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	$ 12.35
TOTAL PAYMENT DUE	**$107.35**

Select Method:

☐ Paid by cheque payable to Career Development Practitioners' Certification Board of Ontario

360 Industrial Pkwy S., Suite 1 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
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.

![CDP logo - Career Development Practitioners Certification Board of Ontario]

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 ☐	Interpersonal Competence ☐	Career Development Knowledge ☐
Needs Assessment and Referral ☐	Assessment ☐	Facilitated and Individual Group Learning ☐
Career Counselling ☐	Information and Resource Management ☐	Work Development ☐
Community Capacity Building ☐		

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	☐	Interpersonal Competence	☐	Career Development Knowledge	☐
Needs Assessment and Referral	☐	Assessment	☐	Facilitated and Individual Group Learning	☐
Career Counselling	☐	Information and Resource Management	☐	Work Development	☐
Community Capacity Building	☐				

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 ☐	Interpersonal Competence ☐	Career Development Knowledge ☐
Needs Assessment and Referral ☐	Assessment ☐	Facilitated and Individual Group Learning ☐
Career Counselling ☐	Information and Resource Management ☐	Work Development ☐
Community Capacity Building ☐		

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	☐	Interpersonal Competence	☐	Career Development Knowledge	☐
Needs Assessment and Referral	☐	Assessment	☐	Facilitated and Individual Group Learning	☐
Career Counselling	☐	Information and Resource Management	☐	Work Development	☐
Community Capacity Building	☐				

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	☐	Interpersonal Competence	☐	Career Development Knowledge	☐
Needs Assessment and Referral	☐	Assessment	☐	Facilitated and Individual Group Learning	☐
Career Counselling	☐	Information and Resource Management	☐	Work Development	☐
Community Capacity Building	☐				

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	☐	Interpersonal Competence	☐	Career Development Knowledge	☐
Needs Assessment and Referral	☐	Assessment	☐	Facilitated and Individual Group Learning	☐
Career Counselling	☐	Information and Resource Management	☐	Work Development	☐
Community Capacity Building	☐				

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