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 <i>Practice Hours</i> in the CADA Portal. 				
Plan Year Exact Number of Hours Completed Plan year is from December 1 st to November 30 th . Exact Number of Hours Completed				
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)			
Nov. 2, 23				

