

**Independent Practice Declaration
(for Grandparented registrants only)¹**

I, _____, registration number _____, declare that the following statements are
(name of registrant)

truthful, accurate and complete to the best of my knowledge (please checkmark each item to confirm):

- I registered with CRPO through the grandparenting route;
- I have reviewed the following definitions on CRPO's website² and confirm that the hours below meet these definitions:
 - Direct client contact (DCC)
 - Scope of practice of psychotherapy
 - Clinical supervision
 - Clinical supervisor
- I have completed at least 1,000 DCC hours within the scope of practice of psychotherapy;
- I have completed at least 150 clinical supervision hours related to those DCC hours;
- My clinical supervisor met the definition of a clinical supervisor in effect at the time supervision was provided;
- I understand that a false or misleading statement, by commission or omission, is considered professional misconduct, and may be subject to investigation and discipline.

Signature of Registrant: _____ Date: _____
(Signature must be handwritten or electronic: do not type name)

Please email the signed form to registration@crpo.ca.

¹ Registrants who registered via the regular route can learn about applying for independent practice at:
<https://www.crpo.ca/independent-practice/>

² <https://www.crpo.ca/definitions/>