



**APPLICANT CONTACT INFORMATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

**Supporting Documentation**

If your current name is different from that shown on your CCDP Certificate please attach a copy of official document to verify change of name.

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

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address (please provide one that is least likely to change over time):

(w) \_\_\_\_\_ (h) \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h or c) \_\_\_\_\_

**CCDP Expiry Date:** (see bottom left on your certificate) \_\_\_\_\_

**CCDP Certification Number:** (see bottom right on your certificate) \_\_\_\_\_

## Payment

CCDP Recertification Application Fee	\$ 50.00
CDPCBO 3 year Membership Fee (\$15 per year x 3 years)	\$ 45.00
HST	<u>\$ 12.35</u>
<b>TOTAL PAYMENT DUE</b>	<b>\$107.35</b>

### Select Method:

- Paid by cheque payable to Career Development Practitioners' Certification Board of Ontario  
360 Industrial Pkwy S., Suite 5 Aurora ON L4G 3V7

- E-transfer please follow instructions below:

***We are unable to accept credit cards.***

Sending Application Fee by E-Transfer

1. Sign in to your online banking account.
2. Click link for transfers or interact e-transfers (this will vary depending on your banking institution).
3. You will be asked to select or add a recipient. Click on add a recipient.
4. Add a recipient
  1. Name – cdpcbo
  2. Email address – [registration@cdpcbo.org](mailto:registration@cdpcbo.org)
5. Amount (recertification application fee + association membership + HST) = **\$107.35**
6. You will be asked to create a security question and response.
  1. Security Question – What is our organization's acronym?
  2. Security Answer – cdpcbo (please type exactly as shown here – lower case)
7. Click Send Money.

**IF YOU REQUIRE MORE SPACE THAN PROVIDED TO COMPLETE THIS APPLICATION FORM, PLEASE ADD ADDITIONAL TABLE ROWS ON THIS WORD DOCUMENT (BELOW) OR ANOTHER PAGE.**

## CONTINUING EDUCATION UNITS (CEUs)

*PLEASE REFER TO THE CCDPCBO RE-CERTIFICATION APPLICATION GUIDE FOR INFORMATION ABOUT APPLICATION PROCESS*

**CEUs must be in at least three (3) different categories but are not required to be in all 6 categories.**  
For details of what each category covers please refer to the [Re-certification Guide](#)

Total continuing education units (CEUs) claiming? (minimum 60) \_\_\_\_\_

### CATEGORY ONE - Career Development Conference or Related Conference Attendance

Are you claiming any CEUs in **Category One**?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many CEUs? (maximum 40) \_\_\_\_\_

Please list and describe the activities you are claiming CEUs for in category one?

Activity	Name of Organization and/or person who delivered this activity	Description of Activity including content	Date	# of CEUs

Please identify one or more areas of **competency** developed by participating in the activities in category one.

Professional Behaviour	<input type="checkbox"/>	Interpersonal Competence	<input type="checkbox"/>	Career Development Knowledge	<input type="checkbox"/>
Needs Assessment and Referral	<input type="checkbox"/>	Assessment	<input type="checkbox"/>	Facilitated and Individual Group Learning	<input type="checkbox"/>
Career Counselling	<input type="checkbox"/>	Information and Resource Management	<input type="checkbox"/>	Work Development	<input type="checkbox"/>
Community Capacity Building	<input type="checkbox"/>				

## CATEGORY TWO - Career Development or Related Professional Development

Are you claiming any CEUs in **Category Two**?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many CEUs? (maximum 40) \_\_\_\_\_

Please list and describe the activities you are claiming CEUs for in category two?

Activity	Name of Organization and/or person who delivered this activity	Description of Activity including content	Date	# of CEUs

Please identify one or more areas of **competency** developed by participating in the activities in category two.

Professional Behaviour <input type="checkbox"/>	Interpersonal Competence <input type="checkbox"/>	Career Development Knowledge <input type="checkbox"/>
Needs Assessment and Referral <input type="checkbox"/>	Assessment <input type="checkbox"/>	Facilitated and Individual Group Learning <input type="checkbox"/>
Career Counselling <input type="checkbox"/>	Information and Resource Management <input type="checkbox"/>	Work Development <input type="checkbox"/>
Community Capacity Building <input type="checkbox"/>		

### CATEGORY THREE - Career Development Research and Development

Are you claiming any CEUs in **Category Three**?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many CEUs? (maximum 40) \_\_\_\_\_

Please list and describe the activities you are claiming CEUs for in category three?

Activity	Name of Organization and/or person who delivered this activity	Description of Activity including content	Date	# of CEUs

Please identify one or more areas of **competency** developed by participating in the activities in category three.

Professional Behaviour <input type="checkbox"/>	Interpersonal Competence <input type="checkbox"/>	Career Development Knowledge <input type="checkbox"/>
Needs Assessment and Referral <input type="checkbox"/>	Assessment <input type="checkbox"/>	Facilitated and Individual Group Learning <input type="checkbox"/>
Career Counselling <input type="checkbox"/>	Information and Resource Management <input type="checkbox"/>	Work Development <input type="checkbox"/>
Community Capacity Building <input type="checkbox"/>		

## CATEGORY FOUR - Formal Education in Career Development

Are you claiming any CEUs in **Category Four**?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many CEUs? (maximum 40) \_\_\_\_\_

Please list and describe the activities you are claiming CEUs for in category four.

Activity	Name of Organization and/or person who delivered this activity	Description of Activity including content	Date	# of CEUs

Please identify one or more areas of **competency** developed by participating in the activities category four.

Professional Behaviour <input type="checkbox"/>	Interpersonal Competence <input type="checkbox"/>	Career Development Knowledge <input type="checkbox"/>
Needs Assessment and Referral <input type="checkbox"/>	Assessment <input type="checkbox"/>	Facilitated and Individual Group Learning <input type="checkbox"/>
Career Counselling <input type="checkbox"/>	Information and Resource Management <input type="checkbox"/>	Work Development <input type="checkbox"/>
Community Capacity Building <input type="checkbox"/>		

### CATEGORY FIVE - Career Development Association or Other Volunteer Involvement

Are you claiming any CEUs in **Category Five**?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many CEUs? (maximum 20) \_\_\_\_\_

Please list and describe the activities you are claiming CEUs for in category five.

Activity	Name of Organization and/or person who delivered this activity	Description of Activity including content	Date	# of CEUs

Please identify one or more areas of **competency** developed by participating in the activities in category five.

Professional Behaviour <input type="checkbox"/>	Interpersonal Competence <input type="checkbox"/>	Career Development Knowledge <input type="checkbox"/>
Needs Assessment and Referral <input type="checkbox"/>	Assessment <input type="checkbox"/>	Facilitated and Individual Group Learning <input type="checkbox"/>
Career Counselling <input type="checkbox"/>	Information and Resource Management <input type="checkbox"/>	Work Development <input type="checkbox"/>
Community Capacity Building <input type="checkbox"/>		

### CATEGORY SIX - Informal Learning

Are you claiming any CEUs in **Category Six**?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many CEUs? (maximum 20) \_\_\_\_\_

Please list and describe the activities you are claiming CEUs for in category six?

Activity	Name of Organization and/or person who delivered this activity	Description of Activity including content	Date	# of CEUs

Please identify one or more areas of **competency** developed by participating in the activities in category six.

Professional Behaviour <input type="checkbox"/>	Interpersonal Competence <input type="checkbox"/>	Career Development Knowledge <input type="checkbox"/>
Needs Assessment and Referral <input type="checkbox"/>	Assessment <input type="checkbox"/>	Facilitated and Individual Group Learning <input type="checkbox"/>
Career Counselling <input type="checkbox"/>	Information and Resource Management <input type="checkbox"/>	Work Development <input type="checkbox"/>
Community Capacity Building <input type="checkbox"/>		



## CCDP RE-CERTIFICATION REFLECTION EXERCISE

In 2-3 paragraphs (maximum 500 words), please provide a written reflection of your professional development experiences and your work experiences using the following question(s) to guide and inspire you.

Considering your professional development experiences and/or work experience throughout the past three years:

- What have you learned from your professional development/work experience about yourself, the field, trends, etc.?
- How has your learning evolved or impacted your practice?
- What do you want to learn or what do you want to develop over the next three years?

**Please include specific examples of your development experiences to support your answers. (See last page of application form.)**

## DECLARATION AND VERIFICATION

I understand and agree to:

- Abide by the Canadian Standards and Guidelines Code of Ethics
- Maintain active membership in CDPCBO in order to use the CCDP designation
- Provide true and accurate information in this application. (Making a false statement is a breach of the Code of Ethics and will result in my application being denied).
- Authorize the CDPCBO Re-certification Committee to verify my Continuing Education Units (CEUs)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



**REFLECTION EXERCISE**