel. No: _____
Email Address: _____
Signature _____ Date _____