CRPO
College of Registered Psychotherapists of Ontario

Return to Active Practice: Registered Psychotherapist (Inactive) to Registered Psychotherapist (RP)

BACKGROUND

Any member registered in the Inactive category wishing to resume practice of the profession must apply, in writing, to the Registrar for permission to do so by completing the accompanying form. Members wishing to return to full RP status may be required to satisfy a panel of the Registration Committee that they possess the knowledge, skill and judgment required of a current, active member.

Members who wish to return to practice are asked to consider their anticipated date of return and must apply at least eight weeks before the date they would like to resume to ensure the required steps can be completed in a timely manner. Depending on a member's individual circumstances, the processing time for some may take longer.

Inactive members cannot resume practice until they have received written authorization from the Registrar. Resumption of practice without this notification may be considered an act of professional misconduct.

The following rules apply when a member who holds an Inactive Certificate of Registration wishes to return to active practice and be re-issued a Certificate of Registration in the Registered Psychotherapist (RP) category.

1. An application must be made to the Registrar.
2. The member must pay any outstanding fees owing to CRPO under the by-laws.
3. The member must provide CRPO with any information it has required of the member.
4. The member must:
    a. satisfy a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practice of psychotherapy that would be expected of a member holding a Certificate of Registration in the Registered Psychotherapist category, or
    b. have successfully completed such additional upgrading activities as are determined to be necessary by a panel of the Registration Committee.

Applications will be considered on a case-by-case basis; however, Inactive members will be deemed to have satisfied requirement 4 above, provided:

- the member's practice will be substantially as it was prior to entering the Inactive category (e.g. similar clientele, practice focus and/or employer, roles and responsibilities);
- the member has completed at least 750 currency hours in the three year period immediately prior to submitting an application to return to active RP status; and
- there are no other factors which would require further review.

Applications for transfer from the Inactive category to the Registered Psychotherapist category may be referred to a panel of the Registration Committee where:

- the member has not completed 750 currency hours in the three year period immediately prior to submitting an application to return to active RP status;
- the member expects to significantly change the nature of his or her practice (e.g. clientele, practice focus and/or employer, roles and responsibilities); or
- factors exist that warrant further review.

INSTRUCTIONS FOR COMPLETION

1. Complete all sections of the form. Do not leave any blanks. If a question is not applicable, enter 'Not Applicable' or 'N/A'. When you have completed the form, upload a copy to the "Documents" tab in your user account.
2. Notify CRPO using the Messaging function in the Member Management System (see "Messages" tab) that your form has been uploaded and is ready for review.

REVIEW PROCESS

Please monitor your e-mail inbox for message alerts from CRPO; staff will contact you if any questions arise. Upon completion of the review, staff will send a notification message either approving your return to active practice and outlining next steps or providing further instructions if your application is referred to a panel of the Registration Committee for consideration.

FEES

When your application to return to active practice has been approved, you will be invoiced a fee of $80 +HST to transfer from the Inactive category to the RP category.

You will receive an automated system message when payments are received. When the transfer fee is fully paid, please inform CRPO using the Messaging function in the Member Management System (see "Messages" tab).

CERTIFICATE OF REGISTRATION

Once your application is approved and all fees are paid, you will receive a confirmation letter for your return to active practice and an updated Certificate of Registration. Your registration category on the Public Register will be changed from Registered Psychotherapist (Inactive) to Registered Psychotherapist and will reflect your current practice sites.

If your application cannot be approved based on the information provided, staff will contact you and you may be asked to provide additional information, which may then require further consideration by a panel of the Registration Committee. Members whose applications are referred to a panel of the Registration Committee may experience longer than average processing times.

Note: You cannot resume practice and the use of the RP title until all the necessary steps are complete and you have received written confirmation from the Registrar.

Request to Return to Active Practice: RP (Inactive) to RP

Important: Please save this fillable form to your computer and then open with Adobe Reader prior to completing it. If you fill out the form in your web browser, contents may not be saved. When complete, sign and upload a copy to the "Documents" tab of your user account; then send a system message to CRPO notifying us that you have done this.

Note: CRPO does not receive automatic notifications when a document is uploaded.

1. PERSONAL INFORMATION

LEGAL NAME (I.E. NAME(S) ON YOUR CERTIFICATE OF REGISTRATION)

Note: Your full legal name(s), commonly used name(s) and any former names in CRPO's records will continue to be displayed on the Public Register.

First Name: Middle Name(s): Last Name:

CRPO Registration No.:

CONTACT INFORMATION

Current Home Address

Street Address: Suite No.:

City: Province: Postal Code: Country:

Primary Daytime Phone Number:

Alternate Daytime Phone Number:

E-mail Address for CRPO Communications:

Note: It is a member's responsibility to ensure that CRPO has an up-to-date e-mail address. You may update your e-mail address at any time by logging into your user account and making changes under "My Account."

2. CURRENCY AND PREVIOUS PRACTICE IN PSYCHOTHERAPY

Inactive member since (e.g. Jan 15, 2017):

Anticipated date of return to active practice (e.g. Dec 31, 2017):

CURRENCY

Please provide a breakdown of currency hours by type that you have completed in the last three years immediately prior to the date of submitting this application to return to the Registered Psychotherapist category.

Note: If you have no hours for a specific activity, enter zero.

- ☐ Direct client contact (DCC)
- ☐ Record-keeping and preparation in relation to DCC
- ☐ Professional development in psychotherapy
- ☐ Engaging in clinical supervision as a supervisee
- ☐ Providing supervision as a clinical supervisor
- ☐ Research & writing Teaching Managing Consulting
- ☐ Other professional activities
- ☐ Total currency hours

In your own words, describe below how you have maintained your currency in the three years immediately prior to submitting this application. If you entered hours for “Other professional activities”, please describe the activities completed in more detail. If you have not completed 750 currency hours in the past three years, describe how you have the knowledge, skill and judgment expected of a Registered Psychotherapist in active practice.

PREVIOUS PRACTICE IN PSYCHOTHERAPY

Please list your most recent employers/practice sites involving the practice of psychotherapy and describe the nature of your practice immediately prior to entering the Inactive category (e.g. clientele, practice focus, roles and responsibilities).

3. FUTURE EMPLOYMENT IN PSYCHOTHERAPY (INCLUDING SELF-EMPLOYMENT)

Please describe the nature of your practice on your return to the RP category for any known practice sites. In addition, describe any professional development or other learning activities which contribute to your knowledge, skill, and judgment in your expected practice.

Use the section below to provide details about your practice sites upon return to the RP category, if known.

E-mail

Would you like an e-mail address published on the Public Register? Yes [X] No [ ]

If yes, please provide the e-mail address:

PRIMARY EMPLOYER

Employer Business Name (If self-employed, use your first and last name):

Your Job Title:

Address line 1:

Address line 2:

Address line 3:

City: Province, Territory, State or N/A:

Postal Code or Zip Code: Country:

Does this postal code reflect the geographic location of your workplace? Yes [X] No [ ]

If no, please provide the postal code for the geographic location of your workplace (for Ministry use only):

Phone Number (including area code): Ext.:

Contact at this Employer (Manager, Clinical Supervisor, Department Head or HR professional).
If you are self-employed enter your first and last name.

First Name: Last Name:

Job Title:

Phone Number (including area code): Ext.:

E-mail Address:

Describe your Role (e.g. clientele, practice focus, responsibilities, etc.):

Anticipated Start Date (e.g., Jan 15, 2017):

Will you be engaging in direct client work or supervise others engaged in direct client work with this employer? Yes ☐ No ☐

SECONDARY EMPLOYER(S)

*If you have more than one practice site, repeat this page as needed.

Employer Business Name (If self-employed, use your first and last name):

Your Job Title:

Address line 1:

Address line 2:

Address line 3:

City: Province, Territory, State or N/A:

Postal Code or Zip Code: Country:

Does this postal code reflect the geographic location of your workplace? Yes ☐ No ☐

If no, please provide the postal code for the geographic location of your workplace (for Ministry use only):

Phone Number (including area code): Ext.:

Contact at this Employer (Manager, Clinical Supervisor, Department Head or HR professional).
If you are self-employed enter your first and last name.

First Name: Last Name:

Job Title:

Phone Number (including area code): Ext.:

E-mail Address:

Describe your Role (e.g. clientele, practice focus, responsibilities, etc.):

Anticipated Start Date (e.g., Jan 15, 2017):

Will you be engaging in direct client work or supervise others engaged in direct client work with this employer? Yes ☐ No ☐

4. CONDITIONS AND CONDUCT

Have you ever had a finding of professional negligence or malpractice made against you in any jurisdiction? Is there anything else currently or in the past that could call into question your ability to practise psychotherapy safely and professionally?

Though not exhaustive, this might include a complaint, discipline or dismissal involving:

- a professional association;
- an employer; and/or
- an educational institution.

It would also include any other conduct that, if known, would cause CRPO to call into question your ability to practise psychotherapy safely and professionally.

Yes ☐ No ☐

If you answered "Yes", please provide details below.

5. PROFESSIONAL LIABILITY INSURANCE

Registered Psychotherapists must practise with sufficient professional liability insurance, set out in CRPO's by-laws as follows:

- a minimum of no less than $1,000,000 coverage per occurrence;
- annual aggregate coverage of no less than $5,000,000;
- a deductible of no more than $4,000 per occurrence;
- run-off coverage (sometimes called enduring or tail coverage) for a minimum of two (2) years;
- the insurer must be licensed with the Financial Services Commission of Ontario or the Office of the Superintendent of Financial Institutions Canada; and
- must include coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the Code, i.e. every person eligible for counselling/therapy due to sexual abuse by the member for the maximum amount of funding that may be provided for the person under the RHPA.

Note: You may be subject to discipline if you practise without professional liability insurance that meets CRPO's requirements for each current employer/practice site.

I understand that I am required to have professional liability insurance coverage in the amount and form required by CRPO for each of my practice sites, effective upon my return to active practice, and that CRPO may request evidence by way of an audit.

Member Name: Member Signature:

6. QUALITY ASSURANCE (QA) PROGRAM PARTICIPATION

The information you share in this section will remain confidential and will be reviewed for QA purposes only.

All CRPO members are required to participate in the Quality Assurance (QA) Program. Participation requirements are described on CRPO's website and in the Professional Development Guide and the Peer and Practice Review Guide.

Members in the Inactive category are expected to remain up to date with the Professional Development requirements. Members in the Inactive category will not be randomly selected for review of their Professional Development tools; however, upon reinstatement to the active RP category, members will be provided a defined timeframe in which to demonstrate that their Professional Development tools are up to date.

Please describe your most recent interactions with CRPO's Quality Assurance Program in the table below.

Note: You will find a record of your participation in the QA Program under the "QA" tab in your CRPO account. If you are not sure if you engaged in the activities listed below, contact CRPO at qa@crpo.ca.

QA ACTIVITIES (CHECK ALL THOSE THAT APPLY.)	DATE
☐ I submitted my Professional Development tools	
☐ I engaged in a Peer and Practice Review	
☐ None of the above	
☐ Other (describe):	

Are you aware that changes to your practice must be reflected in your Professional Development tools? Changes to your practice may include, for example, working with new client populations, expanding/shifting the focus of your work to incorporate new methods or techniques, or significant changes in your role or practice setting.

☐ I am aware. ☐ I was not aware until now.

Are you aware that if your QA participation records are not up to date and/or do not meet the requirements expected of a currently practising RP, you will be contacted by CRPO about meeting your obligations in accordance with a timeline set or approved by the Quality Assurance Committee?

☐ I am aware. ☐ I was not aware until now.

7. DECLARATION AND CONSENT TO THE RELEASE OF INFORMATION

I, _____ ,
(full legal name)

understand that the conditions associated with the Inactive category (which prohibit me from providing or supervising direct client care, providing clinical supervision or making any claim or representation to having competence in psychotherapy) remain in full effect until I have received confirmation of my approval, in writing, from the Registrar.

By submitting this application, I authorize CRPO to verify the information included, along with any associated documents, and to request additional information from third parties as required, including current or past employers, supervisors, educational institutions, professional associations, etc.

I declare that the information (and supporting documents, if any) I have provided, or will provide, are truthful, accurate and complete to the best of my knowledge, and I understand that a false or misleading statement may result in refusal to re-issue an active Certificate of Registration, revocation of an active Certificate of Registration and/or a referral to the discipline process.

I hereby consent to the release to the College of Registered Psychotherapists of Ontario (CRPO) any information or document, held by any party, related to this request. This declaration and consent form shall be the authority for any party to release the information or document(s) to CRPO.

I understand that some information collected in this application will be displayed on CRPO's Public Register in accordance with the *Regulated Health Professions Act, 1991* and CRPO's by-laws.

If approved, the registration category displayed on the Public Register will change to Registered Psychotherapist; a revised Certificate of Registration will also be generated under the "Certificate" tab in my user account for download.

Note: A member is not authorized to return to active practice until their application has been submitted **and** approved, in writing, by the Registrar.

Member's Signature:

Date (e.g. Jan 15, 2017):