

### Instructions for Employer / Supervisor / Educational Institution Official

1. Download and save this fillable form.
2. Type your answers in the boxes.
3. Add a handwritten or electronic signature. **Note:** typed signatures will NOT be accepted.
4. Save the document.
5. Email it to the registrant.
6. The registrant will upload it to their CRPO account and notify CRPO staff.

Note: This form can be used to update direct client contact (DCC) hours in order to transfer categories or to satisfy independent practice requirements.

### Definition

Direct client contact is any activity in which the client and the therapist are directly and formally engaged in the psychotherapeutic process. Ordinarily, this process occurs face-to-face, but other forms of direct contact, for example, using telephone, Skype, video-link, or even email (with appropriate considerations for privacy and confidentiality) are relevant. The client may be an individual, couple, family or group.

Also included in direct client contact are:

- interviewing for intake, as long as this activity is clinical in nature and then used to determine the nature and course of the therapy;
- interviewing, administering a test or conducting a formal assessment as part of a clinical interaction with the client; and
- facilitating or actively co-facilitating therapeutic sessions.

The following are not considered direct client contact:

- observing therapy without actively participating or providing follow-up to the client immediately after the observed session;
- record-keeping;
- administrative activities, including report-writing;
- conducting a psychometric assessment that primarily involves administering, scoring and report-writing, with little or no clinical interaction with the client; and
- providing or receiving clinical or other forms of supervision.

Note: A standard 45 or 50 minute session qualifies as one hour of DCC.

The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.

Do you understand CRPO's definition of direct client contact and the scope of practice of psychotherapy?

YES  NO

### Nature of Direct Client Contact Hours

1. Please provide the registrant's job title and describe the client contact that the role entailed (e.g. intake, assessment, individual or group therapy, etc.).

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2. Please provide examples of presenting issues the registrant addressed with clients in this role.

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3. Please elaborate on the techniques and modalities the registrant used in this role.

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4. Please confirm the duration of a typical session and for how many sessions each client would generally attend over the course of treatment.

**Confirmation of Direct Client Contact**

I confirm, to the best of my knowledge, information, or belief, that

\_\_\_\_\_ (registrant name) completed  
\_\_\_\_\_ hours of psychotherapy direct client contact from \_\_\_\_\_ (start date –  
month/day/year) to \_\_\_\_\_ (end date – month/day/year) at  
\_\_\_\_\_ (name of registrant’s practice site).

By ticking this box, I confirm, to the best of my knowledge, information, or belief, that these direct client contact hours were successfully completed, meaning the clinician named above acted in a safe, professional, and ethical manner.<sup>1</sup>

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<sup>1</sup> If you have any significant safety, professionalism, or ethical concerns regarding the completion of these hours, please visit <https://www.crpo.ca/mandatory-reporting/>.

**Employer / Supervisor / Educational Institution Official Information**

Full Name: \_\_\_\_\_  
*Last* *First*

Credentials and job title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Disclaimer and Signature**

I hereby affirm that the information above is true and accurate.

Employer / Supervisor /  
Educational Institution  
Official Signature:

\_\_\_\_\_  
*(Signature must be handwritten or electronic: do not type name)*

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