

# Cognitive Behavioural Therapy

## Advanced Fellowship Program

2026-2027



Canadian  
Centre for  
CBT







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## About the Canadian Centre for CBT

The Canadian Centre for CBT (CCCCBT) has physical locations in Toronto and Ottawa and provides remote services across Canada.

### Toronto

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Toronto, ON, M5H 2L3

### Ottawa

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Suite 300  
Ottawa, ON, K2P 1T6

## Mission Statement

The mission of the **Canadian Centre for Cognitive Behavioural Therapy (CCCCBT)** is to advance access to **high-quality, evidence-based CBT** across Canada through therapy, teaching, and supervision.

## Values

### 1. Clinical Excellence

We are committed to the highest standards of clinical practice. We value precision in assessment, formulation-driven intervention, and continuous refinement of skill. Excellence at CCCCCBT means delivering care that is not only compassionate, but demonstrably effective and professionally defensible.

### 2. Evidence-Based Practice

We ground all clinical services, training, and supervision in the best available scientific evidence. We value approaches that are empirically supported while remaining flexible, individualized, and responsive to real-world clinical complexity.

### 3. Competence and Responsibility

We value accurate self-assessment of competence and responsible practice within scope. CCCBT supports clinicians in developing confidence that is grounded in skill, supervision, and accountability.

## 1. Introduction and Purpose of the Fellowship

The Cognitive Behavioural Therapy fellowship at the Canadian Centre for Cognitive Behavioural Therapy (CCCBT) is designed as an advanced training fellowship to enhance therapist skills in cognitive behavioural therapy. This fellowship is designed for therapists who have recently completed their academic training program and are looking for additional training opportunities to develop skill in CBT.

By the end of this fellowship, therapists should be prepared to provide CBT for a broad range of presenting concerns in their clinical practice. Fellows will also be prepared to apply for certification from internationally recognized CBT certification organizations such as the Academy of Cognitive Behavioural Therapies (ACBT) and the Canadian Association of Cognitive Behavioural Therapies (CACBT).

### 1.1. Purpose of the Fellowship

The primary purpose of the Fellowship is to cultivate clinicians who can deliver CBT with **precision, flexibility, and sound professional judgment**. The program is designed to move Fellows beyond basic competence toward a level of practice characterized by conceptualization-driven intervention, ethical maturity, and defensible decision-making.

Specifically, the Fellowship aims to:

- Strengthen advanced CBT conceptualization and intervention skills
- Support the development of reliable clinical judgment under conditions of complexity and uncertainty
- Promote high standards of ethical practice and risk management
- Foster reflective professional identity consistent with senior-level practice
- Prepare clinicians for long-term, responsible practice within their scope and competence





## 1.2. Fellowship Philosophy

The Fellowship is built on the principle that **competence is demonstrated, not assumed**.

Training within the Fellowship emphasizes:

- Conceptualization as the foundation of all clinical work
- Fidelity to evidence-based CBT protocols without rigid manualization
- Ongoing supervision informed by direct observation of practice
- Integration of ethics, risk management, and documentation into everyday clinical decision-making

## 1.3. Intended Participants

The Fellowship is intended for registered mental health professionals who:

- Are registered or in the process of registering with a regulatory College in Ontario that regulates the controlled act of psychotherapy (eg. College of Psychologists and Behavioural Analysts of Ontario, College of Registered Psychotherapists of Ontario, Ontario College of Social Workers and Social Service Workers)
- Are practicing or preparing to practice independently
- Seek advanced supervision and structured skill development
- Value evidence-based, ethically grounded clinical practice

Fellows may be at different stages of professional development, but all are expected to engage with the Fellowship as reflective, accountable clinicians committed to continuous improvement.

## 2. Governance and Leadership

The Canadian Centre for CBT has a variety of professionals on staff including psychologists, registered psychotherapists, registered nurses, and social workers who all provide CBT. During the course of the fellowship, Fellows will have the opportunity to work with and learn from a variety of professionals. However, primary clinical faculty are all registered clinical psychologists.

### 2.1. Fellowship Director

**Dr. Michael Best** is a PhD-level Clinical Psychologist registered in Ontario and the Founder and Clinical Director of the **Canadian Centre for Cognitive Behavioural Therapy (CCCBT)**, with locations in Toronto and Ottawa and province-wide virtual service delivery. He provides clinical leadership across psychotherapy, assessment, supervision, and advanced professional training.

Dr. Best's clinical work is grounded in cognitive behavioural therapy (CBT) and related evidence-based approaches, with a focus on complex presentations involving anxiety, mood disorders, trauma, psychosis, and executive functioning difficulties. He is known for a conceptualization-driven approach to treatment that emphasizes precision in clinical decision-making.

In addition to his clinical work, Dr. Best is an academic psychologist and researcher with appointments at the University of Toronto, Centre for Addiction and Mental Health, Ontario Shores Centre for Mental Health Sciences, and Providence Care Hospital. Dr. Best has received over \$4M in research funding for his clinical trials of CBT for serious and persistent mental health conditions. Dr. Best is a world renowned leader in CBT for complex mental health concerns.

Dr. Best has extensive experience in supervision and professional training and has provided advanced clinical supervision to over 1000 psychologists, psychological associates, psychotherapists, and trainees at multiple stages of professional development. His supervision approach emphasizes direct observation of clinical work, CBT competency development, ethical maturity, and readiness for complex clinical responsibility.

As Fellowship Director of CCCBT, Dr. Best leads the development of structured training programs, including advanced post-registration fellowships and supervision pathways designed to exceed regulatory minimums and support high standards of professional practice. He is committed to strengthening the quality, safety, and credibility of psychological services through rigorous training, mentorship, and clinical governance.



## 2.2. Clinical Faculty

Clinical faculty at the Centre are involved in Fellow training to various degrees. A minimum of two faculty members will provide direct supervision to the Fellow in providing clinical services. The Fellow will also have the opportunity to learn from faculty who are not their direct supervisor through group supervision and seminars.

Dr. Amanda Shamblaw, Ph.D., C.Psych.

Dr. Pauline Leung, Ph.D., C.Psych.

Dr. Stephanie Woolridge, Ph.D., C.Psych.

Dr. Andreea Tamaian, Ph.D., C.Psych.

Dr. Charles Orjiakor, Ph.D., C.Psych.

Dr. Robert Aidelbaum, Ph.D., C.Psych.

Dr. Sylvia Romanowska, Ph.D., C.Psych.

### 3. Licensing and Certification Preparation

A central objective of the CCCBT Advanced Clinical Fellowship is to prepare Fellows for **highly effective independent practice within existing regulatory frameworks in Ontario**. Additionally the fellowship aims to support readiness for **formal certification in cognitive behavioural therapy (CBT)** from recognized international certification organizations such as the Academy of Cognitive Behavioural Therapies and the Canadian Association of Cognitive Behavioural Therapies.

#### 3.1. Preparation for Professional Licensing

The Fellowship supports Fellows in developing the clinical skills and professional behaviours required for autonomous practice under relevant regulatory bodies. Training activities are intentionally aligned with the core domains commonly evaluated in licensing processes, including clinical competence, ethical conduct, risk management, and professional accountability.

Through intensive supervision, direct observation of clinical work, and structured evaluation, Fellows learn to:

- Practice within scope and competence with increasing independence
- Demonstrate sound clinical judgment under supervision and scrutiny
- Integrate ethical reasoning and risk management into routine practice
- Communicate clinical reasoning clearly in documentation and consultation
- Respond appropriately to feedback, evaluation, and review processes

The Fellowship emphasizes habits of practice that are essential for licensing success, including accurate self-assessment, appropriate consultation-seeking, and conservative decision-making in complex or high-risk situations. Fellows are trained to understand how their clinical decisions may be interpreted by regulators and to practice in a manner that is transparent, defensible, and aligned with public protection.

#### 3.2. Preparation for CBT Certification

The Fellowship provides structured preparation for CBT-specific certification pathways by focusing on **observable CBT competencies**, rather than self-reported experience alone. Supervision and evaluation are explicitly anchored in CBT models, conceptualization-driven intervention, and fidelity to evidence-based practice.

Throughout the Fellowship, Fellows develop competence in:





- Constructing and revising CBT case formulations using disorder-specific and transdiagnostic models
- Selecting, sequencing, and adapting CBT interventions based on formulation
- Demonstrating collaborative empiricism, guided discovery, and behavioural experimentation
- Maintaining therapeutic structure while responding flexibly to client needs
- Monitoring outcomes and adjusting treatment accordingly

Competency development is supported through regular ratings of sessions using the Cognitive Therapy Rating Scale, case formulation assessments, and structured feedback. These methods mirror the types of evidence commonly required for CBT certification, including demonstration of skill through direct observation rather than course attendance alone.

CBT certification organizations typically require the following documents when submitting for certification:

- 1) Record of professional registration
- 2) Documented didactic training in CBT
- 3) Documented supervision of CBT with clients
- 4) Written Case Conceptualization of a client
- 5) Recorded session for fidelity rating
- 6) Letters of reference from CBT supervisors

The CCCBT Clinical Fellowship is designed to help you prepare all of these materials. You will receive the required hours of didactic training and supervision in CBT. You will also practice written case conceptualizations and receive feedback on them. You will also regularly record sessions and have them rated on the Cognitive Therapy Rating Scale so that you will know that you have a session that will pass fidelity rating when you apply for certification. Additionally, all faculty at the Centre meet criteria for writing reference letters in support of certification.

### 3.3. Documentation and Evidence of Competence

The Fellowship places strong emphasis on producing documentation that clearly reflects CBT competence and clinical reasoning. Fellows are trained to create records that demonstrate:

- Conceptualization-driven treatment planning
- Justification for intervention choices
- Ethical and risk-aware decision-making
- Responsiveness to supervision and outcome data

This approach ensures that Fellows are able to present coherent, credible evidence of competence when pursuing licensing milestones, CBT certification, or advanced professional opportunities.



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## Professional Identity and Readiness for External Evaluation

In addition to technical skill, the Fellowship prepares Fellows for the professional demands of licensing and certification processes by fostering confidence grounded in competence. Fellows will be prepared and supported in applying for certification through the Academy of Cognitive Behavioural Therapies and the Canadian Association of Cognitive Behavioural Therapies.

## 4. Admission Criteria

### 4.1. Eligibility Requirements

Applicants must meet all of the following eligibility criteria at the time of application:

- Hold a completed graduate degree in medicine, psychology, counselling psychology, psychotherapy, social work, occupational therapy, nursing or a closely related mental health discipline
- Be registered, or eligible for registration, with a relevant Ontario regulatory body (e.g., CPO/CPBAO, CRPO, OCSSW, etc.) in good standing
- Carry appropriate professional liability insurance or be eligible to obtain coverage prior to Fellowship start

### 4.2. Professional Standing and Conduct

Applicants must demonstrate a history of professional conduct consistent with regulatory expectations. Admission may be denied or deferred if an applicant:

- Is currently subject to active regulatory discipline, suspension, or significant practice restrictions
- Has unresolved ethical or professional conduct concerns
- Is unable to practice within an appropriate scope during the Fellowship year

Applicants are expected to disclose any relevant regulatory, legal, or professional issues as part of the application process.

### 4.3. Application Materials

Applicants are required to submit the following materials:

- A completed Fellowship application form
- Curriculum vitae outlining education, training, and clinical experience
- Proof of current registration or registration eligibility
- A brief statement of interest describing professional goals and readiness for advanced training in CBT

#### 4.4. Interview

Applicants who are invited to interview for a Fellowship position will be notified by email. Applicants will be expected to demonstrate basic therapeutic skills during the interview and will also be required to answer questions relating to the ethical conduct of psychotherapy.

#### 4.5. Selection Criteria

Admission decisions are based on a holistic review of the applicant's materials, with consideration given to:

- Alignment between the applicant's goals and the Fellowship's advanced CBT focus
- Demonstrated commitment to evidence-based practice
- Capacity for ethical reasoning and professional accountability
- Readiness for competency-based evaluation and direct observation of clinical work
- Cohort balance and supervisory capacity

Meeting minimum eligibility criteria does not guarantee admission.

#### 4.6. Application Fee

Applicants are required to pay a non-refundable fee of \$100 with their application.

#### 4.7. Conditional Admission

In some cases, admission may be offered conditionally. Conditions are specified in writing and reviewed as part of the admissions letter.

#### 4.8. Cohort Size and Selectivity

The Fellowship is intentionally small to ensure high-quality supervision and individualized feedback. Admission is competitive, and CCCBT reserves the right to limit cohort size based on supervisory capacity, training resources, and clinical governance considerations. In most cases the cohort size will be limited to two Fellows per year.

#### 4.9. Final Admission Decisions

Final admission decisions are made by the Fellowship Director or designate. CCCBT reserves the right to decline admission or defer an application where participation would not be in the best





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interest of the applicant, clients, or the Fellowship. All admissions decisions are final, however, unsuccessful applicants are encouraged to reapply again in future years.

## 5. Fellowship Structure and Duration

### 5.1. Fellowship Duration

The Fellowship is completed over a **12-month period**. This duration is designed to allow sufficient time for Fellows to consolidate skills, demonstrate growth across competency domains, and develop reliable clinical judgment in a range of clinical situations.

In some circumstances, the Fellowship duration may be extended to allow additional time for skill consolidation or remediation. Extensions are determined at the discretion of the Fellowship Director.

### 5.2. Overall Structure

The Fellowship follows a **longitudinal training model**, in which Fellows engage in recurring weekly activities while progressing through defined stages of competence. Training activities are intentionally integrated so that learning in one area informs practice in others. Supervision, didactic training, and evaluation are embedded throughout the year rather than occurring as isolated components.

The structure emphasizes the application of CBT principles in real clinical work, supported by close supervision and regular review of practice.

### 5.3. Weekly Schedule

A typical weekly schedule is included in Table 5.1. The exact schedule is subject to change week by week.



Table 5.1: Typical Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
9:00	Group Supervision	Individual Supervision	Individual Supervision	Individual Supervision	BEST Seminar
10:00	CTSR Review	Case Conceptualization	CTSR Review	Treatment Planning	BEST Seminar
11:00	Prep Time	Prep Time	Prep Time	Prep Time	BEST Seminar
LUNCH					
PM					
1:00	Client	Client	Client	Client	Client
2:00	Client	Client	Client	Client	Client
3:00	Client	Client	Client	Client	Client
4:00	Documentation	Documentation	Documentation	Documentation	Documentation

## 5.4. Fellowship Start Date

Fellowships typically begin between July 1 and September 1 and run for a 12 month consecutive period. However, alternative start dates may be possible and should be discussed directly with the fellowship director.

## 5.5. Fellowship Fees

Tuition fees for the 2026 – 2027 Fellowship are \$22, 250.00. Fees are due in quarterly instalments throughout the year based on the Fellowship start date. The initial instalment is due upon acceptance of the Fellowship.

Tuition fees are consistent with fees for academic programs and cover all training, supervision, and administration costs associated with running with the fellowship. Clinicians who are certified in CBT and have advanced CBT skills are able to bill clients at rates on average of \$50 per hour more than clinicians who do not have CBT certification. At this rate, the fellowship provides a return on investment after only 6 months post-fellowship (assuming a full-time clinical load of 20 client hours per week).



## 6. Curriculum

### 6.1. Clinical Training

#### 6.1.1. Individual Therapy

Fellows will be trained extensively in the provision of CBT to individual therapy clients. This training involves a case conceptualization approach in which every client has their goals understood using a specific cognitive conceptualization that is personally tailored to them. Fellows will gain exposure to cognitive models of wide variety of disorders including:

- Major depressive disorder
- Generalized anxiety disorder
- Social anxiety
- Panic Disorder
- Specific Phobias
- Illness Anxiety Disorder
- Obsessive Compulsive Disorder
- Post-traumatic Stress Disorder
- Bipolar Disorder
- Schizophrenia-spectrum disorders

Individual therapy training will also focus on selection of cognitive behavioural change strategies to help clients develop new ways of understanding and interacting with the world that will help them meet their goals.

#### 6.1.2. Group Therapy

The Center runs a variety of group treatments including:

- CBT for depression group
- Dialectical behavioural therapy skills group for psychosis
- Cognitive remediation group.

Fellows will have the opportunity to co-facilitate a minimum of one therapy group with an experienced clinician while completing their fellowship. Supervision around group provision will focus on effective delivery of group information and training in managing and developing a therapeutic group process.



### 6.1.3. Assessment

Skills in cognitive behavioural assessment are developed throughout the practicum as part of treatment planning. For fellows who are pursuing registration with a regulatory college that can diagnose mental health conditions (e.g. physicians, psychologists, psychological associates), further opportunities for assessment training can be provided.

## 6.2. Hours

The training hours that you receive during the fellowship are designed to help you progress not only towards certification in CBT but also towards autonomous clinical practice. The fellowship includes a minimum of 150 hours of clinical supervision and 1000 direct contact hours with clients. These hours are designed to support Registered Psychotherapists (Qualifying) in progressing to autonomous status within the fellowship year and to provide the ratio of hours required for clinicians to register as Psychological Associates. This hourly ratio also meets the regulatory requirements of most Colleges in Ontario. If you are unsure whether the hour breakdown would meet your professions requirements please contact us to discuss in more detail.

## 7. Competency Framework

### 7.1. Use of the Cognitive Therapy Rating Scale–Revised (CTS-R)

The CTS-R serves as a primary tool for guiding CBT skill development and assessing CBT competence within the Fellowship. Ratings are based on direct observation of clinical work, primarily through recorded session review. The CTS-R provides a structured, behaviourally anchored framework for evaluating key dimensions of CBT practice, including:

- Agenda setting and structure
- Collaboration and therapeutic alliance
- Guided discovery and Socratic questioning
- Focus on cognition and behaviour
- Use of behavioural methods
- Application of cognitive techniques
- Pacing and efficient use of time
- Interpersonal effectiveness and professional stance
- Overall coherence and quality of CBT delivery

Fellows are expected to demonstrate progressive improvement in CTS-R ratings over the course of the Fellowship. Early in training, ratings may reflect developing competence with supervisor guidance. By the latter stages of the Fellowship, Fellows are expected to demonstrate consistently strong performance across CTS-R domains, with minimal supervisory correction.

### 7.2. Demonstrated Knowledge of Disorder-Specific Cognitive Models

In addition to general CBT competence, Fellows are expected to demonstrate applied knowledge of **specific cognitive models relevant to the disorders they treat**. Competence is assessed not only by the ability to describe models, but by the ability to use them to guide formulation, intervention selection, and treatment sequencing.

Fellows are expected to demonstrate familiarity with, and appropriate application of, cognitive and behavioural models including but not limited to:

- Cognitive models of anxiety disorders, including panic disorder, social anxiety, generalized anxiety disorder, and specific phobias
- Cognitive and behavioural models of depression, including behavioural activation and cognitive vulnerability frameworks
- Cognitive models of trauma-related disorders, including cognitive processing and meaning-based approaches
- Cognitive models of obsessive–compulsive and related disorders



- Cognitive models relevant to psychosis, including appraisal-based and CBTp frameworks
- Transdiagnostic CBT models addressing emotional regulation, avoidance, and maintenance processes
- Models addressing comorbidity and complexity, including interactions between mood, anxiety, trauma, and substance abuse

### 7.3. Integration of Formulation, Model, and Intervention

A core competency within the Fellowship is the integration of disorder-specific cognitive models into individualized case formulations. Fellows will learn to:

- Select appropriate models based on presenting problems and assessment data
- Develop formulations that clearly link maintaining processes to treatment targets
- Choose interventions that are logically derived from formulation and model
- Adapt techniques when standard approaches are insufficient or contraindicated
- Revisit and revise formulations as treatment progresses

## 8. Supervision Model

Supervision within the CCCBT Advanced Clinical Fellowship is explicitly designed to develop **advanced competence in cognitive behavioural therapy (CBT)**. The supervision model emphasizes formulation-driven practice, fidelity to evidence-based CBT principles, and the development of clinical judgment required for complex presentations. Supervision is structured, intentional, and competency-based.

### 8.1. Purpose of Supervision

The primary purposes of supervision in the Fellowship are to:

- Develop high-level CBT case formulation skills
- Strengthen intervention selection and sequencing based on formulation
- Ensure fidelity to CBT principles while avoiding rigid or manualized practice
- Support safe, ethical, and risk-informed clinical decision-making
- Promote reflective practice grounded in evidence

### 8.2. Core Features of the CBT-Specific Supervision Model

Supervision is anchored in several core features that distinguish it from general clinical supervision.

First, supervision is **formulation centred**. Fellows are expected to conceptualize all cases using CBT models appropriate to the presenting problem, such as disorder-specific formulations, transdiagnostic models, or individualized maintenance cycles. Supervisory discussion prioritizes how formulation informs intervention choices and treatment direction.

Second, supervision is **competency-referenced**. Feedback is tied to clearly defined CBT competencies rather than global impressions. Supervisors evaluate skills such as agenda setting, guided discovery, collaborative empiricism, behavioural experimentation, cognitive restructuring, and relapse prevention.

Third, supervision is **evidence-informed and pragmatic**. Supervisors emphasize interventions supported by empirical evidence while also addressing real-world clinical constraints, comorbidity, and client engagement challenges.

Fourth, supervision is **developmental**. Expectations for autonomy, complexity, and judgment increase across Fellowship stages. Supervisory intensity and structure are adjusted based on demonstrated competence rather than confidence or seniority.

## 8.3. Components of the Supervision Model

### 8.3.1. Individual Supervision

Individual supervision occurs on a regular, scheduled basis and focuses on the Fellow's active caseload. Sessions emphasize:

- Review and refinement of CBT case formulations
- Selection, timing, and sequencing of CBT interventions
- Troubleshooting stalled therapy or poor response
- Ethical and risk-related decision-making within CBT frameworks
- Integration of outcome data and session feedback

Fellows receive approximately 1 hour of supervision per 4 hours of direct client contact, consistent with requirements from regulatory colleges such as the College of Psychologists and Behaviour Analysts of Ontario and the College of Registered Psychotherapists of Ontario. During the course of the fellowship, fellows are expected to receive 120 – 150 hours of individual supervision.

### 8.3.2. Group Supervision

Group supervision provides opportunities for comparative learning, exposure to diverse CBT applications, and peer feedback under faculty guidance. In group settings, Fellows present cases with an emphasis on:

- Formulation clarity and coherence
- Justification of intervention strategies
- Management of complexity and comorbidity
- Adaptation of CBT techniques to challenging contexts

Fellows receive approximately 1 hour of group supervision per week during the fellowship.

### 8.3.3. CTS-R–Informed Skills Review

A defining feature of the supervision model is the systematic use of CBT competency frameworks such as the Cognitive Therapy Scale–Revised (CTS-R). These frameworks are used to:

- Anchor feedback in observable therapist behaviours
- Identify specific skill strengths and gaps
- Track progress over time
- Reduce subjectivity in supervision and evaluation



CTS-R–informed reviews focus on therapeutic stance, structure, guided discovery, behavioural methods, and overall coherence of CBT delivery.

## 8.4. Integration of Supervision and Clinical Practice

Supervision is intentionally scheduled to precede or closely follow clinical work so that feedback can be applied immediately. Fellows are expected to demonstrate evidence of supervision integration by:

- Modifying formulations based on feedback
- Adjusting intervention strategies
- Documenting changes in treatment plans
- Reflecting on learning in subsequent supervision sessions

Failure to integrate supervision feedback is addressed directly and may result in remediation.

## 8.5. Supervisor Roles and Responsibilities

Supervisors within the Fellowship are experienced CBT clinicians with demonstrated expertise in both practice and supervision. Supervisors are responsible for:

- Providing clear, direct, and competency-based feedback
- Monitoring clinical safety and ethical practice
- Adjusting supervisory intensity based on Fellow competence
- Documenting supervision content where required
- Escalating concerns when clinical risk or professional conduct issues arise

## 8.6. Fellow Responsibilities in Supervision

Fellows are responsible for engaging actively in supervision by:

- Preparing formulations, session plans, and questions
- Disclosing uncertainty, challenges, and errors
- Bringing recordings and documentation as required
- Applying feedback to clinical work
- Demonstrating openness to learning and accountability



## 9. Documentation Standards

High-quality clinical documentation is a core professional competence within the CCCBT Advanced Clinical Fellowship. Documentation is treated not as an administrative task, but as a critical component of clinical reasoning, ethical practice, risk management, and regulatory defensibility. Throughout the Fellowship, Fellows are trained to produce documentation that accurately reflects clinical decision-making and meets or exceeds College expectations.

### 9.1. Purpose of Documentation

Fellows will learn to use clinical documentation to support continuity of care, communicate clinical reasoning, demonstrate ethical and risk-informed decision-making, and protect clients, clinicians, and the public. Documentation is expected to provide a clear, accurate, and professional record that would withstand scrutiny by regulators, insurers, or courts if required.

### 9.2. Core Documentation Principles

During the Fellowship, Fellows will develop documentation practices that are clear, timely, accurate, and clinically meaningful. Documentation must reflect formulation-driven care rather than generic or template-based notes. Fellows are expected to document not only what occurred in sessions, but why clinical decisions were made, particularly in situations involving complexity or risk.

Documentation must be objective, respectful, and professional in tone. Speculative, pejorative, or unnecessary content is discouraged. Clinical records should support the Fellow's scope of practice and level of competence, avoiding overstatement of certainty or expertise.

### 9.3. Required Documentation Components

Fellows will be trained to complete and maintain the following forms of documentation, as appropriate to their clinical role and cases:

CBT session notes in the CCCBT format that accurately summarize clinical content, interventions used, client responses, and progress toward treatment goals. Notes should reflect formulation-guided interventions and clinical judgment rather than narrative transcripts of sessions.

Case formulations that integrate presenting problems, relevant history, maintaining factors, and treatment rationale. Formulations should be updated as new information emerges and should guide ongoing treatment decisions.

Treatment plans that outline goals, intervention strategies, sequencing of treatment, and outcome monitoring. Plans should be individualized and revised as clinically indicated.

Risk documentation that clearly records assessment of suicide risk, violence risk, safeguarding concerns, and protective factors. Documentation should include rationale for decisions, actions taken, consultation sought, and follow-up plans.

## 9.4. Timeliness and Accuracy

Fellows are expected to complete clinical documentation in a timely manner, consistent with CCCBT standards and regulatory expectations. Delayed or incomplete documentation undermines clinical care and professional accountability. Fellows will learn to balance efficiency with accuracy and depth of clinical reasoning.

## 9.5. Documentation and Risk Management

A central learning objective of the Fellowship is the development of documentation practices that support risk management. Fellows will learn to document clinical uncertainty, changes in risk, consultation decisions, and safety planning in a clear and defensible manner.

Risk documentation should demonstrate thoughtful assessment and conservative decision-making rather than defensive or overly verbose recording. Fellows are expected to document escalation of concerns and supervisory input when relevant.

## 9.6. Review, Feedback, and Audit

Documentation is subject to ongoing review as part of supervision and evaluation. Supervisors may request documentation for review, provide feedback, and require revisions to support learning and quality improvement.

## 10. Ethics and Professional Conduct Curriculum

A core objective of the CCCBT Advanced Clinical Fellowship is the development of **ethical maturity, professional judgment, and accountability** that exceeds regulatory minimum standards. Ethics is treated as a **clinical skill set**, not merely a compliance obligation.

During the Fellowship year, Fellows will progressively develop the following competencies.

### 10.1. Ethical Reasoning and Decision-Making

Fellows will learn to:

- Identify ethical issues proactively, including those that are subtle, emerging, or ambiguous
- Apply ethical principles to complex clinical situations where clear answers are not immediately available
- Weigh competing obligations to clients, the public, employers, and the profession
- Tolerate uncertainty while making defensible, conservative clinical decisions
- Articulate and document ethical reasoning in a manner consistent with College expectations

### 10.2. Professional Accountability and Responsibility

Fellows will learn to:

- Understand and accept primary responsibility for their professional conduct and clinical decisions
- Recognize the limits of supervision and consultation in relation to personal accountability
- Integrate supervisory input while retaining ownership of clinical judgment
- Function as an accountable professional rather than a rule-dependent trainee

### 10.3. Consultation-Seeking and Use of Supervision

Fellows will learn to:

- Identify situations that require consultation or escalation
- Use supervision strategically rather than defensively
- Disclose clinical uncertainty, ethical concerns, and errors in a timely manner
- Differentiate between appropriate independence and unsafe autonomy
- Demonstrate judgment about *when not to proceed* without guidance



## 10.4. Professional Boundaries and Dual Relationship Management

Fellows will learn to:

- Establish and maintain clear professional boundaries with clients, colleagues, and institutions
- Identify potential dual or multiple relationships early
- Evaluate the ethical risks associated with boundary crossings
- Manage unavoidable dual relationships conservatively and transparently
- Recognize how boundary issues evolve over time rather than appearing as single events

## 10.5. Scope of Practice and Competence Calibration

Fellows will learn to:

- Accurately assess their own level of competence across clinical activities
- Practice within appropriate scope based on training, experience, and Fellowship stage
- Recognize early indicators of practicing beyond competence
- Seek additional training or supervision prior to expanding scope
- Decline or refer cases appropriately when competence is insufficient

## 10.6. Risk Management and Client Safety

Fellows will learn to:

- Prioritize client safety over productivity, confidence, or role expectations
- Identify and respond appropriately to suicide risk, violence risk, and safeguarding concerns
- Escalate risk concerns promptly and responsibly
- Make conservative decisions in high-risk or uncertain situations
- Document risk assessment and management decisions in a College-defensible manner

## 10.7. Informed Consent and Transparency

Fellows will learn to:

- Communicate clearly and transparently with clients about their role, registration status, and supervision context
- Obtain and document informed consent as an ongoing process
- Discuss limits of confidentiality accurately and appropriately
- Secure informed consent for recordings and use of clinical material for training purposes
- Avoid misrepresentation of credentials, competence, or Fellowship status



## 10.8. Professional Communication and Public Conduct

Fellows will learn to:

- Communicate professionally and respectfully in all clinical and professional contexts
- Produce written documentation that reflects ethical reasoning and professional judgment
- Use electronic communication and technology responsibly
- Maintain professional standards in public-facing communication, including social media
- Understand how public conduct can impact professional credibility and regulatory risk

## 10.9. Responding to Ethical Concerns and Complaints

Fellows will learn to:

- Respond constructively to ethical concerns, errors, or near-misses
- Engage appropriately with internal review and feedback processes
- Understand the procedural and emotional aspects of complaints and investigations
- Communicate with supervisors promptly when regulatory or legal issues arise
- Integrate lessons learned from ethical challenges into future practice

## 10.10. Development of Ethical Maturity and Professional Identity

Over the course of the Fellowship, Fellows will develop:

- Increasing confidence grounded in judgment rather than rule-following
- A reflective professional identity consistent with senior-level practice
- Awareness of how ethical risk evolves across a career
- Capacity to act in the public interest even when personally costly
- Readiness for autonomous practice with complex clinical and ethical demands

## 11. Evaluation and Assessment

Evaluation and assessment within the CCCBT Advanced Clinical Fellowship are designed to be formative, competency-based, and developmentally sequenced. Assessment focuses on the Fellow's **clinical judgment, ethical maturity, and applied competence**, rather than on time served or completion of tasks. There is no “failure” associated with this assessment, however, the evaluation is designed to support the fellow's ongoing development of CBT skills.

### 11.1. Purpose of Evaluation

The evaluation process serves to support learning, ensure client safety, and uphold CCCBT's standards of advanced clinical practice. Assessment activities are intended to provide Fellows with clear, specific feedback that guides professional growth.

### 11.2. Principles Guiding Evaluation

Evaluation within the Fellowship is guided by the following principles:

- Competence is demonstrated through consistent performance across contexts
- Progression is based on evidence, not seniority or confidence
- Feedback is direct, specific, and clinically grounded
- Ethical judgment and risk management are weighted as heavily as technical skill
- Client safety takes precedence over training objectives

### 11.3. Forms of Evaluation

Fellows are evaluated using multiple complementary methods to capture different dimensions of practice.

Individual supervision assesses case formulation, intervention choices, ethical reasoning, responsiveness to feedback, and professional accountability. Supervisors provide ongoing verbal feedback and periodic written summaries documenting strengths, areas for development, and concerns.

Recorded session reviews are a core evaluative component. Fellows submit recorded clinical sessions at specified intervals. These recordings are reviewed using the Cognitive Therapy Rating Scale and are used to guide development of therapeutic skills. Evaluation focuses on therapeutic stance, structure, formulation-driven intervention, handling of risk, and clinical judgment under pressure.





Written case formulation reviews assess the Fellow's ability to develop coherent, flexible, and defensible formulations. These reviews examine integration of assessment data, conceptual clarity, justification of treatment decisions, and capacity to revise formulations over time.

Documentation audits evaluate clinical notes, treatment plans, and risk documentation for clarity, accuracy, defensibility, and alignment with College expectations. Documentation is assessed not only for completeness but for the quality of clinical reasoning reflected in the record.

Table 11.1: Frequency of Evaluation

Evaluation Type	Monthly	Quarterly	Summative
Case Conceptualization	X	X	X
CTSR Rating	X	X	X
Case History Write-Up		X	X
Treatment Planning Write-Up		X	X
Goal Planning Assessment			X

## 12. Professional Development and Career Pathways

### 12.1. Employment with the Canadian Centre for CBT

At the Canadian Centre for CBT we view the time and resources that we put into training our fellows as an investment in the future provision of high quality CBT. As a result, we are thrilled to **guarantee** employment at the Centre following successful completion of the fellowship.

### 12.2. Other Employment Opportunities

Completion of a fellowship with the Canadian Centre for CBT is a signal to employers that a clinician has received the highest quality training in CBT. This training program is more rigorous than university-based academic programs and requires competency-based assessment to pass. Thus, CCCBT fellows are highly sought after clinicians. CBT is the most common therapeutic modality used in public hospitals and is the most requested type of therapy in private clinics. Thus, recognition of the fellow as an expert in CBT makes CCCBT fellows highly sought after on the job market.

## 13. Policies and Procedures

### 13.1 Attendance and Participation

#### 13.1.1 Required Participation

Fellows are expected to attend and actively participate in all required Fellowship activities, including but not limited to:

- Individual supervision
- Group supervision and case conferences
- CTS-R reviews and skills evaluations
- Case formulation and treatment planning sessions
- Seminar series
- Required evaluations and reviews

Participation includes appropriate preparation, engagement, and responsiveness to feedback.

#### 13.1.2 Absences

- Fellows must notify the Fellowship Director or designate in advance of any anticipated absence.
- Absences due to illness or emergency must be communicated as soon as reasonably possible.
- More than 20 absences during the fellowship may result in remediation or review of Fellowship status.

### 13.2 Professional Conduct and Behaviour

#### 13.2.1 Professional Standards

Fellows are expected to conduct themselves in a manner consistent with:

- The standards of their applicable regulatory body (e.g., CPBAO, CRPO, etc.)
- CCCBT professional and ethical expectations
- Principles of respectful, collegial, and responsible professional behaviour

#### 13.2.2 Conduct Concerns

Unprofessional conduct may include, but is not limited to:

- Failure to follow supervision guidance



- Boundary violations
- Inappropriate communication
- Misrepresentation of competence or credentials
- Unsafe clinical decision-making

Concerns may be addressed through feedback, remediation, or formal review.

## 13.3 Scope of Practice and Clinical Boundaries

### 13.3.1 Scope Limitations

Fellows must practice within:

- Their authorized scope of practice
- The parameters set by the Fellowship stage
- Any limitations identified by supervisors

Fellows may not independently expand scope or accept cases outside approved parameters without prior approval.

### 13.3.2 High-Risk and Complex Cases

- High-risk or complex cases must be disclosed promptly to supervisors.
- Fellows may be required to consult or transfer care depending on risk level and competence.

## 13.4 Supervision, Consultation, and Training Roles

### 13.4.1 Nature of Supervision / Consultation

Supervision within the Fellowship is provided for **training and professional development purposes**.

### 13.4.2 Fellow Responsibilities in Supervision

Fellows are responsible for:

- Bringing cases prepared for supervision
- Disclosing relevant clinical, ethical, or risk concerns



- Implementing supervision feedback
- Maintaining accurate supervision records where required

## 13.5 Documentation and Record-Keeping

### 13.5.1 Clinical Documentation

Fellows are required to:

- Complete clinical documentation accurately, promptly, and in accordance with CCCBT standards
- Maintain documentation that is clear, defensible, and reflective of clinical reasoning
- Incorporate supervision feedback into documentation practices

### 13.5.2 Documentation Review

CCCBT reserves the right to:

- Audit clinical documentation
- Require revisions or remediation
- Use documentation for training and evaluation purposes (with appropriate safeguards)

## 13.6 Confidentiality and Privacy

### 13.6.1 Client Confidentiality

Fellows must adhere to all applicable privacy legislation and professional obligations regarding client confidentiality.

### 13.6.2 Use of Clinical Material for Training

- Clinical material used for supervision, training, or evaluation must be handled securely.
- Recorded sessions require appropriate client consent.
- Identifying information must be minimized where possible.

## 13.7 Use of Recordings

### 13.7.1 Recording Requirements

Where required, Fellows must:

- Obtain informed consent for recording



- Follow CCCBT protocols for secure storage and transfer
- Use recordings solely for approved training and evaluation purposes

### 13.7.2 Misuse of Recordings

Unauthorized use, storage, or disclosure of recordings is grounds for immediate review and possible termination.

## 13.8 Technology and Virtual Practice

### 13.8.1 Approved Platforms

Fellows must use only CCCBT-approved platforms and systems for:

- Virtual clinical work
- Supervision
- Communication involving client information

### 13.8.2 Technology Failures

Fellows are responsible for:

- Maintaining reliable access to required technology
- Notifying supervisors promptly of disruptions that affect clinical care

## 13.9 Fees, Payments, and Financial Policies

### 13.9.1 Fellowship Fees

Fellows are responsible for all Fellowship fees as outlined in their participation agreement.

### 13.9.2 Payment Terms

- Fees are due according to the agreed payment schedule.
- Failure to meet financial obligations may result in suspension or termination.
- Late payments will be subject to interest charges as outlined in the payment schedule

### 13.9.3 Refunds

Payments will not be refunded to fellows who withdraw from the program. However, if withdrawal occurs 30 day before a scheduled tuition payment then any subsequent payments will not be billed.



## 13.10 Remediation, Suspension, and Termination

### 13.10.1 Remediation

Where concerns arise, CCCBT may require:

- Additional supervision
- Targeted training activities
- Temporary restrictions on clinical activity

### 13.10.2 Suspension or Termination

CCCBT reserves the right to suspend or terminate a Fellow for reasons including, but not limited to:

- Clinical safety concerns
- Ethical breaches
- Failure to engage in supervision
- Repeated non-compliance with policies

Decisions are made at the sole discretion of the Fellowship Director, with due consideration of fairness and documentation. Fellows who are terminated will not have fees refunded but will not be required to pay any subsequent instalments.

## 13.11 Acknowledgement of Policies

Participation in the Fellowship constitutes acknowledgement of and agreement with all policies and procedures outlined in this Handbook. CCCBT reserves the right to update these policies as necessary, with notice to Fellows.



## 14. Legal Agreements and Disclaimers

### 14.1 Nature of the Fellowship

#### 14.1.1 Non-Regulatory Status

The CCCBT Advanced Clinical Fellowship is a **post-registration professional development and training program**.

- The Fellowship is **not a regulatory program**.
- The Fellowship is **not approved, endorsed, accredited, or required** by any regulatory body, including the College of Psychologists of Ontario (CPO/CPBAO) or the College of Registered Psychotherapists of Ontario (CRPO).
- Participation in the Fellowship does **not guarantee eligibility for registration, independent practice, or any regulatory outcome**.

### 14.2 No Guarantee of Competence or Outcomes

#### 14.2.1 Professional Responsibility

While the Fellowship provides advanced training, supervision, and evaluation, **ultimate responsibility for clinical decisions and professional conduct remains with the Fellow**, subject to their registration status and applicable laws. The fellowship is designed to provide fellows with all necessary experience and supervision to become competent in CBT, however, CBT competence cannot be guaranteed.

Completion of the Fellowship:

- Does not guarantee clinical competence in all contexts
- Does not eliminate professional risk
- Does not prevent complaints, investigations, or legal proceedings

### 14.3 Supervision, Consultation, and Responsibility

#### 14.3.1 Distinction Between Supervision and Consultation

Unless explicitly stated in a separate written agreement:

- Supervision provided within the Fellowship is **for training and professional development purposes only**
- It does **not constitute formal regulatory supervision** for the purposes of registration, independent practice, or College requirements

### 14.3.2 Limits of Supervisory Responsibility

Supervisors:

- Provide guidance, feedback, and evaluation
- Do not assume full legal responsibility for Fellows' clinical work unless expressly documented
- Do not co-sign clinical records unless required by regulation and explicitly agreed upon

## 14.4 Use of the CCCBT Fellowship Designation

### 14.4.1 Permitted Use

Upon successful completion, Fellows may use the designation:

*“CCCBT Advanced Clinical Fellow (CBT)”*

or other wording explicitly approved by CCCBT.

### 14.4.2 Prohibited Representations

Fellows may not:

- Imply regulatory endorsement or equivalence
- Represent the Fellowship as a licensing requirement
- Suggest that CCCBT certification replaces regulatory supervision or standards

## 14.5 Limitation of Liability

### 14.5.1 Limitation

To the fullest extent permitted by law:

- CCCBT, its directors, supervisors, employees, and affiliates are **not liable** for any loss, damage, or claim arising from Fellowship participation
- This includes, but is not limited to:
  - Clinical outcomes
  - Regulatory complaints
  - Employment consequences
  - Legal or disciplinary proceedings

### 14.5.2 Indirect Damages

CCCBT shall not be liable for indirect, incidental, or consequential damages arising from Fellowship participation.

## 14.6 Indemnification

Fellows agree to **indemnify and hold harmless** CCCBT and its representatives from any claims, liabilities, or expenses arising from:

- The Fellow's clinical practice
- Breach of professional obligations
- Misrepresentation of credentials
- Failure to follow supervision or policy requirements

## 14.7 Insurance Requirements

### 14.7.1 Professional Liability Insurance

Fellows must maintain:

- Active professional liability insurance appropriate to their scope of practice
- Coverage that includes clinical work conducted during the Fellowship

Proof of insurance may be requested at any time.

## 14.8 Confidentiality and Intellectual Property

### 14.8.1 Confidentiality

Fellows agree to maintain confidentiality regarding:

- CCCBT training materials
- Proprietary frameworks
- Fellow evaluations
- Internal processes

### 14.8.2 Intellectual Property

All Fellowship materials, including but not limited to:



- Manuals
- Frameworks
- Rubrics
- Training content

remain the intellectual property of CCCBT and may not be reproduced or distributed without permission.

## 14.9 Recording and Use of Clinical Materials

### 14.9.1 Consent and Safeguards

Fellows are responsible for obtaining informed consent for recordings used in training and evaluation.

### 14.9.2 Use of Materials

Recorded sessions and case materials may be used solely for:

- Supervision
- Evaluation
- Internal training

Unauthorized use is prohibited.

## 14.10 Fees and Financial Obligations

### 14.10.1 Non-Refundability

Unless otherwise specified:

- Fellowship fees are non-refundable
- Early termination does not guarantee reimbursement

## 14.11 Termination of Fellowship Participation

CCCBT reserves the right to terminate Fellowship participation at its discretion for reasons including:

- Clinical safety concerns
- Ethical breaches
- Misrepresentation



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**C**BT

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Web: [www.canadiancbt.com](http://www.canadiancbt.com)

- Failure to comply with policies
- Non-payment of fees

Termination decisions are final.

## 14.12 Governing Law and Jurisdiction

This Fellowship and all related agreements are governed by the laws of the Province of Ontario and the applicable laws of Canada.

## 14.13 Acknowledgement and Acceptance

Participation in the CCCBT Advanced Clinical Fellowship requires written acknowledgment that the Fellow:

- Has read and understood this section
- Accepts all legal terms and disclaimers
- Agrees to be bound by these conditions



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## 15. Contacts

### General Inquiries

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