



*The*  
**Alfred Adler Institute**

- APABC Since 1973 -

**Application for Certification**  
*Certified Adlerian Counsellor (CAC)*

**A. Applicant Information**

(Block Letters, as you would like your name to appear on the Certificate):

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address (Street): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**B. Counsellor Certification/Registration:**

Organisation \_\_\_\_\_

Certification/Registration # \_\_\_\_\_ (please append any additional Certifications)

**C. APABC Member? (please circle): Yes No**

(Note: Applicants for Certification must be current APABC Members in good standing)

**D. Education:**

Undergraduate Degree: \_\_\_\_\_ (e.g. BA/BEEd) Discipline: \_\_\_\_\_

University: \_\_\_\_\_ Year Conferred: \_\_\_\_\_

Masters Degree\*: \_\_\_\_\_ (e.g. MA/MEd) Discipline: \_\_\_\_\_

University: \_\_\_\_\_ Year Conferred: \_\_\_\_\_

Doctoral Degree: \_\_\_\_\_ (e.g. PsyD/PhD/MD) Discipline: \_\_\_\_\_

University: \_\_\_\_\_ Year Conferred: \_\_\_\_\_

Other Degree: \_\_\_\_\_ Discipline: \_\_\_\_\_

University: \_\_\_\_\_ Year Conferred: \_\_\_\_\_

\* If a graduate of the “Adler School of Professional Psychology”,  
please proceed to section E;

\* If a graduate of another Masters program, please proceed to section F.

**E. Graduates of the Adler School of Professional Psychology (ASPP):**

Cohort (Year/Month you began the Program): \_\_\_\_\_

MA Degree Conferred\*: Month \_\_\_\_\_ Year \_\_\_\_\_

\* Graduates of ASPP - *prior* to Fall 2006 – usually qualify for the Grandparent  
Award, please proceed *directly* to section G;

\* Graduates of ASPP - *after* Fall 2006 - please complete the following:

1. Course 401 (old curriculum) / 402 (new curriculum)

“Introduction to Adlerian Psychology” Completed: yes / no

Final Grade: Instructor \_\_\_\_\_

2. Course 514 (old curriculum) / 515 (new curriculum)

“Life Style Analysis” Completed: yes / no

Final Grade: Instructor \_\_\_\_\_

3. Course 522 (old curriculum) / 523 (new curriculum)

“Adlerian Approaches to Psychotherapy”  
 (“Adlerian Approaches to Individual and Family Therapy”) Completed: yes / no

Final Grade: Instructor \_\_\_\_\_

4. Course 431

“Child Guidance and Parenting” Completed: yes / no

Final Grade: Instructor \_\_\_\_\_

**F. Certificate in Adlerian Counselling (Alfred Adler Institute)**

(Graduates of ASPP *prior* to Fall 2006 - please proceed to section G: “Grandparent Award”)

Graduates of ASPP – after Fall 2006 – OR - graduates from another Masters program are required to complete the Certificate in Adlerian Counselling.

The Candidate has been awarded the *Certificate in Adlerian Counselling*  
(The Certificate is awarded to those who have completed the following elements):

\*28 course credits (compulsory and elective courses),

\*100 hours of Adlerian case Supervision,

\*The candidate has had their Lifestyle (Style of Life) completed by an *Alfred Adler Institute* Certified Adlerian Analyst (Cert.AA) or an Institute approved equivalent practitioner (minimum of 10-15 sessions).

Certificate Awarded: yes / no (please circle)

Date of Award: \_\_\_\_\_

(Office Use Only:)

Life Style Hours completed with *Certified Adlerian Analyst* (Cert.AA): Yes \_\_\_\_\_ No \_\_\_\_\_

Adlerian Supervision Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Candidate listed on formal Register: Yes \_\_\_\_\_ No \_\_\_\_\_

Registrar Verification (sign) \_\_\_\_\_

Date \_\_\_\_\_

**G. Grandparent Award**

(This section is for graduates of ASPP –prior to Fall 2006- who wish to be considered for the Grandparent Award)

I wish to apply for the Grandparent Award: (please check ✓) \_\_\_\_\_

(Office Use Only☺)

ASPP Course # 401/402 \_\_\_\_\_ 514/515 \_\_\_\_\_ 522 \_\_\_\_\_ 431 \_\_\_\_\_

Other Adlerian Courses 535 \_\_\_\_\_ Other \_\_\_\_\_

Transcripts reviewed: \_\_\_\_\_ Graduated (month/year) \_\_\_\_\_

Notes: \_\_\_\_\_

**H. Adlerian Practice Proficiency:**

All applicants must provide a written Adlerian case-formulation specific to five current clients. In addition, and at the discretion of the Registrar, an applicant may be asked to competently defend the formulations at an oral exam.

**I. Website:**

Please list the following details on the APABC Website, under the Category *List of Certified Adlerian Counsellors:*

(please ✓ desired item):

My name \_\_\_\_\_

My email address \_\_\_\_\_ e-mail: \_\_\_\_\_

My phone number \_\_\_\_\_ phone: \_\_\_\_\_

My office address \_\_\_\_\_ address: \_\_\_\_\_

\_\_\_\_\_

city: \_\_\_\_\_

province / state: \_\_\_\_\_

postal code / zip code: \_\_\_\_\_

**J. Declaration:**

I, the applicant, hereby declare that all information contained and appended with/in this application is correct and truthful. In seeking Certification as an Adlerian Counsellor I understand that the *Alfred Adler Institute* has the right to withhold or suspend my Certification for just cause. All Certified Adlerians agree to uphold the Ethical principles of the professional organizations to which they belong. Certified Adlerians are aware that one's *Certification could be revoked should it be determined that the applicant is in default of their ethical obligations.*

In addition... the applicant agrees to fulfil Continuing Education Units (CEUs) which can be shown to reinforce the Principles and Practices of Adlerian Counselling at the rate of 20 units per year (equivalent to 20 hours of continuing competency training or conference attendance in the fields of counselling and psychotherapy. Attendance at NASAP and ICASSI qualify for CEU credits).

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**K. Payment (check one ) -One time Certification Fee of \$200.00, receipt will be issued-**

Cheque / Money Order \_\_\_\_\_ (Payable to APABC)

Credit Card \_\_\_\_\_ (Please complete the information below)

\_\_\_\_\_

Card Number	Exp. Date	Signature
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\_\_\_\_\_

Name (as it appears on the card)

**L. Application Materials Check List:**

- Masters degree transcripts (copy) showing “degree conferred”;
- Photocopy of current professional Registration/Certification (e.g. Canadian Association for Counselling and Psychotherapy; BC Association for Clinical Counselling);
- A written Adlerian case-formulation specific to five current clients;
- \$200 Certification Fee (cheque / money order payable to: APABC – attach- Or complete the credit card information above).

Please return this form with all appended materials and payment (cheque, money order, credit card info.) to:

**The Registrar,  
The Adler Centre,  
230 - 1818 W Broadway,  
Vancouver, BC, V6J 1Y9**

-Please allow 4-8 weeks for processing-