College of Registered Psychotherapists of Ontario

Substantial Completion Confirmation

INSTRUCTIONS

Education institutions must complete and sign this form, then email it to info@crpo.ca. CRPO will only accept forms sent directly from the institution.

APPLICANT INFORMATION

Institution: _____

Program: _____

Applicant first name: _____

Applicant last name: _____

CONFIRMATION

Program representative name: _____

Program representative title: _____

I confirm that as of the date I sign this form:

- This applicant has successfully completed 100% of program coursework.
- This applicant is expected to graduate from the program within the next three months.
- This applicant has successfully completed at least 125 direct client contact hours and 30 clinical supervision hours that meet CRPO's definitions.

Program representative signature: _____

Date signed: _____

Note: The signature must be handwritten or electronic. Do not type your name.