

Practice Hours Verification Form



- Use this form to report your practice hours:
 - for CCP (use Sections A and C)
 - for new registration or reinstatement applications (use Sections B and C)
- Complete one form for each employment or volunteer role.
- Hours may include employment and volunteer hours.

Name _____ Registrant # _____

Section A - Practice Hours for CCP Records

- Include hours for one Plan Year only.
- Use Section C – Verification.
- Upload this completed form to your Practice Hours record at *Practice Hours* in the CADA Portal.

Plan Year _____ Exact Number of Hours Completed _____
Plan year is from December 1st to November 30th.

Hours Completed Between _____ and _____
Start Date (dd/mm/yyyy) End Date (dd/mm/yyyy)

Section B - Practice Hours for New Registration or Reinstatement Applications

- New registration applicants need clinical practice hours from employment only and must list all clinical services they provided at **Types of Services Provided**.
- Hours that are less than 3 years old are eligible.
- Use Section C – Verification or attach documents that verify your practice hours.
- Attach this form to your registration or reinstatement application.

Hours Completed Between _____ and _____
Start Date (dd/mm/yyyy) End Date (dd/mm/yyyy)

Exact Number of Hours Completed _____

Type of Services Provided _____

Section C - Verification

To be completed by employer or volunteer organization representative who is verifying practice hours.

Employer or Volunteer Organization _____

Verified By (print name) _____

Signature _____ Date _____

Job Title/Position _____

Contact Information _____
(Phone, Address or Email)