



NURSE PSYCHOTHERAPIST CERTIFICATE

Specialization in Trauma Recovery

**A 12-Month Certificate
Program for Registered Nurses**

Student Handbook 2025–2026

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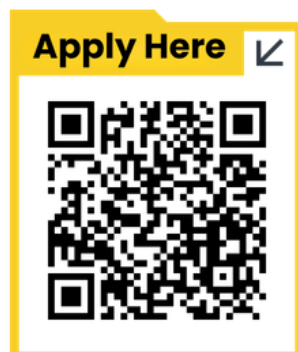
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Acknowledgment

We acknowledge that the land on which we gather, in Brampton, Ontario, is the traditional territory of many nations, including the Mississaugas of the Credit, the Anishinaabe, the Chippewa, the Haudenosaunee, and the Wendat peoples, and is subject to Treaty 13, signed with the Mississaugas of the Credit.

We honour the First Nations, Inuit, and Métis peoples who continue to act as stewards of this land, and we recognize the enduring sovereignty, cultural wisdom, and relational responsibilities that long predate colonization.

We also recognize the presence and ongoing contributions of people of African descent who were brought to these lands through the transatlantic slave trade and whose forced displacement, exploitation, and resistance have profoundly shaped the social, economic, and cultural fabric of these territories.

Indigenous and African diasporic communities have both been marked by the violences of enslavement, land dispossession, cultural erasure, and systemic racism, the impacts of which persist as intergenerational trauma and structural inequity.

Grounded in the philosophy of Ubuntu—“I am because we are”—we affirm that the liberation and healing of Indigenous peoples and Black communities are inseparable, and that our collective future depends on repairing relationships, restoring justice, and re-imagining systems that honour dignity, self-determination, and relational accountability.

As an educational community, we therefore commit to ongoing practices of truth-telling, critical reflection, and transformative action that support decolonization, anti-racism, and collective healing, so that every community may thrive in dignity, peace, and interconnected well-being.

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SECTION 1: OUR HISTORY

1.1 PSYCHOTHERAPEUTIC NURSING PRACTICE

“You can’t connect the dots looking forward; you can only connect them looking backward.”
— Steve Jobs

The Becoming Institute emerged through two decades of inquiry, clinical practice, and theoretical development that illuminated the need for a culturally grounded, decolonizing, trauma-informed approach to psychotherapeutic nursing practice—one that centres truth-telling, conscious forgiveness, and reconciliation, understood as a return to friendship with self and others. Our origins reflect both scholarly engagement and a recognition that all members of society encounter trauma as a holistic overwhelm of the nervous system that can disconnect us from ourselves, one another, and the universal whole we call humanity.

Steve Jobs’ observation—that we connect dots only in retrospect—reminds us that while the past explains how we arrived at this moment, it is our present consciousness—the beliefs we hold about ourselves, our clients, and what it means to be in right relationship—that shapes future practice. We connect past to present and present to future, but transformation occurs through disciplined awareness, ethical discernment, and a sustained commitment to learning environments where clients and students can engage in difficult work without fear of judgment, coercion, or harm.

As you enter this program, we invite you to approach every experience—challenging and generative alike—as an opportunity to examine your beliefs, notice your nervous system responses, and cultivate the steadiness and professional identity essential to deep therapeutic work. Healing, for both practitioners and clients, begins with uncovering limiting narratives and choosing to embody the values, competencies, and relational capacities required for trauma-informed, culturally responsive care.

This 12-month program introduces you to the Becoming Method®, a holistic psychotherapeutic framework that calls psychotherapists to move beyond technique and symptom management to support clients in reclaiming identity, restoring connection to self and others, and engaging in healing work at a pace that honours the transformations that accompany self-knowing and expanded consciousness.

Within this program, you will be invited not only to learn methods, but to critically examine your assumptions about trauma, power, healing, and professional responsibility. Each challenge is an opportunity to deepen your capacity for regulated, attuned, and ethically grounded presence—the conditions within which meaningful and sustainable change becomes possible.

1.2 OUR FOUNDER'S STORY

The story of the Becoming Institute is inseparable from the story of its founder, Dr. Joan Samuels-Dennis, PhD, Nurse Psychotherapist — a scholar and curriculum designer whose two decades of clinical practice, academic inquiry, and community work gave rise to a new vision for trauma recovery. In the tradition of Ubuntu, which teaches that knowledge is carried in community and story, she offers her journey here not as a singular achievement but as a shared map — one that belongs to every student who walks through this program and every client whose healing will one day be shaped by your hands. This is her story, and in time, we hope you will be able to tell your own triumphant story.

2001–2005: A Single Question Changes Everything

In 1999, fresh out of nursing school, Dr. Samuels-Dennis began her career as a public health nurse providing home-visiting services to single parents from vulnerable communities. What she observed became a point of friction — she would refer her clients with significant mental health challenges to physicians, social workers, psychiatrists, psychologists, and psychotherapists, yet they did not get better and in some cases became worse. The system was working as designed — and yet it was not working for the people she had come to serve.

This led her to ask a crucial question: *Is there an intervention that can meaningfully and permanently end traumatic responses for those most vulnerable in our society?* She wasn't interested in simply managing symptoms; she wanted a real, lasting solution for the issues her clients and their families were facing. What she did not know then was that most psychotherapeutic methods focus on constructing a story about what happened, rather than helping the client rediscover and *befriend the forgotten self*.

“As I reflect on those days, I see now that it wasn't just about what I was doing for my clients — it was also about what I was beginning to understand about the interconnection between trauma — the holistic overwhelm of the nervous system, the forming of coping identities, the enrollment in a level of consciousness very much focused on survival, and the eventual forgetting of the self.” — Dr. Samuels-Dennis

She discovered that healing isn't an external process; it's an internal journey that starts with a shift from lower to higher levels of consciousness — an awakening to the awareness of one's true nature. Healing and recovery begin when we address the pain connected to our most difficult experiences and reclaim the truth of who we are.

This realization planted the first seed of what would later become the core of the Becoming Method®: healing is a two-part process that restores our true identity and shifts our consciousness. Healing invites us to shed the false identities that keep us asleep, making room for the true self to re-emerge.

2016–2021: The Becoming Method®

The Becoming Method® represents a culmination of decades of exploration into trauma recovery and is built on the pioneering work of thought leaders like John Diamond, David Hawkins, and Kandace Blakely.

Diamond was among the first to identify how somatic embodiment operates in real time — demonstrating that the body does not simply react to trauma after the fact, but actively encodes meaning, language, and emotional experience in the moment they occur. His work illuminated the precise mechanisms through which traumatic responses become embedded in the body’s own memory, shaping posture, breath, movement, and relational presence in ways that persist long after the original experience. This insight, now widely affirmed in contemporary trauma neuroscience through the work of researchers like van der Kolk, Levine, and Porges, was foundational to the development of the Becoming Method®.

Building on Diamond’s insights, Kandace Blakely recognized the significance of somatic embodiment and connected it to the decisions made during our most difficult experiences. Her work asks us to contemplate: “What decisions were made during and after the traumatic moment?” She understood that in the face of overwhelming stress and adversity, we do not simply react — we decide, often unconsciously, who we must become in order to survive. These decisions give rise to the splitting away from the true self that we now recognize, in frameworks like Internal Family Systems (IFS), as the formation of protectors and exiles — parts of the self that carry the weight of trauma so that the whole person can continue to function. Blakely’s contribution was to name this process with precision, long before it became widely recognized in the psychotherapy literature.

Dr. David Hawkins added another layer to this field of study by providing a language through which we might explore the connection between trauma, identity disruption, and consciousness — the interconnection between the vital flow of energy and the full and complete awareness of self. His work asks us to contemplate: “What level of consciousness did the traumatic moment anchor you in?” He understood that consciousness goes beyond mere awareness; it encompasses the orientation from which an individual perceives and engages with reality. He developed the Map of Consciousness, a scale that calibrates levels of human awareness and their relationship to healing. The lower levels are associated with survival-oriented states that can diminish a person’s capacity for growth and connection, while higher levels are associated with truth, empowerment, and constructive engagement with life. The higher the level, the more aligned the individual is with their authentic self and their capacity for meaningful relationship. But it was the “loop” that would evolve Dr. Samuels-Dennis’ thinking and lead to yet another question.

2021–2023: Expanding Consciousness and the End of the Loop

In the field of psychotherapy, “the loop” refers to a cycle of repetition where individuals re-experience a traumatic moment with different people, across different times, and in various places. Initially, it seemed that resolving the specific trauma at the heart of the loop would release someone from its grip. However, research and clinical observations revealed that, in

some cases, even after addressing the initial trauma, the loop continued. This insight led to deeper exploration and eventually a new understanding: the loop is not simply about the traumatic event or our traumatic response, but about a universal principle that was violated before, during, or after the trauma. The loop ends when and if the principle violation is acknowledged and corrected.

At its most fundamental level, the Becoming Method® addresses what most psychotherapeutic approaches leave unexamined — the recognition that we are not human beings having a spiritual experience, but spiritual beings having a human experience. The method goes one step further by redefining spirituality not as religious affiliation or metaphysical belief, but as one's capacity to connect — with self, with others, and with the universal whole. Within this framework, the principle most commonly violated in a traumatic moment is the withdrawal of unconditional love from the self. Trauma, at its core, is the moment we decide — consciously or not — that we are unworthy of our own love, and that decision becomes the organizing principle around which identity, consciousness, and relationship are subsequently shaped. The loop ends, and full and complete recovery becomes possible, when we are willing to make a different choice: I choose to love myself. I choose to love you. I choose to love the all. It is from this place of radical, unconditional self-love that the true self re-emerges, connection is restored, and the work of becoming — fully, freely, and peacefully — can begin.

The Becoming Method® is grounded in two philosophical traditions that are, at their core, inseparable. The Ubuntu philosophy — I am because we are — offers the first: that we are not isolated individuals but relational beings whose healing is fundamentally interconnected. Within this framework, the painful encounters we experience are not arbitrary — they are course corrections, invitations to revisit the decisions made in our most difficult and adverse moments and to choose differently. Community, in this view, is not a supplement to the healing and recovery journey; it is an essential component of it. We do not heal alone. We heal in relationship, in witness, and in the company of those willing to walk the path with us.

The decolonizing perspective deepens this understanding by naming what colonization took from us — not only land, language, and culture, but our relationship with spirituality itself. Colonization systematically stigmatized Indigenous and Afrocentric spiritual knowing, severing communities from the very source of their capacity to connect with self, with one another, and with the universal whole. The Becoming Method® reclaims that severed relationship, reaffirming spirituality — understood as our innate capacity for connection and self-knowing — as the true nature we have forgotten, not a belief system to be debated.

Together, these traditions inform not only how we approach psychotherapy at the Becoming Institute, but how we approach education itself. We resist the colonial assumption that learners are autonomous, disconnected individuals who acquire knowledge in isolation. Instead, we understand that learning, like healing, is a relational, communal, and embodied process — one that honours the whole person, the living community, and the wisdom carried across generations.

2023–2024: The Founding of the Becoming Institute

Emerging research in epigenetics reveals that the traumas endured by our ancestors have left tangible molecular imprints on our genes. These imprints alter gene expression and cellular processes that shape thought, belief, and behavioural patterns. It is now established that our genes also “loop,” transferring vulnerabilities and traumatic responses from one generation to the next. Research originally focused on the genetic expression of Holocaust survivors (Yehuda & Lehrner, 2018) and Indigenous peoples affected by the residential school experience (Bombay, Matheson, & Anisman, 2014) has established that intergenerational trauma is not confined to specific groups, isolated historical events, or victims — it touches every Canadian in some way.

In 2024, the Becoming Institute was officially founded with a clear mission: to educate, empower, and mobilize the great healers of the 21st century. At the heart of this mission is the establishment of a national network of nurse psychotherapists who specialize in trauma recovery — practitioners equipped with advanced therapeutic approaches, Indigenized knowledge, and the depth of compassion necessary to catalyze profound personal and communal transformation.

Its flagship program, the *Nurse Psychotherapist Certificate — Specialization in Trauma Recovery*, was created to prepare nurses and healthcare professionals in a holistic, culturally grounded, and decolonizing approach to psychotherapeutic practice. This program does not simply provide theoretical knowledge — it initiates students into their own healing and recovery journey, giving them firsthand experience with a range of therapeutic methods before they begin working with others. This approach ensures that graduates do not just learn about healing and recovery — they live it.

This initiative is building a healthier ecosystem by preparing trauma-informed nurse psychotherapists, strengthening community resilience, and promoting collective healing. It reflects the Institute’s broader mission of contributing to the revitalization of entire communities, not just individual lives, as part of a larger movement toward healing and transformation.

2025–Present: Building a New Standard of Care

The Becoming Institute’s Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is designed to prepare Registered Nurses for specialized psychotherapeutic practice within their legislated nursing scope. Graduates are equipped to independently assess, conceptualize, and deliver trauma-informed psychotherapeutic care — integrating nursing knowledge, psychotherapeutic theory and relational competence across individual, family, group, and community contexts.

The program’s curriculum is anchored in the Institute’s Nurse Psychotherapist Practice Standards and Competencies (2025) — a practice-based regulatory framework that articulates four guiding principle domains encompassing eleven principles, and eleven practice domains governing accountability, ethical decision-making, relational practice, clinical judgment, safety, and collective responsibility. These standards function as the program’s internal regulatory

architecture: they operationalize the competencies the curriculum is designed to develop, define the professional conduct expected of learners throughout the program, and establish the evaluative criteria against which clinical readiness is assessed.

The standards are designed to complement — not replace — the legislative and regulatory authorities that govern nursing and psychotherapeutic practice in Canada. They do not confer scope of practice, authorize controlled acts, or supersede the jurisdiction of any regulatory body. Rather, they translate existing regulatory obligations into a coherent, discipline-specific framework for nurse psychotherapist formation — one that ensures curricular alignment with the following authorities:

- Regulated Health Professions Act, 1991, S.O. 1991, c. 18, s. 27(2), para. 14 — the foundational statute that defines psychotherapy as a controlled act in Ontario and restricts its performance to authorized members of regulated health professions
- Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R — the profession-specific legislation establishing the College of Registered Psychotherapists of Ontario and governing the practice of psychotherapy as a regulated profession
- Nursing Act, 1991, S.O. 1991, c. 32, O. Reg. 275/94, ss. 15(4)6 and 15.1(2)5 — the regulation that authorizes Registered Nurses and Registered Practical Nurses to independently initiate the controlled act of psychotherapy, subject to conditions of knowledge, skill, judgment, and individual accountability
- CNO Practice Standard — Scope of Practice (Pub. No. 49041, 2023; updated 2025) — the binding practice standard of the College of Nurses of Ontario that establishes the Authority, Context, and Competence framework governing all nursing practice, authorizes RNs and RPNs to perform the controlled act of psychotherapy, and confirms in Appendix D that nurses may initiate this controlled act without an order
- CNA Code of Ethics for Registered Nurses (2025) — the national ethical framework governing all nursing practice in Canada, including psychotherapeutic nursing practice
- CRPO Professional Practice Standards — the regulatory standards governing therapeutic relationships, informed consent, record-keeping, and professional conduct for all registered psychotherapy practitioners in Ontario

Together, these authorities establish the legislative, regulatory, and ethical foundation upon which the program's curriculum, clinical training requirements, and standards of professional conduct are built.

The Institute's mandate is to prepare 375 nurse psychotherapists over a three-year period — building a national cadre of specialized practitioners equipped to deliver psychotherapeutic care that is clinically rigorous, ethically grounded, and responsive to the needs of diverse and equity-deserving populations. This objective reflects the Institute's commitment to public protection through a model of education in which professional formation, supervised clinical practice, and the continuous integration of knowledge into competent action are understood as structural requirements of safe psychotherapeutic care.

The sections that follow present the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery in full: the regulatory and ethical framework within which the program operates, the structure and sequencing of the curriculum, the clinical training and supervision requirements that govern the practicum, and the standards of practice against which professional readiness is evaluated. Together, they articulate what the program teaches, how it is delivered, and the standard of practitioner the Institute is designed to prepare.

SECTION 2: PROGRAM OVERVIEW

2.1 PROGRAM TITLE AND CERTIFICATE DESCRIPTION

The full title of the program is the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery. This is a 12-month, 1,737.5-hour professional certificate program offered by Becoming Institute Inc., designed to prepare Registered Nurses for specialized psychotherapeutic practice in trauma recovery.

The curriculum follows a sequenced educational pathway that advances learners through three integrated phases: foundational psychotherapeutic theory and trauma science; the progressive development of clinical competencies in assessment, treatment planning, and therapeutic intervention; and a 1,000-hour supervised practicum in which learners deliver psychotherapeutic care to clients under qualified clinical supervision. The program’s design reflects a formation model in which theoretical knowledge, clinical skill, and professional identity develop in relation to one another — each phase building on the capacities established in the preceding one.

Upon successful completion of all program requirements, learners are awarded the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery by Becoming Institute Inc. It does not confer a regulated professional designation, authorize the performance of controlled acts, or replace the registration requirements of any regulatory body.

2.2 PROFESSIONAL SIGNIFICANCE OF THIS CREDENTIAL

Completion of the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery affirms that the graduate has met the Institute’s standards for specialized psychotherapeutic nursing practice, including foundational theory, clinical skill development, and 1,000 hours of supervised client work. The credential provides documented evidence of structured educational preparation that supports the graduate’s individual accountability to their nursing regulatory body for competence in psychotherapeutic practice.

The program’s curriculum and clinical training requirements have been designed to align with the education and supervised practice standards established by the College of Registered Psychotherapists of Ontario (CRPO) for registration as a Registered Psychotherapist (RP). Graduates who wish to pursue RP registration are advised to consult CRPO directly regarding eligibility, examination, and application requirements, as registration decisions rest solely with CRPO.

2.3 DISCLOSURE: PROPRIETARY THERAPEUTIC FRAMEWORK

The program’s curriculum includes training in The Becoming Method® — a proprietary therapeutic framework developed by the founder of the Becoming Institute and owned by Becoming Institute Inc. The founder’s dual role as program developer and trademark holder is

disclosed in the interest of transparency and in accordance with the Institute's commitment to informed consent.

The Becoming Method® is integrated into the curriculum as one therapeutic framework within a broader program of study that encompasses established, evidence-informed approaches drawn from the psychotherapy literature. It is introduced in BEC103 and applied within the clinical practicum (BEC304) alongside other modalities. Graduates are prepared to practise across a range of therapeutic approaches appropriate to client need, clinical context, and professional scope of practice, and are not required to use The Becoming Method® as a condition of practice after graduation.

2.4 INTENDED AUDIENCE

The Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is a post-licensure, specialized certificate program designed for Registered Nurses (RN), Clinical Nurse Specialists (CNS), and Nurse Practitioners (NP) who hold active, unrestricted registration with a Canadian provincial or territorial nursing regulatory body and a minimum of a Bachelor of Science in Nursing (BScN) or formally recognized equivalent. The program is designed for regulated nurses who are committed to developing advanced, specialized competencies in psychotherapeutic practice — integrating trauma-informed, evidence-informed approaches into their professional scope in a manner that is ethically rigorous, relationally accountable, and grounded in the realities of complex clinical practice.

This program is not introductory. It is designed for nurses who already bring foundational clinical experience and who are prepared to engage in the depth of personal and professional formation that advanced psychotherapeutic practice demands. Safe and effective psychotherapeutic practice requires more than the acquisition of technique — it requires the practitioner to develop self-awareness, relational capacity, and nervous system regulation through sustained engagement with their own healing process alongside the development of clinical skill. Candidates who are not yet prepared for this level of integrative personal and professional work are encouraged to consider foundational preparatory programming prior to application.

The program welcomes applicants from the full spectrum of nursing practice settings, including acute care, community mental health, primary care, public health, corrections, child and family services, addictions and concurrent disorders, and specialized trauma services. This breadth of practice experience is understood as an asset — not a limitation — as graduates are prepared to bring advanced psychotherapeutic competence to the diverse and often underserved populations they already serve.

Applicants who hold a qualification equivalent to a BScN, earned through formal academic study or demonstrated through professional experience, are assessed through a structured Prior Learning Assessment and Recognition (PLAR) process. This process is conducted in alignment with CRPO guidelines for the recognition of prior learning and clinical experience, and ensures that all admitted students, regardless of their educational pathway, meet the program's entry-level standards for knowledge, clinical readiness, and professional accountability.

2.5 REGULATORY FRAMEWORK

Psychotherapeutic nursing practice in Ontario is governed by a sophisticated, multi-layered legislative and regulatory framework that spans provincial statute, nursing regulation, psychotherapy-specific legislation, professional ethics, and discipline-specific standards of practice. The intersection of nursing and psychotherapy creates a distinctive professional context — one in which practitioners are simultaneously accountable to the standards of their nursing regulatory body and to the legislative requirements governing the controlled act of psychotherapy. This program has been developed in deliberate and precise alignment with each of the foundational instruments that define this intersection, ensuring that graduates are not only clinically prepared but legally grounded, ethically accountable, and professionally defensible in their practice.

The table that follows identifies the legislative and regulatory authorities informing this program, their correct classification within the regulatory hierarchy, and their specific role in shaping curriculum design, clinical supervision standards, and the competency expectations against which graduates are assessed.

Table 1: Legislative and Regulatory Authorities Informing this Program

Authority	Document	Classification	Role in This Program
Government of Ontario	Regulated Health Professions Act, 1991, S.O. 1991, c. 18, s. 27(2), para. 14	Provincial statute	Defines psychotherapy as a controlled act in Ontario and restricts its performance to authorized members of regulated health professions, including Registered Nurses
Government of Ontario	Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R	Provincial statute	Establishes the College of Registered Psychotherapists of Ontario (CRPO) as the regulatory college governing the profession of psychotherapy and sets out registration requirements for Registered Psychotherapists
Government of Ontario	Nursing Act, 1991, S.O. 1991, c. 32, O. Reg. 275/94, ss. 15(4)6 and 15.1(2)5	Provincial regulation	Authorizes Registered Nurses and Registered Practical Nurses to independently initiate the controlled act of psychotherapy, subject to conditions of knowledge, skill, judgment, and individual accountability
College of Nurses of Ontario	Practice Standard — Scope of Practice (Pub. No. 49041, 2023; updated 2025)	Binding practice standard	Establishes RN and RPN authority to perform the controlled act of psychotherapy within the three-part accountability framework of Authority, Context, and Competence; confirms in Appendix D that nurses may initiate this controlled act without an order

Authority	Document	Classification	Role in This Program
College of Registered Psychotherapists of Ontario	Professional Practice Standards	Regulatory standards	Governs therapeutic relationships, informed consent, record-keeping, boundaries, and professional conduct for all persons performing the controlled act of psychotherapy in Ontario, regardless of regulatory college of origin
Canadian Nurses Association	Code of Ethics for Registered Nurses (2025)	National code of ethics	Provides the ethical foundation for all nursing practice in Canada, including psychotherapeutic nursing practice; principles of justice, dignity, accountability, and safety are integrated throughout the curriculum
Canadian Federation of Mental Health Nurses	Standards of Practice (2023)	Professional standards	Informs discipline-specific clinical competencies in psychiatric and mental health nursing; supports alignment of the program's psychotherapeutic nursing content with established national mental health nursing standards
Becoming Institute Inc.	Nurse Psychotherapist Practice Standards and Competencies (2025)	Institute practice framework	The primary internal framework against which the program's curriculum, clinical supervision structure, and graduate competencies are organized, evaluated, and continuously improved

Registered Nurses practising psychotherapy in Ontario bear individual, non-delegable professional accountability to the College of Nurses of Ontario for ensuring they possess the requisite knowledge, skill, and judgment to perform each psychotherapeutic intervention they undertake. This accountability is continuous, self-directed, and cannot be satisfied by program completion alone. Completion of this program provides documented, structured evidence of specialized preparation that supports — but does not substitute for — each graduate's ongoing obligation to self-assess competence, practise within their assessed scope, and engage in continuous professional development throughout their career.

The CRPO Professional Practice Standards apply to all individuals performing the controlled act of psychotherapy in Ontario, regardless of their college of origin. Graduates of this program who wish to pursue registration as a Registered Psychotherapist (RP) with the CRPO are encouraged to consult the CRPO directly regarding current eligibility criteria, examination requirements, and application processes. This program has not been formally reviewed or approved by the CRPO, and all registration decisions rest solely with that regulatory body.

The CNA Code of Ethics for Nurses (2025) provides the ethical architecture within which all nursing practice — including psychotherapeutic nursing practice — is conducted. Its foundational principles of justice, human dignity, accountability, and safety are not treated as external compliance requirements within this curriculum; they are woven into every course,

every supervisory encounter, and every competency expectation as constitutive commitments of professional identity and practice.

Recognizing that no existing regulatory body has published practice standards specific to the role of the nurse psychotherapist, the Becoming Institute developed and published the Nurse Psychotherapist Practice Standards and Competencies (2025) — a discipline-specific practice framework that articulates the knowledge, clinical judgment, ethical responsibilities, and relational competencies required of Registered Nurses who integrate psychotherapy as a core clinical function. This framework does not create a new regulated profession, redefine protected titles, or alter any nurse's statutory authority. It exists to make visible — to the public, to the profession, and to the practitioners who work within it — the standards of accountability, depth, and ethical rigour that advanced psychotherapeutic nursing practice demands.

2.6 PROGRAM STRUCTURE

The Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is delivered over 12 consecutive months across three sequentially structured semesters, comprising eight courses and a total of 1,737.5 hours of formal instruction, supervised clinical practice, experiential learning, and directed independent study. As demonstrated in Table 2, the curriculum is designed on a deliberate progression model: each semester builds systematically upon the competencies established in the preceding one, ensuring that students enter clinical practice only after developing the theoretical grounding, relational capacity, and self-regulatory stability that safe psychotherapeutic work demands. Foundational semesters cultivate the intellectual, ethical, and personal formation necessary for depth-oriented clinical practice; the capstone practicum integrates all prior learning into sustained, supervised psychotherapeutic work with real clients across diverse presenting concerns and populations.

Table 2: Semester and Course Hour Distribution

Semester	Period	Courses	Program Hours
1	January – April	BEC101 — Foundations of Psychotherapeutic Nursing Practice (36 hrs); BEC103A/B — The Becoming Method®: Foundations of SEUS (169.5 hrs); BEC105 — Ubuntu: African and Indigenous Ways of Knowing and Being (112 hrs)	317.5
2	May – August	BEC301 — Authentic Presence and Intuitive Communication in Psychotherapeutic Nursing Practice (112 hrs); BEC302 — Psychotherapeutic Assessment and Treatment Planning — Trauma Practice Models and Holistic Frameworks — Trauma Practice Models and Holistic Frameworks (112 hrs); BEC303 — Ethics, Cultural Accountability, and Decolonizing Practice (112 hrs)	336

Semester	Period	Courses	Program Hours
3	September – December	BEC304A — Advanced Clinical Seminar and Skills Lab (84 hrs); BEC304B — 1,000-Hour Psychotherapeutic Practicum (1,000 hrs)	1,084
Total	12 months	8 didactic courses + supervised practicum	1,737.5

Curriculum Mapping — Program Learning Outcomes by Course

The following matrix identifies the primary program learning outcomes addressed within each course, demonstrating the progressive integration of competencies across the full program sequence. A checkmark (✓) indicates that the learning outcome is formally addressed, assessed, and developed within that course.

Table 3: Curriculum Mapping

Program Learning Outcome	BEC 101	BEC 103	BEC 105	BEC 301	BEC 302	BEC 303	BEC 304
Psychotherapeutic theory, trauma science, and regulatory frameworks	✓	✓		✓	✓	✓	
Safe and Effective Use of Self (SEUS)	✓	✓	✓	✓	✓	✓	✓
Culturally attuned psychotherapeutic assessment		✓	✓	✓	✓	✓	✓
Trauma-informed treatment planning		✓			✓	✓	✓
Ethical practice within legislated scope	✓	✓	✓	✓	✓	✓	✓
Reflective capacity, emotional regulation, and professional presence	✓	✓	✓	✓	✓	✓	✓
Decolonizing and culturally accountable frameworks	✓	✓	✓	✓	✓	✓	✓

Clinical supervision and reflective practice		✓					✓
Clinical documentation					✓	✓	✓
Readiness for independent practice (1,000-hour practicum)							✓

This structure ensures that competencies are developed incrementally and assessed progressively, with each course contributing to a coherent and cumulative professional formation process. No student proceeds to supervised clinical practice in BEC304 without having first demonstrated foundational competence in the theoretical, relational, ethical, and self-regulatory domains addressed in Semesters 1 and 2.

2.7 DELIVERY FORMAT

The program is delivered through Brightspace, the Institute's accredited learning management system (LMS), via a pedagogically structured blended format that integrates synchronous live instruction, asynchronous recorded sessions, facilitated integration seminars, experiential learning intensives, skills development workshops, directed independent study, assigned scholarly readings, and supervised clinical practice. This blended architecture is not a logistical accommodation — it is a deliberate pedagogical design rooted in the established literature on adult learning, professional formation, and trauma-informed education. Asynchronous learning provides the reflective processing time essential to psychotherapeutic formation, allowing students to integrate complex material at a depth that real-time instruction alone cannot produce. Synchronous sessions provide the relational contact, peer accountability, and live skill-building necessary for clinical readiness. Together, these modalities create a learning environment that honours the professional obligations of practising nurses while sustaining the intellectual rigour, relational depth, and personal formation demands of advanced psychotherapeutic training.

In-Person Intensive Requirement

BEC103A includes a mandatory, non-waivable three-day in-person intensive as a core program requirement. This intensive provides the foundational experiential learning environment for the Safe and Effective Use of Self (SEUS) — the central competency of psychotherapeutic nursing practice. The SEUS competency encompasses the practitioner's capacity for self-awareness, nervous system regulation, relational attunement, and ethical use of therapeutic presence. These capacities are inherently somatic, relational, and embodied; they cannot be meaningfully developed through online instruction alone. The in-person intensive therefore functions not as a supplemental enrichment activity, but as the relational and somatic foundation upon which all

subsequent clinical learning and supervised practice are built. Students who do not complete the in-person intensive requirement are not eligible to proceed to Semester 2 coursework.

Practicum Delivery

BEC304 — the 1,000-hour capstone practicum — is delivered across in-person, video-based, and telephone-based modalities, reflecting the full spectrum of contemporary psychotherapeutic service delivery. This multi-modal design ensures that graduates develop clinical competence across the range of settings and formats in which trauma-informed psychotherapeutic care is provided in current practice. All other program instruction is delivered online through the structured combination of synchronous and asynchronous learning activities described above.

Practicum Supervision Standards

Clinical supervision during BEC304 is provided exclusively by qualified supervisors who meet all of the following criteria established by the Institute:

- Hold active, unrestricted registration as a Registered Psychotherapist (RP) with the College of Registered Psychotherapists of Ontario (CRPO), or hold equivalent regulated clinical credentials from a recognized Ontario regulatory college, as assessed and approved by the Institute on a case-by-case basis
- Possess demonstrated, substantive experience in trauma-informed psychotherapeutic practice with diverse and equity-deserving populations
- Meet the CRPO's definition of a qualified clinical supervisor for the purposes of supervising the controlled act of psychotherapy
- Have no active disciplinary proceedings, practice conditions, or restrictions that would compromise their capacity to provide safe and ethical supervision

The ratio of direct client contact hours to individual and group clinical supervision hours is structured in accordance with the requirements for safe psychotherapeutic practice and in alignment with CRPO clinical experience recognition standards. Students are formally advised in writing at the commencement of BEC304 whether the supervision structure in which they are enrolled satisfies CRPO's requirements for supervised hours in support of future registration as a Registered Psychotherapist. This disclosure is provided prior to the student's first supervised client contact hour, ensuring informed consent and professional transparency from the outset of clinical practice.

2.8 FACULTY STAFFING STRUCTURE AND GOVERNANCE

Staffing Philosophy

The Becoming Institute's faculty model is built on the principle that the practitioners who teach psychotherapeutic nursing practice must themselves be practitioners of it. All core faculty members hold active registration with a Canadian nursing regulatory body or a recognized regulated health profession, bring direct clinical experience in trauma-informed practice, and are

engaged in ongoing professional development in their area of instruction. The program does not employ a generalist faculty model — each faculty member is assigned to courses within their specific domain of clinical and theoretical expertise.

Core Faculty

The program is delivered by a minimum of three core faculty members who hold primary responsibility for curriculum delivery, student assessment, academic advising, and ongoing program review. Core faculty are distinguished from sessional instructors and clinical supervisors by their sustained involvement across the program year and their participation in governance and review activities.

The full faculty complement for the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is as follows:

Faculty	Dr. Joan Samuels-Dennis, Ph.D., RN
Specialization:	Trauma Recovery, Epigenetics, Systems Change, and Holistic Mental Health
Role:	Program Lead and primary instructor for BEC103 ; responsible for program architecture, curricular coherence, and overall academic governance. Brings two decades of clinical practice, nursing scholarship, and curriculum development in psychotherapeutic nursing and trauma recovery.

Faculty	Dr. Afsheen Anwar, Ph.D., C.Psych
Specialization:	Cognitive Behavioural Therapy (CBT), Faith-Informed Practice, Relational and Systemic Therapy
Role:	Core faculty brings deep clinical wisdom and a multicultural, faith-informed lens to psychotherapy education; supports nurses in developing evidence-based clinical rigour alongside cultural attunement and human connection.

Faculty	Jenn Cardoso, M.A., RP
Specialization:	Relational Psychotherapy, Somatic Healing, Trauma-Responsive Care
Role:	Core faculty with an embodied, relational approach to psychotherapy; supports learners in developing somatic awareness, therapeutic presence, and trauma-responsive care that honours the lived experience of the whole person.

Faculty	Jacklyn Chung, M.Ed., RP, CCC
Specialization:	Culturally Sensitive Psychotherapy, Trauma-Informed Care, Feminist and Relational Practice
Role:	Core faculty bringing a culturally sensitive, relational, and trauma-informed lens; supports learners in practising with humility, authenticity, and deep respect for identity, lived experience, and collective healing.

Faculty	Jamieson Eakin, MACP, BFA, RP
Specialization:	LGBTQ+ Mental Health, Narrative Therapy, Somatic and Creative Approaches
Role:	Core faculty with an affirming, narrative, and somatic approach to psychotherapy; supports learners in developing cultural humility, clinical intuition, and respect for diverse identities, bodies, and ways of knowing.

Faculty	Chantal Gray, MSW, RSW
Specialization:	Trauma-Informed Practice, Child and Family Therapy, Cultural Healing and Intergenerational Care
Role:	Core faculty with a trauma-informed, family-centred, and culturally rooted approach; supports learners in practising with empathy, advocacy, and deep respect for individual and intergenerational healing.

Faculty	Ruth Bingham, MSW, RSW, Ph.D.(c)
Specialization:	Intergenerational Trauma, Faith-Integrated Healing, Women's Emotional Wellness
Role:	Core faculty with an intergenerational, spiritually grounded approach to psychotherapy; supports learners in practising with compassion, cultural responsiveness, and deep respect for meaning, dignity, and emotional wellness.

Faculty	Sophia Ali, MBA, BSW, RSW
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Specialization:	Equity-Informed Leadership, Trauma-Informed Systems Design
Role:	Core faculty bringing regulatory leadership and systems-level insight; supports learners in understanding that trauma-informed practice lives not only in the therapy room but within ethical governance, equity-centred systems, and public accountability.

Faculty Qualifications on File

All faculty credentials — including academic qualifications, professional registrations, and clinical experience documentation — are maintained on file with the Registrar and are available for review by the CRPO Registration Committee or the Superintendent of Private Career Colleges upon request. The faculty complement exceeds CRPO's minimum requirement of three core faculty members and includes registered psychotherapists as required under the Program Recognition Policy.

Clinical Supervision Faculty

BEC304 is supervised by qualified clinical supervisors who meet the CRPO definition of clinical supervisor — holding registration as a Registered Psychotherapist with CRPO or equivalent regulated professional status with demonstrable clinical supervision training and experience in psychotherapy. Clinical supervisors are engaged through a formal agreement with the Institute specifying their supervisory obligations, caseload limits, documentation requirements, and professional conduct expectations.

The ratio of supervisees to clinical supervisor in group supervision does not exceed eight supervisees per supervisor, in accordance with CRPO clinical experience recognition requirements. Individual supervision is provided at the frequency and ratio set out in Section 5.5 of this handbook. The Practicum Coordinator maintains a current register of all active clinical supervisors, reviewed at the commencement of each practicum cohort.

Faculty Qualifications Review

Prior to engagement, all faculty members and clinical supervisors are subject to:

- Verification of current professional registration status with the relevant regulatory body
- Review of academic credentials and clinical experience documentation
- A structured interview with the Program Lead assessing alignment with the program's philosophical, clinical, and ethical framework
- Confirmation of current professional liability insurance at levels consistent with Section 5.4

Faculty qualifications are reviewed annually by the Program Lead. Any change in a faculty member's registration status — including terms, conditions, restrictions, or revocation — must be disclosed immediately and is addressed in accordance with the Institute's fitness-to-practise procedures for faculty.

Faculty Meetings and Consultation Practices

Core faculty meet formally a minimum of four times per year — once per semester and once at the close of the program year — to:

- Review curriculum delivery and identify areas for refinement
- Review student competency outcomes across the cohort, including assessment results, mid-program evaluations, and practicum performance data
- Discuss changes to CNO, CRPO, or CNA standards and assess their implications for curriculum content
- Review any academic integrity, conduct, or fitness-to-practise matters arising during the program year
- Contribute to the annual program review process described in Section 9 of this handbook

Meeting records — including attendance, agenda items, and decisions — are documented in writing and maintained by the Registrar as part of the program's quality assurance record. Clinical supervisors participate in a structured mid-practicum consultation with the Practicum Coordinator to review supervisee progress and ensure the integrity of the supervisory process.

Continuity and Succession

The Institute maintains documented succession arrangements to ensure program continuity in the event that a core faculty member is unable to fulfill their responsibilities. Any replacement faculty member is subject to the same qualifications review process prior to assuming teaching responsibilities. The Program Lead is responsible for maintaining current documentation of all faculty arrangements, supervision agreements, and succession plans, available for regulatory review at all times.

SECTION 3: ADMISSIONS AND ENROLLMENT

3.1 ELIGIBILITY REQUIREMENTS

Admission to the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is competitive and selective. All eligibility requirements must be satisfied at the time of application and maintained without interruption throughout the duration of the program. An offer of admission may be withdrawn at any stage if eligibility requirements are no longer met or if information provided in the application is subsequently found to be inaccurate, incomplete, or misrepresented.

Applicants must meet all of the following requirements:

- **Active nursing registration:** Current, unrestricted registration as a Registered Nurse (RN), Clinical Nurse Specialist (CNS), or Nurse Practitioner (NP) with a Canadian provincial or territorial nursing regulatory body, in good standing and free of any disciplinary proceedings, practice restrictions, terms, conditions, or limitations that would impede full, unsupervised participation in supervised psychotherapeutic practice with real clients
- **Educational preparation:** A Bachelor of Science in Nursing (BScN) or equivalent baccalaureate degree from a recognized Canadian or internationally accredited post-secondary institution, or formally documented equivalency established through the Institute's Prior Learning Assessment and Recognition (PLAR) process, conducted in alignment with CRPO guidelines for education program entry requirements
- **Professional standing:** A record of good professional standing with no current, pending, or unresolved regulatory proceedings before any professional regulatory body that would restrict or limit participation in supervised psychotherapeutic clinical practice
- **Readiness for psychotherapeutic formation:** Demonstrated readiness for the personal and professional formation this program requires — including a genuine commitment to engaging in one's own healing process alongside the development of clinical skill — as evidenced through the applicant's personal statement, professional references, and admissions interview

3.2 PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR)

The Becoming Institute recognizes that advanced professional knowledge and clinical competence are acquired through multiple legitimate pathways, not exclusively through formal degree programs. Applicants who do not hold a BScN or equivalent baccalaureate degree may apply for admission consideration through the Institute's structured Prior Learning Assessment and Recognition (PLAR) process, conducted in full alignment with CRPO's PLAR Guidelines for recognized psychotherapy education programs.

The PLAR process undertakes a rigorous, evidence-based evaluation of the applicant's prior formal education, professional practice experience, continuing professional development,

certifications, and demonstrated competencies against the program's established admission standards. Applicants seeking PLAR consideration are required to submit a comprehensive portfolio that includes all of the following:

- A detailed, chronological curriculum vitae documenting all relevant professional experience, positions held, and educational credentials
- Verified evidence of continuing education, professional certifications, or structured professional development relevant to psychotherapeutic, psychiatric, or mental health nursing practice
- A critical reflective narrative of 750 to 1,000 words articulating the applicant's preparation for advanced psychotherapeutic study, their understanding of the personal and professional formation this program requires, and a self-assessed account of their clinical and relational readiness for entry into supervised psychotherapeutic practice
- Any additional supporting documentation identified as necessary by the Admissions Committee during the review process

PLAR applications are reviewed by the Dean and the Admissions Committee through a structured, criteria-referenced evaluation process. All decisions are communicated in writing with a clear rationale. PLAR approval establishes eligibility for admission consideration — it does not constitute, and should not be interpreted as, a guarantee of acceptance into the program.

3.3 APPLICATION PROCESS

Applications to the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery are reviewed on a rolling admissions basis. All of the following steps must be completed in full for an application to be considered active and eligible for review by the Admissions Committee:

1. Submit a completed application form through the Becoming Institute admissions portal at becominginstitute.ca
2. Provide current, verified proof of active nursing registration with a Canadian provincial or territorial nursing regulatory body, in good standing
3. Submit official, sealed transcripts from all post-secondary institutions attended, demonstrating attainment of a BScN or equivalent baccalaureate degree — or, in lieu of transcripts, submit a complete PLAR application as described in Section 3.2
4. Submit a personal statement of 500 to 750 words articulating the applicant's professional interest in psychotherapeutic nursing practice, relevant clinical experience, motivation for pursuing this program, and a candid reflection on personal readiness for the formation process the program entails
5. Provide two professional references from regulated health professionals or academic supervisors who can speak directly to the applicant's clinical competence, professional conduct, ethical judgment, and readiness for advanced psychotherapeutic training. Personal references, peer references, and references from family members or personal associates are not accepted under any circumstances

6. Complete a structured admissions interview with the Program Lead or designated Admissions Officer, providing an opportunity to discuss professional goals, demonstrate understanding of the program's expectations and regulatory context, and confirm readiness for the personal and clinical demands of the practicum

Applicants are notified of admissions decisions in writing within the timeframe specified at the time of application. Successful applicants receive a conditional offer of admission, which becomes unconditional upon verified confirmation of all submitted documents and completion of all enrollment procedures. The Institute reserves the right to withdraw an offer of admission at any stage if eligibility requirements are not maintained, if documentation cannot be verified, or if information provided in the application is found to be inaccurate, incomplete, or materially misleading.

3.4 ENROLLMENT CONFIRMATION AND ONBOARDING

Upon acceptance and completion of enrollment procedures, learners receive a formal Enrollment Confirmation Package containing the following:

- A formal letter of admission confirming program start date, semester schedule, and any conditions attached to the offer
- Detailed instructions for accessing and navigating the Brightspace learning management system, including technical requirements and support contacts
- The Student Orientation Package, including the Student Handbook, program policies, and academic expectations
- A complete tuition and fee schedule with all payment deadlines and available payment plan options
- Detailed information regarding the mandatory three-day in-person intensive (BEC103A), including confirmed dates, location, logistical preparation requirements, and the learning objectives the intensive is designed to achieve

All enrolled students are required to complete a mandatory online orientation module prior to the commencement of Semester 1 coursework. Completion of the orientation is a non-negotiable prerequisite for participation in any program activity. The orientation is designed to ensure that every student enters the program with a common foundational understanding of its expectations, philosophy, and regulatory context. It addresses the following:

- Program structure, semester sequencing, course prerequisites, and academic policies
- Navigation of the Brightspace learning platform, technical requirements, and available technology support
- Professional conduct expectations, the Student Code of Conduct, and the Institute's standards for ethical engagement within the learning community
- Student support services available throughout the program, including academic advising, mental health and wellness resources, and conflict resolution processes

- The Institute's educational philosophy and the *Nurse Psychotherapist Practice Standards and Competencies* (2025) as the foundational practice framework of the program
- The Safe and Effective Use of Self (SEUS) framework as a non-negotiable, program-wide competency expectation that begins at orientation and is assessed throughout all three semesters
- The legislative and regulatory context governing psychotherapeutic nursing practice in Ontario, including each student's individual, non-delegable accountability to their nursing regulatory body for competence in psychotherapeutic practice

SECTION 4: CURRICULUM MAPPING

4.1 OVERVIEW AND PURPOSE

This section presents the curriculum mapping framework for the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery offered by The Becoming Institute. It does not merely describe the program — it demonstrates, through systematic and verifiable alignment, that the program's eight-course didactic architecture and supervised clinical practicum produce a coherent, progressive, and competency-complete developmental pathway that prepares Registered Nurses for safe, ethical, trauma-informed, and culturally accountable psychotherapeutic practice in Ontario and across Canada.

The curriculum is organized across two phases that reflect a deliberate pedagogical logic. The Foundational Phase (BEC101, BEC103A/B, BEC105) builds the professional identity, reflective capacity, regulatory literacy, and personal formation without which entry into supervised clinical practice would be premature and unsafe. The Advanced Pre-Practicum and Practicum Phase (BEC301, BEC302, BEC303, BEC304A/B) develops applied clinical competence, advanced ethical discernment, and the integration of all prior learning into sustained, supervised psychotherapeutic work with real clients. Progression between phases is contingent on demonstrated competency readiness — not the passage of time alone.

Each course has been mapped against five governing regulatory and professional frameworks:

- CRPO Entry-to-Practice Competency Profile — the primary regulatory standard governing psychotherapy practice in Ontario, against which all practicum readiness is assessed
- Becoming Institute Nurse Psychotherapist Practice Standards and Competencies (2025) — the program's discipline-specific practice framework, organized across four domains and eleven guiding principles
- CNA Code of Ethics for Registered Nurses (2025) — the ethical architecture governing all nursing practice, including psychotherapeutic nursing
- CFMHN Standards of Practice for Canadian Mental Health Nurses (5th ed., 2023) — discipline-specific clinical competency standards for psychiatric and mental health nursing
- CNO Practice Guideline — Independent Practice (2025) — the regulatory basis confirming RN authority to perform the controlled act of psychotherapy within individually assessed scope of competence

Alignment across these five frameworks was embedded in the program's design from inception and is subject to continuous review against evolving regulatory standards. Together, they ensure the program meets the intersecting expectations of nursing regulation, psychotherapy regulation, and specialized psychotherapeutic nursing practice — while remaining grounded in

trauma-informed, decolonizing, and Ubuntu-informed approaches to healing and professional formation.

4.2 PROGRAM ARCHITECTURE AND COURSE SEQUENCE

The program comprises eight didactic courses and a supervised clinical practicum, totalling 1,737.5 hours of instruction, experiential learning, and supervised clinical practice. Prerequisites are non-negotiable — they exist to protect client safety and ensure student readiness at every transition point in the program.

Table 4: Foundational Program Phase

Course	Title	Phase	Total Hours	Direct Client Contact
BEC101	Nurse to Psychotherapist: Foundations for Psychotherapeutic Nursing Practice	Foundational — Gateway	36	0
BEC103A/B	The Becoming Method®: Foundations of Safe and Effective Use of Self in the Therapeutic Relationship	Foundational — Identity Formation	169.5	0
BEC105	Ubuntu: African & Indigenous Ways of Knowing and Being	Foundational — Reorientation	112	0

Table 5: Pre-Practicum and Practicum Program Phase

Course	Title	Phase	Total Hours	Direct Client Contact
BEC301	Authentic Presence and Intuitive Communication in Psychotherapeutic Nursing Practice	Advanced Pre-Practicum	112	0
BEC302	Psychotherapeutic Assessment and Treatment Planning — Trauma Practice Models and Holistic Frameworks	Advanced Pre-Practicum	112	0
BEC303	Ethics, Cultural Accountability, and Decolonizing Practice in Psychotherapeutic Nursing	Advanced Pre-Practicum	112	0
BEC304A/B	1,000-Hour Psychotherapeutic Practicum	Advanced Supervised Practicum	1,084	1,000
Total			1,737.5	1,000

BEC101 is the program's entry point, requiring no prerequisites. It introduces nurses to psychotherapy as a regulated, relationally complex, and ethically demanding field, and serves simultaneously as an initial professional discernment course — supporting learners in assessing their own readiness before committing to the full program pathway. BEC103 follows as the mandatory identity-formation course, introducing The Becoming Method® through a three-day in-person intensive (BEC103A) and a fourteen-week integration and skills lab sequence (BEC103B). BEC105 deepens foundational learning through Ubuntu philosophy and Indigenous and African relational ways of knowing, orienting learners toward decolonizing, collective, and culturally grounded approaches to healing before entering advanced clinical coursework. BEC301, BEC302, and BEC303 are taken concurrently as the Advanced Pre-Practicum Semester; all three must be completed and passed before entry into BEC304. BEC304A delivers structured didactic seminars and an applied skills lab concurrently with BEC304B — the culminating 1,000-hour supervised practicum in which learners demonstrate the full integration of all program competencies through sustained psychotherapeutic work with real clients.

CRPO Program Recognition — Instructional Hour Classification

The College of Registered Psychotherapists of Ontario (CRPO) requires that recognized programs provide a minimum of 360 hours of classroom and didactic education central to the practice of psychotherapy, excluding independent study, direct client contact, clinical supervision, and other hours of clinical experience completed as part of a practicum (Policy on Program Definition, 2025).

As outlined in Table 6, the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery delivers 373 classroom/didactic hours across eight didactic courses — exceeding the 360-hour minimum by 13 hours. The program's clinical practicum (BEC304B) is classified and reported separately.

BEC304B: 1,000-Hour Psychotherapeutic Practicum

BEC304B is the program's supervised clinical practicum, delivered over 16 weeks concurrently with BEC304A. It encompasses direct client contact, on-site clinical supervision, clinical documentation, and 14 hours of individual clinical supervision (1 hour per active week), totalling 1,000 hours of clinical experience. These hours are reported separately under CRPO's clinical experience recognition requirements.

Classification Rationale

The program separates didactic instruction from clinical experience within the practicum semester to ensure transparent hour classification. BEC304A is classified as classroom/didactic because it:

- Is a distinct, separately coded course with its own learning outcomes, curriculum, and assessment structure
- Delivers instructor-led seminars on psychotherapeutic theory, ethics, and professional development

Table 6: Program Hour Classification by Instructional Modality

Course	Course Title	Weeks	Weekly Structure	Classroom / Didactic Hours	Classification
BEC101	Nurse to Psychotherapist: Foundations for Psychotherapeutic Nursing Practice	3	2h recorded lectures per week	6	Classroom/Didactic
BEC103A	The Becoming Method® — 3-Day Intensive Training Retreat	Intensive	21h live instruction + 10h instructor-guided precourse content	31	Classroom/Didactic
BEC103B	Foundations of Safe and Effective Use of Self in the Therapeutic Relationship	16	3h lecture + 3h skills lab per week	84	Classroom/Didactic
BEC105	Ubuntu: African and Indigenous Ways of Knowing and Being	16	3h lecture per week	42	Classroom/Didactic
BEC301	Authentic Presence and Intuitive Communication in Psychotherapeutic Nursing Practice	16	3h lecture per week	42	Classroom/Didactic
BEC302	Psychotherapeutic Assessment and Treatment Planning — Trauma Practice Models and Holistic Frameworks	16	3h lecture per week	42	Classroom/Didactic
BEC303	Ethics, Cultural Accountability, and Decolonizing Practice in Psychotherapeutic Nursing	16	3h lecture per week	42	Classroom/Didactic
BEC304A	Advanced Clinical Seminar and Skills Lab	16	3h seminar + 3h skills lab per week	84	Classroom/Didactic
				373 Total Classroom/Didactic Hours	

- Includes a skills lab focused on technique demonstration, role-play, and structured practice exercises
- Is graded independently from the clinical practicum

BEC304B is classified as clinical experience because it encompasses all direct client contact, individual clinical supervision, and on-site supervised practice — constituting the program's clinical placement as defined by CRPO.

4.3 BECOMING INSTITUTE NURSE PSYCHOTHERAPIST PRACTICE STANDARDS AND COMPETENCIES — DOMAIN-BY-DOMAIN CURRICULUM ALIGNMENT

The Becoming Institute *Nurse Psychotherapist Practice Standards and Competencies* (2025) provide the philosophical, ethical, and relational architecture underpinning the entire program. Organized across four domains encompassing eleven guiding principles, these standards are not addressed in isolation by individual courses — they are developed progressively and cumulatively across the full program sequence.

Domain I — Ontology and Human Development

Principles 1 (Relational Personhood) and 2 (Attachment, Human Development, and the Arc of Healing)

This domain establishes the foundational understanding that the self is constituted through relationship, and that healing unfolds across an identifiable developmental arc. BEC101 introduces these principles through the Adverse Childhood Experiences framework and the study of trauma across the lifespan. BEC103 deepens them through The Becoming Method®'s community-building architecture and healing-as-restoration framework, with Principles 1 and 2 explicitly referenced in the BEC103A module architecture. BEC301 extends this learning through co-regulation theory and relational communication. BEC304 operationalizes both principles in supervised clinical practice, where students must demonstrate developmentally attuned, phase-sensitive therapeutic engagement across diverse client presentations.

Domain II — Ethics, Dignity, and Moral Conditions for Healing

Principles 3 (Dignity as Inherent and Relational), 4 (Wisdom as Inherent, Cultivated, and Revealed), and 5 (Truth-Telling as a Condition of Healing)

These principles are introduced in BEC101 through the ethics and jurisprudence module; explored through sustained personal formation in BEC103 (with Principles 3, 4, and 5 all explicitly cited within the BEC103B weekly module architecture); applied clinically in BEC302's assessment and documentation frameworks; and examined with structural and decolonial depth

in BEC303, where all three are explicitly cited and theoretically interrogated. All three are integrated into every supervised clinical encounter in BEC304.

Domain III — Clinical Conditions of Safety and Power

Principles 6 (Safety as Neuroceptive, Relational, and Co-Regulated) and 7 (Humility, Partnership, and Ethical Use of Influence)

Principle 6 is introduced through BEC103's somatic and nervous system regulation content — explicitly cited in BEC103A Day 2 — developed in BEC301 through polyvagal-informed communication and co-regulation, and applied in BEC302 through polyvagal profiling and somatic assessment. Principle 7 is first addressed in BEC103 (BEC103A Day 2), deepened in BEC303 through structured positionality analysis, power mapping, and the ethics of therapeutic influence, and integrated across all direct client work in BEC304.

Domain IV — Collective, Professional, and Temporal Responsibility

Principles 8 (Collective Responsibility for Healing), 9 (Accountability, Supervision, and Continuous Formation), 10 (Continuous Integration, Clinical Discernment, and Scope of Practice), and 11 (Stewardship, Legacy, and Intergenerational Responsibility)

Principles 8 and 9 are addressed in BEC103 through its formation-and-accountability architecture (Principle 9 explicitly cited in BEC103A Day 3) and in BEC303 through collective accountability and reparative practice. Principles 10 and 11 are developed across the entire Advanced Pre-Practicum Semester and fully integrated into BEC304, where continuous integration, scope awareness, and ethical leadership are formally assessed clinical competencies.

4.4 COURSE-BY-COURSE STANDARDS ALIGNMENT

BEC101 — Nurse to Psychotherapist: Foundations for Psychotherapeutic Nursing Practice

BEC101 is a 36-hour gateway course delivered across three modules: *Childhood Adverse Events, Memory, and Traumatic Automatism*; *RN–Psychotherapy Practice: Comparing Trauma-Informed Modalities*; and *Guiding Practice: Ethics, Regulation, and Professional Identity*. It carries no prerequisites and is designed to serve two simultaneous purposes: introducing nurses to psychotherapy as a regulated and relationally demanding field, and supporting informed professional discernment about readiness for the full program pathway.

Six formally assessed learning outcomes address: the multidimensional impact of trauma across physical, psychological, relational, and spiritual dimensions; comparative analysis of Narrative

Exposure Therapy, Internal Family Systems, Somatic Embodiment Therapy, and The Becoming Method®; introductory Safe and Effective Use of Self including professional presence, intuition, and boundaries; key ethical, regulatory, and jurisprudential expectations governing psychotherapeutic nursing practice; trauma-informed and culturally safe relational principles; and critical self-reflection on personal values, lived experience, and readiness for psychotherapeutic training.

Assessment:

Assignment 1: Reflective Trauma and Readiness Paper (25%)

Assignment 2: Comparative Presentation on Four Psychotherapeutic Approaches (45%)

Assignment 3: Professional Readiness, Ethics, and Pathway Reflection (30%)

Standards Framework	Alignment — Drawn Directly from BEC101 Syllabus
CRPO	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 3.1, 3.2, 3.3, 3.4
BI — <i>Nurse Psychotherapist Practice Standards and Competencies</i> (2025)	Domain I (Principles 1, 2); Domain II (Principles 3, 4, 5); Domain III (Principles 6, 7); Domain IV (Principle 9)
CNA (2025)	Values A.1 (Safe, Competent, Ethical Care); A.3 (Ethical Practice); B.1 (Justice and Accountability); B.2 (Promoting Health and Well-Being); C.1 (Professional Integrity)
CFMHN (2023)	Standard 1 (Therapeutic Relationships); Standard 2 (Therapeutic and Culturally Safe Care); Standard 3 (Professional Responsibility and Accountability); Standard 5 (Professional Relationships and Collaboration)
CNO (2025)	Independent Practice Guideline — Section 2.2 (Assessment and Reflective Practice); Section 2.4 (Clinical Decision-Making); Section 3.1 (Therapeutic Use of Self); Section 3.4 (Ethical Decision-Making and Boundaries); Section 4.1 (Self-Awareness and Boundaries); Section 4.3 (Professional Judgment and Accountability)

BEC103 — The Becoming Method®: Foundations of Safe and Effective Use of Self in the Therapeutic Relationship

BEC103 is a 169.5-hour foundational identity-formation course delivered across two integrated components: BEC103A — a mandatory, non-waivable three-day in-person intensive (21 hours of live instruction plus 10 hours of instructor-guided precourse content) introducing The Becoming Method® and its nine-step psychotherapeutic process; and BEC103B — a sixteen-week structured lecture, integration, and skills lab sequence (14 active weeks plus 2 reading weeks) comprising 42 hours of lecture, 42 hours of applied skills lab, and additional hours of guided reading, independent study, and assessed assignment work. The course is

grounded in The Becoming Method®'s three-layer formation architecture of ontology, personal formation, and professional accountability.

Eight formally assessed learning outcomes address: articulation of The Becoming Method® framework and its theoretical foundations; advanced reflective self-awareness through examination of personal beliefs, emotional responses, embodied cues, and relational patterns; application of mindfulness, forgiveness, somatic awareness, and contemplative practice to strengthen emotional regulation and internal steadiness; integration of ethical, professional, and relational responsibilities into developing use of self; critical analysis of trauma, culture, oppression, and systemic context as factors shaping healing and professional practice; development of relational capacities consistent with early therapeutic relationship formation; synthesis of lived experience and course learning into a sustainable self-care and stewardship framework; and evaluation of the relationship between personal healing and professional therapeutic capacity.

Assessment:

- Assignment 1: Participation and Professional Engagement (30%)
- Assignment 2: Restore Wholeness Reflective Integration Portfolio (50%) — comprising weekly reflective submissions and a graded Final Synthesis Paper
- Assignment 3: Homecoming Integrative Paper (20%)

Standards Framework	Alignment — Drawn Directly from BEC103 Syllabus
CRPO	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 3.1, 3.2, 3.3, 3.4
BI — <i>Nurse Psychotherapist Practice Standards and Competencies</i> (2025)	Domain I (Principles 1, 2); Domain II (Principles 3, 4, 5); Domain III (Principles 6, 7); Domain IV (Principles 9, 10)
CNA (2025)	Values 1, 2, 3, 4 — with emphasis on Safe and Ethical Care; Promoting Health and Well-Being; Preserving Dignity; Maintaining Integrity
CFMHN (2023)	Standards 1, 2, 3, 4
CNO (2025)	Independent Practice Guideline — Therapeutic Nurse–Client Relationship; Knowledge; Accountability; Ethics Standards

BEC105 — Ubuntu: African and Indigenous Ways of Knowing and Being

BEC105 is a 112-hour foundational reorientation course delivered across three phases: Phase 1 — Ubuntu Philosophy: The Foundation of Human Unity (Weeks 1–5); Phase 2 — The Illusion of Race and Culture: Dismantling Falsehoods (Weeks 7–10); and Phase 3 — Consciousness, Spirituality, and the Unity of Being (Weeks 12–16). The course establishes Ubuntu as an

ontological and epistemological framework for understanding the relational constitution of selfhood, consciousness, and healing — positioning the assertion that personhood is irreducibly relational ("I am because we are") as both a philosophical claim and a clinical orientation that challenges the atomized, autonomy-centred models of self dominating Western psychotherapeutic theory.

Phase 1 grounds students in Ubuntu's principles of shared humanity and interdependence through an appreciative inquiry methodology (Discover, Dream, Design, Deliver). **Phase 2** advances to critical structural analysis, engaging multiple disciplinary traditions — philosophy, sociology, social psychology, and critical race theory — to interrogate the invention, institutionalization, and internalization of racial categories, applying the Internal Family Systems model as a psychotherapeutic tool for examining racialized trauma and protective adaptation. **Phase 3** completes the developmental arc through the integration of African and Indigenous ways of knowing and being, connecting consciousness, spiritual formation, and embodied communal practice as foundations for psychotherapeutic presence and collective healing. Spirituality is framed not as an escape from structural reality but as a deepening of the practitioner's capacity to be present to suffering, complexity, and transformation. Delivered concurrently with BEC103B in the Foundational Phase, BEC105 must be completed before entry into BEC301.

Five formally assessed learning outcomes address: articulation of Ubuntu as an ontological framework for relational personhood and its implications for psychotherapeutic practice with diverse, trauma-affected populations; critical examination of race, culture, and nationalism as historically constructed categories — including the invention of racial categories from antiquity through colonial modernity, racialization as identity formation enforced through authority and social dominance, and the somatic and intergenerational transmission of racial trauma; analysis of the psychological architecture of race-based self-concept using Internal Family Systems and social dominance frameworks without pathologizing the individual; application of Ubuntu principles to trauma recovery and healing within the student's own community of origin through contextually grounded design; and integration of consciousness-based, contemplative, and spiritual formation practices as conditions of authentic therapeutic presence, ethical discernment, and accountable psychotherapeutic practice.

Assessment:

- Phase 1: Participation (40%); Reflections ×2 (20%); Contextual Case Study — Ubuntu Application (40%)
- Phase 2: Participation (40%); Reflections ×2 using IFS language of parts (20%); Autoethnographic Reflection Essay — Race, Racism, and Healing (40%)
- Phase 3: Participation (40%); Journal Reflections ×3 (30%); Final Reflective Paper: Consciousness-Praxis Synthesis (30%)

Standards Framework	Alignment — Drawn Directly from BEC103 Syllabus
CRPO	1.1, 1.2, 1.4, 1.5, 1.7, 1.8, 2.2, 3.1, 3.2
BI — <i>Nurse Psychotherapist Practice Standards and Competencies</i> (2025)	Domain I (Principles 1, 2); Domain II (Principles 3, 4, 5); Domain III (Principles 7); Domain IV (Principles 8, 11)
CNA (2025)	Values 1 (Safe, Compassionate, Competent and Ethical Care); Values 3 (Preserving Dignity); Values 5 (Promoting Justice); Values 6 (Being Accountable)
CFMHN (2023)	Standard 1 (Therapeutic Relationships); Standard 2 (Therapeutic and Culturally Safe Care); Standard 6 (Self-Care and Personal Development)
CNO (2025)	Independent Practice Guideline — Therapeutic Nurse–Client Relationship; Knowledge; Accountability; Ethics Standards

BEC301 —Authentic Presence and Intuitive Communication in Psychotherapeutic Nursing Practice

BEC301 is a 112-hour advanced pre-practicum course delivered across three modules: *Knowing Self*, *Seeing Self in Others*, and *Allowing Others to See Self in Me*. Taken concurrently with BEC302 and BEC303, it must be completed and passed before entry into BEC304. Prerequisites: BEC101 and BEC103.

Six formally assessed learning outcomes address: critical analysis of how professional identity, nervous system regulation, and social location shape therapeutic communication and SEUS; demonstration of advanced trauma-informed communication skills including active listening, attuned questioning, and calibrated use of silence; identification, interpretation, and responsive clinical engagement with clients' verbal, nonverbal, and somatic cues as clinical data; establishment and maintenance of culturally responsive, client-centred therapeutic alliances through intentional use of presence, intuition, boundaries, and appropriate self-disclosure; integration of mindfulness, reflective practice, and self-regulation strategies to sustain therapeutic presence and practitioner well-being; and application of CRPO-aligned ethical standards to communication-based clinical dilemmas including consent, confidentiality, boundary crossings, and countertransference.

Assessment:

- Assignment 1: Weekly Reflections and Discussions (ongoing)
- Assignment 2: Then and Now Integrative Reflection
- Assignment 3: Self-Care Plan and Reflection
- Assignment 4: Elevator Pitch and Reflection
- Assignment 5: Balancing Identity Essay

Standards Framework	Alignment — Drawn Directly from BEC301 Syllabus
CRPO	1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 3.1, 3.2, 3.3
BI — <i>Nurse Psychotherapist Practice Standards and Competencies</i> (2025)	Domain II (Principles 3, 4, 5); Domain III (Principles 6, 7); Domain IV (Principles 9, 10)
CNA (2025)	Safe, Compassionate, Competent and Ethical Care; Promoting Justice; Preserving Dignity; Maintaining Integrity; Being Accountable
CFMHN (2023)	Standards 1, 2, 3, 5
CNO (2025)	Independent Practice Guideline — Therapeutic Use of Self; Boundaries; Professional Accountability

BEC302 — Psychotherapeutic Assessment and Treatment Planning — Trauma Practice Models and Holistic Frameworks

BEC302 is a 112-hour advanced pre-practicum course delivered across three modules: *Foundations of Trauma-Informed Assessment* (Weeks 1–5); *Applied Assessment Modalities in Practice* (Weeks 6–10); and *Integration, Formulation, and Treatment Planning* (Weeks 11–16). Taken concurrently with BEC301 and BEC303, it must be completed before BEC304. Prerequisites: BEC101 and BEC103.

Eight formally assessed learning outcomes address: comprehensive trauma-informed biopsychosocial–spiritual assessment integrating somatic, psychological, relational, and cultural data; polyvagal-informed identification of autonomic and somatic nervous system responses including ventral vagal safety, sympathetic activation, and dorsal vagal collapse; applied use of the full range of evidence-informed and holistic assessment modalities — including narrative inquiry, somatic mapping, polyvagal profiling, IFS parts-informed assessment, Brainspotting, applied kinesiology, and consciousness mapping; critical analysis of belief systems, protective adaptations, and intergenerational trauma patterns within cultural and structural contexts; integrated biopsychosocial–spiritual case formulation incorporating developmental history, attachment patterns, somatic data, and systemic influences; ethical clinical judgment across all stages of the assessment encounter; Safe and Effective Use of Self within the assessment relationship including assessor positionality, cultural lens, and nervous system awareness as active clinical variables; and design of individualized, phase-appropriate trauma-informed care plans synthesizing multidimensional assessment data with client goals, cultural identity, and readiness for change.

Assessment:

- Assignment 1: Weekly Discussions and Participation (35%)
- Assignment 2: Reflective Journal (5%)
- Assignment 3: Somatic Observation Mapping Exercise (5%)
- Assignment 4: Vagal Mapping Tool — Client Application (10%)
- Assignment 5: Case Study Analysis — IFS (10%)
- Assignment 6: Treatment Plan Creation (10%)
- Assignment 7: Case Presentation Portfolio (25%)

Standards Framework	Alignment — Drawn Directly from BEC302 Syllabus
CRPO	1.1, 1.2, 1.3, 1.4, 1.5, 2.1, 2.2, 2.4, 2.7, 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 4.4, 4.5, 5.1, 5.2, 5.3
BI — <i>Nurse Psychotherapist Practice Standards and Competencies (2025)</i>	Domain II (Principles 3, 4, 5); Domain III (Principles 6, 7); Domain IV (Principles 9, 10)
CNA (2025)	Values 2 (Promoting Health and Well-Being); Values 5 (Promoting Justice); Safe and Ethical Care; Preserving Dignity
CFMHN (2023)	Standards 1, 2, 7
CNO (2025)	Independent Practice Guideline — Therapeutic Use of Self; Documentation; Scope of Practice

BEC303 — Ethics, Cultural Accountability, and Decolonizing Practice in Psychotherapeutic Nursing

BEC303 is a 112-hour advanced pre-practicum ethics course delivered across three modules: *Ethical Self, Positionality, and Power* (Weeks 1–5); *Applied Ethics in Practice: Consent, Culture, and Documentation* (Weeks 7–10); and *Accountability, Repair, and the Future of Ethical Practice* (Weeks 12–16). Truth Table circle-based dialogue is the primary pedagogical methodology — creating a structured relational space for critical ethical inquiry that enacts the very conditions it teaches. Taken concurrently with BEC301 and BEC302, it must be completed before BEC304.

Eight formally assessed learning outcomes address: critical interpretation of professional and regulatory standards through a decolonial lens; examination of how dominant ethical frameworks perpetuate structural inequity in psychotherapeutic practice; integration of Ubuntu philosophy and Indigenous relational ethics as foundational ethical orientations; evaluative analysis of the adequacy of existing professional standards for diverse and equity-deserving populations; advanced ethical discernment in complex applied clinical contexts including consent, confidentiality, documentation, crisis response, and accountability; production of

trauma-informed, culturally accountable clinical documentation; Safe and Effective Use of Self through structured positionality mapping and boundary analysis; and formulation of future-oriented, culturally grounded ethical frameworks for psychotherapeutic nursing practice.

Assessment:

- Assignment 1: Discussion and Participation (25%)
- Assignment 2: Ethical Positionality and Boundary Analysis (15%)
- Assignment 3: Applied Ethical Practice Portfolio (20%) — comprising consent redesign, case note revision, cultural humility analysis, and ethical dilemma response
- Assignment 4: Accountability, Reparation, and Reimagining Standards (40%) — comprising Part A: Ethical Crisis Analysis; Part B: Ethical Breach Reparation Plan; and Part C: Collaborative Reimagining of a CRPO Standard, including a group narrated presentation and an individual Ethical Identity Paper

Standards Framework	Alignment — Drawn Directly from BEC303 Syllabus
CRPO	All 5 Domains: Professional Responsibility; Therapeutic Relationship; Assessment and Evaluation; Intervention and Client-Centred Collaboration; Professional Development and Self-Care
BI — <i>Nurse Psychotherapist Practice Standards and Competencies</i> (2025)	All 4 Domains — All 11 Guiding Principles
CNA (2025)	All 6 Ethical Values: Safe, Compassionate, Competent and Ethical Care; Promoting Health and Well-Being; Promoting Justice; Preserving Dignity; Maintaining Integrity; Being Accountable
CFMHN (2023)	All Standards of Practice (5th ed.)
CNO (2025)	CNO Independent Practice Guideline in full — Accountability; Boundaries; Documentation; Scope of Practice

BEC304A — Advanced Clinical Seminar and Skills Lab

BEC304A is a didactic companion course delivered concurrently with the supervised practicum (BEC304B) over 16 weeks (14 active weeks plus 2 reading weeks). It provides structured, curriculum-driven instruction through weekly 3-hour seminars and 3-hour applied skills labs — totalling 84 hours of classroom/didactic contact. Seminar topics progress from decolonizing and

Ubuntu-informed foundations through therapeutic use of self, case conceptualization, trauma-informed intervention, ethical readiness, and professional transition. The skills lab develops applied clinical technique through demonstration, role-play, and structured practice exercises in a classroom setting, distinct from direct client work.

Eight formally assessed learning outcomes address: professional responsibility and regulatory compliance across CRPO, CNO, CNA, and CFMHN frameworks; establishment and sustaining of trauma-informed, culturally safe, and Ubuntu-guided therapeutic relationships; comprehensive holistic psychotherapeutic assessment; implementation and evaluation of psychotherapeutic interventions across multiple modalities; reflective, supervised, and interprofessional practice; advanced clinical reasoning and readiness for independent practice; integration of decolonizing, anti-oppressive, and justice-oriented principles into clinical practice; and sustained practitioner well-being, resilience, and ethical leadership through ongoing self-awareness.

Assessment:

- Assignment 1: Wounded Healer Paper (25%)
- Assignment 2: Seminar Presentation — Peer Evaluated (15%)

BEC304B — 1,000-Hour Psychotherapeutic Practicum

BEC304B is the program's culminating 1,000-hour supervised practicum, delivered over 16 weeks concurrently with BEC304A. Unlike the preceding academic courses, its architecture is organized around five overarching course goals and their associated clinical objectives — reflecting the shift from structured academic learning to integrated, accountable clinical practice. Learners provide psychotherapeutic services to 15 clients, guiding each through four structured phases of The Becoming Institute's Mindful Fitness Program: Phase 1 — Creating Psychological Safety and Balancing the Nervous System; Phase 2 — Delivering the Therapeutic Process (Nine-Step Sequence); Phase 3 — Facilitating Self-Healing Training; and Phase 4 — Supporting Life and Health Transitions through Coaching. Individual clinical supervision (1 hour per active week) and on-site supervision ensure that clinical complexity is held within a structured, professionally accountable supervisory framework throughout.

The five course goals address: integration of ethical, regulatory, and professional standards into advanced psychotherapeutic nursing practice in full alignment with CRPO, CNO, CNA, and CFMHN requirements; development of competence in trauma-informed, culturally safe, and decolonizing psychotherapy grounded in The Becoming Method® and Ubuntu philosophy; fostering of reflective, supervised, and interprofessional practice across 1,000 structured clinical hours; advancement of clinical expertise and demonstrated readiness for independent psychotherapeutic practice across all five CRPO competency domains; and cultivation of

practitioner well-being, resilience, and ethical leadership consistent with CNA's commitment to professional sustainability.

Assessment:

- Assignment 3: Practicum Binder — Four Phases (40%)
- Assignment 4: Final Practice Exam — Pass/Fail; required for program completion

Successful completion of BEC304A and BEC304B results in the award of the Trauma Recovery Specialist certification from The Becoming Institute, signifying demonstrated professional competence and readiness for independent or supervised practice as an RN–Psychotherapist.

Standards Framework	Alignment
CRPO	All 5 Domains — Full Entry-to-Practice Competency Profile
BI — <i>Nurse Psychotherapist Practice Standards and Competencies (2025)</i>	All 4 Domains — All 11 Guiding Principles — fully integrated in supervised practice
CNA (2025)	All 6 Ethical Values
CFMHN (2023)	All Standards of Practice (5th ed.)
CNO (2025)	CNO Independent Practice Guideline in full

4.5 PROGRAM-WIDE CRPO COMPETENCY COVERAGE

The matrix below confirms that all five CRPO Entry-to-Practice competency domains are formally addressed across the program sequence with progressive depth. No domain is introduced and abandoned — each is carried forward, deepened, and assessed with increasing clinical complexity through to practicum.

CRPO Domain	BEC 101	BEC 103	BEC 105	BEC 301	BEC 302	BEC 303	BEC 304
1 — Professional Responsibilities and Ethics	✓	✓	✓	✓	✓	✓	✓
2 — Therapeutic Relationship	Intro	✓	✓	✓	✓	✓	✓
3 — Assessment and Evaluation	Intro	—	—	Intro	✓	✓	✓

4 — Intervention and Client-Centred Collaboration	—	Intro	Intro	✓	✓	✓	✓
5 — Professional Development and Self-Care	✓	✓	✓	✓	✓	✓	✓

4.6 SAFE AND EFFECTIVE USE OF SELF — PROGRAM-WIDE PROGRESSION

Safe and Effective Use of Self is not a discrete course component. It is the central, non-negotiable thread of professional formation running without interruption across all eight didactic courses and the supervised practicum, assessed at every stage with increasing demand and clinical specificity:

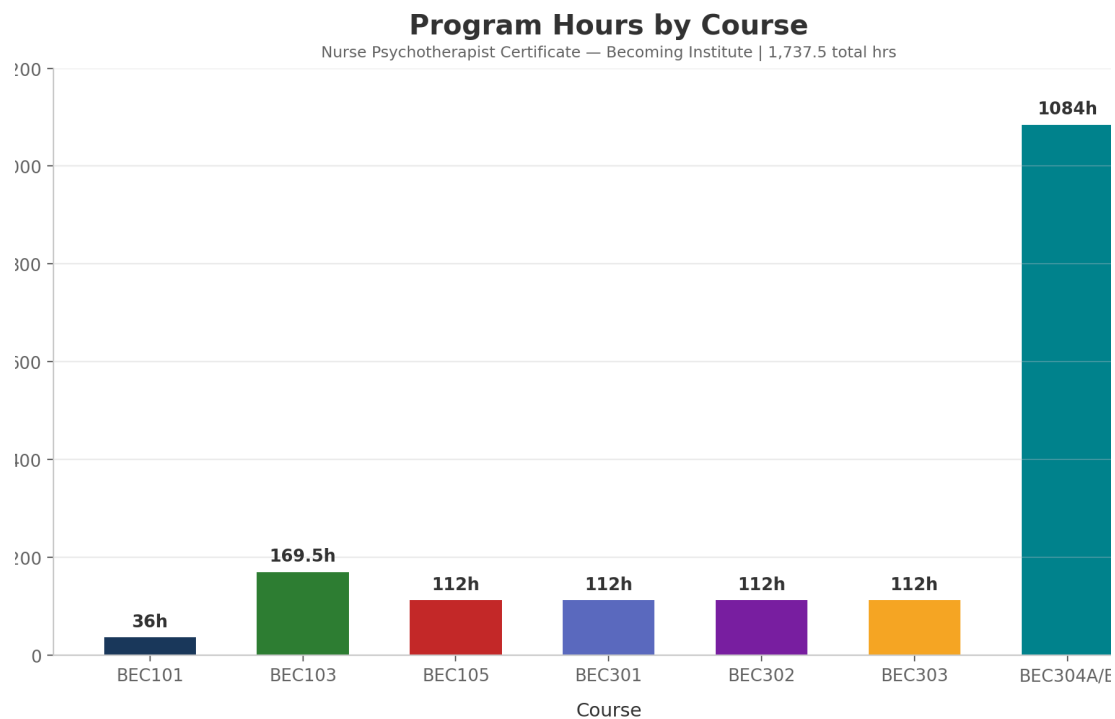
- BEC101: SEUS introduced — self-awareness, professional intuition, boundaries, therapeutic presence, and initial readiness discernment; assessed in Assignments 1 and 3
- BEC103: SEUS foundationally developed through The Becoming Method® formation process — emotional regulation, embodied and somatic presence, relational accountability, personal readiness, and boundary consciousness; assessed across Assignments 1, 2, and 3
- BEC105: SEUS explored through Ubuntu philosophy and Indigenous relational frameworks — collective responsibility, cultural humility, relational ethics, and decolonizing approaches to presence and healing as foundational orientations for therapeutic use of self
- BEC301: SEUS advanced — authentic presence, intuitive therapeutic communication, real-time co-regulation, cultural humility, and ethical use of clinical influence; assessed across all five assignments
- BEC302: SEUS applied within the assessment encounter — assessor positionality, nervous system state, cultural interpretive lens, and somatic awareness treated as active clinical variables that directly affect assessment accuracy and relational safety
- BEC303: SEUS examined through a critical ethical and decolonial lens — positionality mapping, power analysis, boundary examination, and structural ethical self-scrutiny as conditions of accountable practice
- BEC304A: SEUS refined through structured seminar and skills lab — technique demonstration, role-play, and guided practice exercises that develop applied therapeutic presence and clinical skill integration before and alongside direct client work
- BEC304B: SEUS fully integrated and formally assessed in supervised clinical practice — demonstrated across all direct client interactions, supervision encounters, reflective documentation, and the Final Practice Exam

4.7 SUMMARY

The curriculum mapping presented in this section constitutes a substantive, evidence-based demonstration that the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery meets and exceeds the competency expectations established by the CRPO Entry-to-Practice Competency Profile, the College of Nurses of Ontario Independent Practice Guideline (2025), the Canadian Nurses Association Code of Ethics (2025), the CFMHN Standards of Practice for Canadian Mental Health Nurses (5th ed., 2023), and the Becoming Institute's Nurse Psychotherapist Practice Standards and Competencies (2025).

Every CRPO competency domain is addressed across multiple courses and multiple semesters. No competency is introduced without sustained development and formal assessment. Every student arrives at supervised practicum having demonstrated foundational and applied readiness across all dimensions of safe, ethical, and culturally accountable psychotherapeutic nursing practice. The alignment documented here is not aspirational — it is verified, syllabus-sourced, and institutionally accountable. This program was built to prepare nurses not simply to pass a regulatory threshold, but to practise with the depth of formation, ethical clarity, and relational integrity that vulnerable clients in the healing process deserve and require.

The complete curriculum mapping matrix is provided as a supplementary document within the accreditation submission package.



SECTION 5: PRACTICUM

5.1 OVERVIEW AND PURPOSE

The 1,000-hour supervised practicum — BEC304B — is the capstone clinical experience of the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery. Grounded in The Becoming Method®, Ubuntu philosophy, and decolonizing principles, the practicum immerses learners in the full spectrum of psychotherapeutic practice — including trauma-informed assessment, clinical formulation, multimodal intervention, progress monitoring, and therapeutic termination — within real client care contexts and under qualified supervision.

The practicum serves three interconnected purposes. First, it provides the structured clinical environment in which learners translate the theoretical knowledge, ethical reasoning, relational capacities, and reflective practices developed across BEC101 through BEC303 into sustained, competent, and accountable practice. Second, it fulfills the supervised practice requirements necessary for learners to demonstrate entry-to-practice readiness as defined by the College of Registered Psychotherapists of Ontario (CRPO), the College of Nurses of Ontario (CNO), and the Canadian Federation of Mental Health Nurses (CFMHN). Third, it completes the formation arc of The Becoming Method®, transforming the learner from a practitioner-in-training into an ethically grounded, self-aware, and culturally accountable RN–Psychotherapist prepared for independent or supervised professional practice upon graduation.

BEC304 is a 30.0 credit-hour course constituting 1,000 of the program's 1,737.5 hours total learning hours — the single largest instructional component in the program. The Practicum Office, within which BEC304 is delivered, operates as a supervised clinical learning environment within the Trauma Recovery Hub Network. It exists simultaneously to provide safe, ethical, and accountable trauma recovery and psychotherapy services to the public and to support the development of competent, reflective practitioners. All activities of the Practicum Office are governed by the Practicum Office Policies and Procedures Manual and its associated Appendix Register, both of which serve as the primary operational governance instruments for practicum delivery, supervision oversight, and learner protection.

This section describes the clinical structure, governance, and professional expectations that will define your practicum experience — and the institutional commitments the Institute makes to support you in meeting them.

5.2 PRACTICUM REQUIREMENTS

Eligibility for BEC304 completion and program graduation requires demonstrated compliance across five categories of requirement: clinical hours and caseload; the full clinical process; legislative and regulatory compliance; documentation; and professional conduct. These

categories are not administrative checklists — each reflects a specific expectation of CRPO's Entry-to-Practice Competency Profile, CNO's Independent Practice Guideline (2025), and Ontario's *Private Career Colleges Act*, and each is enforceable throughout the practicum period.

Learners enrolled in BEC304 must satisfy all of the following:

Clinical Hours and Caseload

- Complete 1,000 hours of supervised psychotherapeutic practice across a 16-week period, representing an average commitment of approximately 62.5 hours per week inclusive of direct client care, indirect care, documentation, supervision, and seminar attendance
- Guide a minimum caseload of 15 clients through all four phases of The Becoming Institute's Mindful Fitness Program — from psychological safety and nervous system regulation (Phase 1) through the nine-step therapeutic process (Phase 2), self-healing facilitation (Phase 3), and life and health transition coaching (Phase 4); caseload assignment is calibrated to the learner's training stage, demonstrated competence, supervisor availability, and case complexity

Full Clinical Process

- Engage in the full clinical process for each client: intake, holistic psychotherapeutic assessment, case formulation, individualized treatment planning, therapeutic intervention, progress monitoring using validated feedback tools (ORS/SRS), and formal termination planning
- Administer and interpret standardized assessment instruments including the GAD-7, PHQ-9, PTSD Checklist, Nervous System Profiling Summary (NPSS), and Map of Consciousness, integrating findings into comprehensive clinical documentation

Legislative and Regulatory Compliance

The following requirements fulfill the Institute's obligations under provincial privacy and consent legislation and each learner's individual duty-to-report obligations as a regulated health professional:

- Obtain and document informed consent for all client interactions prior to initiating psychotherapeutic services, in accordance with CRPO entry-to-practice standards, PHIPA, and the *Health Care Consent Act* (HCCA); informed consent templates are governed by Appendix E of the Practicum Office Manual
- Understand, maintain, and act on all applicable duty-to-report obligations under the *Child, Youth and Family Services Act* (CYFSA), PHIPA, or other relevant legislation, in immediate consultation with the on-site supervisor, with full documentation retained in the student file in accordance with Appendix H

Documentation

- Maintain thorough, timely, and privacy-compliant client records, session progress notes, supervision logs, and reflective evaluations in accordance with PHIPA, HCCA, and applicable CNO and CRPO documentation standards, submitted weekly through the learning management system; all records are retained in accordance with the Appendix K Records Retention Schedule

Clinical Documentation System — Jane (jane.app)

All clinical documentation generated during BEC304 — including intake records, session progress notes, treatment plans, assessment summaries, consent forms, and supervision logs — is maintained exclusively within Jane (jane.app), the Institute's designated PHIPA-compliant clinical practice management system. Jane is the authorized platform for all client-related records generated during the practicum.

Jane is fully compliant with the Personal Health Information Protection Act (PHIPA), PIPEDA, HIPAA, and GDPR, and is the platform through which all protected health information (PHI) is collected, stored, accessed, and disclosed during the practicum. Learners are strictly prohibited from storing, transmitting, or processing client PHI through any other system, platform, application, or device — including the Brightspace LMS, personal email accounts, cloud storage services, or any unencrypted medium.

The distinction between the academic LMS (Brightspace) and the clinical documentation system (Jane) is not merely technical — it is a PHIPA-governed governance boundary. Brightspace is the platform for academic learning, assignment submission, course materials, and non-clinical communication. Jane is the platform for all clinical records. These systems must not be conflated, and client PHI must never be entered, uploaded, or discussed within the academic LMS environment.

Learners are enrolled in the Jane platform at the commencement of BEC304 and receive a mandatory orientation to its use through the Practicum Office prior to their first supervised client contact. Training covers: account setup and access protocols; the creation and management of client charts; progress note documentation standards consistent with CRPO and CNO requirements; consent form management; supervision log documentation; and the secure handling and retention of clinical records in accordance with the Records Retention Schedule (Appendix K of the Practicum Office Manual).

Access to Jane is provided and governed by the Practicum Office. Learners may not create independent Jane accounts for practicum purposes, share login credentials, or access records outside their assigned caseload. Any breach of PHI — including unauthorized access, inadvertent disclosure, loss of a device containing PHI, or breach of the Jane platform — must be reported immediately to the Practicum Coordinator, documented using the Incident Reporting Form (Appendix H), and managed in accordance with PHIPA breach notification requirements and the Practicum Office incident reporting protocol described in Section 5.7 of this Handbook.

Professional Conduct and Academic Standards

- Participate in all twelve scheduled group integration seminars and all required individual supervision sessions; submit a 20-minute narrated reflection on the seminar theme within seven days of any unavoidable missed session

- Achieve a minimum grade of B- (70%) or higher on each graded component of the course; failure on any component requires remediation before practicum completion is confirmed; a failing grade on the Final Practice Exam requires repeating the practicum in its entirety
- Adhere at all times to the *Practicum Office Policies and Procedures Manual*, all applicable regulatory standards, and The Becoming Institute's standards of professional conduct

Professional Liability Insurance

Prior to commencing any direct client contact in BEC304, all learners are required to hold and maintain active professional liability insurance (also referred to as malpractice or errors and omissions insurance) in an amount consistent with CNPS standard coverage and sufficient to cover the full scope of psychotherapeutic nursing activities performed during the practicum. Proof of current, valid coverage must be submitted to the Practicum Coordinator before the learner's first supervised client contact hour; learners who have not submitted verified proof prior to their first scheduled client contact will not be authorized to commence direct client work until proof is received and confirmed by the Practicum Coordinator.

Registered Nurses practising in Ontario are advised to obtain coverage through the Canadian Nurses Protective Society (CNPS), which provides professional liability protection specifically designed for the scope of RN–Psychotherapist practice, including the performance of the controlled act of psychotherapy. Learners who hold coverage through an alternative provider must confirm in writing to the Practicum Coordinator that their policy explicitly covers the performance of psychotherapeutic interventions, including the controlled act of psychotherapy as defined under the *Regulated Health Professions Act, 1991*.

Coverage must remain current and uninterrupted throughout the practicum period. Learners whose coverage lapses at any point during BEC304 are not authorized to engage in direct client contact and will be suspended from practicum activities until coverage is reinstated and verified by the Practicum Coordinator. The Institute does not provide liability coverage on behalf of learners. Each learner bears individual, non-delegable responsibility for ensuring their insurance coverage is active, adequate, and aligned with their scope of practice for the full duration of BEC304.

5.3 PRACTICUM PHASES AND CLINICAL STRUCTURE

The practicum is organized around the four phases of The Becoming Institute's Mindful Fitness Program, which provides both the structural and therapeutic framework through which learners guide clients from initial assessment through to program completion. Progression through phases is competency-based — not time-based — and requires documented supervisor approval at each stage.

Phase	Clinical Focus	Binder Weight
Phase 1 — Holistic Case Formulation and Treatment Planning	Intake assessment; administration of GAD-7, PHQ-9, PTSD Checklist, NPSS, and Map of Consciousness; psychological safety and ANS Regulation Plan; Integrated Health and Well-Being Plan; Annotated Bibliography (8–10 sources); Phase 1 binder due end of Week 2	25%
Phase 2 — Psychotherapeutic Practice and Professional Growth Analysis	90-minute psychotherapeutic sessions across 7 consecutive weeks; Truth-Telling Narrative Exposure Therapy; Somatic Embodiment Therapy; Conscious Forgiveness; countertransference identification and management; SRS and ORS progress monitoring; session recordings reviewed in supervision	45%
Phase 3 — Self-Healing Facilitation and Group Process Analysis	Observation and co-facilitation of client self-healing training; observation, analysis, and integration of Becoming Method® group process	15%
Phase 4 — Coaching and Transition Summary	Coaching partnership for life and health transitions; Book Review and Analysis; Integrative Reflection and Professional Growth Summary	15%

Throughout the practicum, learners operate within the defined scope of an RN–Psychotherapist practitioner-in-training, practising psychotherapy within their regulated nursing scope under active supervision. Supervision for the RN–Psychotherapist credentialing pathway specifically emphasizes psychotherapeutic formulation and intervention, trauma recovery specialization, ethical use of clinical influence, and preparation for specialized psychotherapeutic nursing practice.

5.4 SCOPE OF PRACTICE AND PRACTITIONER LIMITATIONS

Learners in BEC304 are authorized to perform the controlled act of psychotherapy within the meaning of the Regulated Health Professions Act, 1991 as Registered Nurses practising within individually assessed scope of competence and under active qualified supervision, in accordance with the CNO Independent Practice Guideline (2025). This authorization is contingent on the learner's standing as a registered RN in good standing with the CNO, confirmation of individual scope assessment prior to practicum entry, and continuous qualified supervision throughout the practicum period. The supervised practice context does not confer independent registration as a Registered Psychotherapist; it provides the structured clinical environment through which entry-to-practice competency is developed and demonstrated in preparation for that credential.

Within this authorized scope, learners are qualified to conduct holistic biopsychosocial–spiritual assessments; establish and maintain trauma-informed therapeutic relationships; deliver psychotherapeutic interventions consistent with The Becoming Method® and other modalities addressed across the program curriculum; monitor client progress using validated outcome tools; document clinical encounters in compliance with PHIPA and applicable regulatory standards; and engage in structured clinical supervision.

Practicum practitioners are explicitly prohibited from:

- Practising independently or outside approved practicum arrangements
- Representing themselves as fully credentialed or registered psychotherapists
- Accepting private clients or private payment outside the practicum placement context
- Supervising or evaluating other practitioners

Learners who encounter clinical presentations that exceed their current competence — including complex personality disorders, active psychosis, severe dissociative presentations, or high-acuity risk presentations — are required to consult immediately with their supervisor, initiate appropriate referral, and document the escalation pathway in their student file in accordance with Section 3.9 of the Practicum Office Manual. Where multiple regulatory frameworks apply to a given clinical situation, the Practicum Office adopts the standard affording the highest level of public protection.

5.5 SITE PLACEMENT

The Practicum Coordinator is responsible for matching learners with appropriate clinical placement sites based on the learner's training stage, demonstrated competence, supervisor availability, scope alignment, case complexity, and geographic and community considerations. Prior to placement, each site undergoes a formal Community Readiness Assessment (Appendix M) and Practicum Site Approval review (Appendix N) to confirm that it meets the governance, supervision, and public-protection standards of the Practicum Office.

Clinical sites include community mental health centres, private psychotherapy practices, hospital-based outpatient programs, primary care settings, Indigenous health centres, and community-based organizations serving populations affected by trauma, including partner organizations Tropicana Community Services, the Canadian Black Nurses Alliance, Eva's Initiatives, Peel Public Health, and Peel District School Board. When placements include Indigenous health centres or organizations serving Afro-descendant communities, learners are expected to enter with demonstrated cultural humility, awareness of historical and intergenerational trauma, and a commitment to practising within Indigenous and Afrocentric relational frameworks as developed across BEC103, BEC301, and BEC303.

Prior to beginning client work, learners complete a site-specific orientation covering policies, procedures, documentation systems, emergency protocols, privacy practices, and supervision structures. The Practicum Coordinator maintains ongoing communication with site supervisors and the Hub Steward throughout the 16 weeks to confirm that supervision quality is consistent with program and regulatory standards. Concerns arising from any placement are escalated to the Practicum Coordinator immediately and are documented in the learner's student file.

5.6 SUPERVISION MODEL

The practicum employs a dual-supervision model governed by the *Practicum Office Policies and Procedures Manual* and fully aligned with the CRPO Entry-to-Practice Competency Profile, CFMHN Standards of Practice (5th ed., 2023), and CNO Independent Practice Guideline (2025).

Supervision Philosophy

The Practicum Office operates under a developmental, relational, and accountability-centred supervision philosophy. It recognizes that clinical competence develops through staged practice, reflection, and feedback; that authority in healing must remain supervised and reviewable; and that supervision is simultaneously a protective and formative process. Supervision is designed to support practitioner growth without fostering dependency, ensure ethical containment of clinical influence, normalize reflection on power and impact, and maintain public trust through transparent oversight.

We hold that the quality of supervision determines the quality of clinical formation — and we are institutionally accountable for both.

Supervision Hours and Ratio

In accordance with CRPO program recognition requirements, learners in BEC304 are required to receive a minimum of one hour of scheduled individual supervision for every 10 hours of direct client contact, with a minimum of one individual supervision session per week throughout the 16-week practicum. Group supervision supplements but does not replace individual supervision. Only time spent in formally scheduled supervision meetings constitutes clinical supervision for the purposes of this requirement. Informal consultation, peer discussion, supervisory availability outside scheduled meetings, and general workplace support do not count toward the supervision hour minimum.

Group Integration Seminars

Twelve 2-hour weekly seminars are facilitated by the program lead and provide a structured, relational forum for case presentation, peer consultation, clinical problem-solving, and reflective practice. Seminar themes include: Unlearning the Colonial Way; Becoming the Ubuntu Practitioner; Ethical Boundaries, Power, and Accountability; Trauma Stewardship and Sustainable Practice; Synthesizing Complex Case Formulations; and Professional Readiness and Integration of Psychotherapeutic Competencies.

On-Site Individual Supervision

Individual supervision is provided by formally appointed Clinical Supervisors at each placement site. To qualify for appointment, supervisors must meet all of the following criteria:

- Hold current professional registration and good standing with CRPO, CNO (as an RN–Psychotherapist), or an equivalent regulated body
- Demonstrate independent practice eligibility

- Hold a minimum of five years of clinical psychotherapy or trauma-informed practice experience
- Have completed supervision-specific education and training
- Demonstrate capacity to uphold the Trauma Recovery Hub Network's ethical, relational, and governance principles

Supervisory authority is formally conferred by the Network Governance Authority, documented in Appendix D (Credential Verification and Appointment Records), and subject to periodic review, renewal, restriction, or revocation. Supervisors may not delegate supervisory responsibility to unqualified persons and may not supervise outside their own scope of competence.

Developmental Stages of Practice

Learner progression within the practicum follows a four-stage competency-based developmental model. Progression between stages is not automatic and not time-based; it requires demonstrated competence, ethical maturity, and documented supervisor approval using the Competency Review Form (Appendix G):

Stage	Title	Characteristics
Stage 1	Orientation and Containment	Observation and shadowing; limited clinical activity; emphasis on safety, boundaries, and ethical awareness
Stage 2	Supported Practice	Co-facilitated or closely supervised clinical work; structured reflection and feedback; increasing responsibility within defined limits
Stage 3	Supervised Independent Practice	Greater clinical autonomy within authorized scope; ongoing supervision and case review; demonstrated competence and ethical maturity
Stage 4	Advanced Integration	Specialist-level trauma recovery practice; leadership in case conceptualization; readiness for post-practicum roles where authorized

Learners may consolidate, repeat, or regress stages where clinically, ethically, or developmentally indicated. All progression decisions are documented and communicated clearly to the learner.

Supervision Format and Eligibility Rules

Minimum supervision requirements include scheduled individual supervision, and dyadic or group supervision with a maximum of eight supervisees per group. All supervision is documented using the templates in Appendix F, which include the Individual Supervision Log, Group Supervision Log, Supervisor Observation and Feedback Record, Remediation Learning Support Plan, and Supervisor Attestation of Supervision.

Countertransference, Power, and Non-Hierarchy Safeguards

Supervision explicitly and continuously addresses power dynamics in healing relationships, risks of dependency or saviourism, ethical use of authority, and maintenance of practitioner humility and accountability. No practitioner may use perceived healing capacity to establish dominance, dependency, or personal authority over a client. Countertransference responses are identified, documented, and therapeutically processed in both individual and group supervision, consistent with the CNA Code of Ethics (2025) and CRPO Domain 5 competencies.

5.7 INCIDENT REPORTING AND RISK MANAGEMENT

The Practicum Office maintains a formal and structured distinction between Incidents — events involving harm, risk, distress, or safety concerns — and Complaints — rights-based concerns, expressions of dissatisfaction, or alleged misconduct. Each pathway has dedicated governance oversight, documentation requirements, and escalation thresholds, and neither may be replaced by informal or restorative processes alone.

When a Critical Incident arises — defined as any event involving actual or potential serious harm, a significant ethical breach, a scope violation, or a safety threat — the learner is required to:

1. Take immediate stabilization and safety action
2. Notify the on-site supervisor without delay
3. Complete the Incident Reporting Form (Appendix H) within the required timeframe
4. Fulfill all applicable duty-to-report obligations under the CYFSA, PHIPA, or other relevant legislation, in consultation with the supervisor
5. Debrief in the next scheduled supervision session and document the debrief in the supervision log

Restorative and trauma-informed responses may supplement formal reporting processes but do not replace safeguarding, statutory reporting, or regulatory obligations. Escalation pathways for safety concerns, ethical issues, supervision failures, and systemic risks are clearly defined and lead ultimately to the Network Governance Authority. All incident records are retained in accordance with Appendix K (Records Retention Schedule) and cross-referenced in Appendix L (Student File Contents Checklist).

5.8 EVALUATION

Practicum performance is assessed through a multi-method framework designed to capture clinical competence across behavioural, ethical, relational, reflective, and documentary dimensions. All evaluation criteria are assessed using standardized rubrics governed by Appendix G (Practicum Progression Evaluation Tools).

Assessment Component	Weight	Description
Participation and Professional Engagement	20%	Evaluated across seven Ubuntu engagement dimensions: Presence as Contribution; Reciprocity and Hospitality; Truth-Telling with Compassion; Authenticity and Congruence; Cultural and Positional Awareness; Accountability to the Collective; Reconnection through Reflection
Assignment 1 — The Wounded Healer and the Seeker	25%	8–10 page reflective-scholarly paper (APA 7th ed.) due end of Week 4; integrates decolonizing theory, healer archetype analysis, and sustainable professional identity formation
Assignment 2 — Seminar Presentation	15%	One 2-hour peer-evaluated seminar facilitated by the learner; materials submitted one week in advance; peer evaluation using a standardized rubric
Assignment 3 — Capstone Project: Practicum Binder	40%	Comprehensive clinical record across all four practicum phases with phased submission deadlines; evaluated for clinical reasoning, evidence integration, ethical practice, cultural responsiveness, and reflective depth
Final Practice Exam — Proficiency in Practice	Pass/Fail	Learner guides three clients through the full therapeutic process; two formative sessions followed by one graded session; Pass/Fail based on CRPO entry-to-practice competencies across all five domains

Minimum passing grade: B- (70%) on each graded component. A failing grade on the Final Practice Exam requires the learner to repeat the practicum in its entirety. Progression decisions are made using the Competency Review Form (Appendix G) and are documented, attributed, and filed in the student record.

5.9 FITNESS TO PRACTISE AND REMEDIATION

The safety, dignity, and wellbeing of clients are the foremost priorities of The Becoming Institute and the Practicum Office. The Institute and the Trauma Recovery Hub Network reserve the right to initiate a fitness-to-practise review when concerns arise regarding a learner's professional conduct, ethical behaviour, emotional regulation, capacity for safe client care, or adherence to regulatory and governance standards.

The fitness-to-practise process is developmental and supportive in its primary orientation, governed by the principles of fairness, transparency, procedural accountability, and natural justice. Upon identification of a concern, the Dean initiates a formal review in consultation with the Student Progress Committee and the Network Governance Authority. The learner is formally notified in writing and given a meaningful opportunity to respond before any determination is made.

Remediation is defined as a structured, developmental process intended to address identified learning, competency, or practice gaps. It is corrective and educational in nature — distinct from discipline, which addresses misconduct or serious non-compliance. All remediation actions are documented using the Remediation Learning Support Plan (Appendix F, Template 5.4), which specifies the identified concern, required actions, timeline for review, and resolution outcomes.

Possible outcomes of a fitness-to-practise review include:

- Additional support or accommodations, including enhanced supervision, counselling referral, or academic skill support
- A supervised remediation plan with clearly defined goals, evidence-based milestones, specified timelines, and evaluative criteria, co-developed with the learner, Practicum Coordinator, and on-site supervisor
- Practice restriction, limiting the learner's caseload, case complexity, or clinical autonomy pending demonstrated improvement
- A temporary suspension to address safety, compliance, or administrative concerns
- Removal from the practicum where, following due process, evidence indicates that client safety cannot be reliably assured

Where a fitness-to-practise concern reaches the threshold of conduct that may constitute professional misconduct, professional incompetence, or incapacity under the *Regulated Health Professions Act, 1991* or applicable college regulations, The Becoming Institute is obligated to fulfill its mandatory reporting duties to the relevant regulatory college — CRPO, CNO, or both — as applicable. The Institute does not treat internal fitness-to-practise processes as a substitute for regulatory notification where such notification is legally required. All mandatory reports are documented in the student file, and learners are notified of any report made to a regulatory college.

Learners have the right to be heard at every stage of the process, to be accompanied by a support person, and to appeal determinations through the formal appeals process described in this Handbook. The Institute affirms that professional formation is a non-linear developmental process and is committed to supporting learners through difficulty wherever client safety can be maintained.

The Practicum is the Institute's most consequential commitment to both learners and the public it serves. Everything documented in this section — from site selection to supervision standards to fitness-to-practise processes — exists to honour that commitment: to ensure that every client who enters the Trauma Recovery Hub Network receives care that is safe, ethical, and genuinely transformative, and that every learner who completes it emerges as a practitioner worthy of the trust that vulnerable people will place in them.

SECTION 6: GRADUATION AND BEYOND

6.1 OVERVIEW AND PURPOSE

Graduation from the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is not simply the administrative conclusion of a program of study. It is the formal recognition that you have completed a sustained process of personal and professional formation — developing the theoretical knowledge, clinical competence, ethical grounding, and relational accountability that safe, effective psychotherapeutic practice demands. Completion of this program marks your readiness to enter the next stage of your professional life as an RN–Psychotherapist equipped to serve clients, communities, and the healing field with integrity.

This section sets out the requirements you must satisfy to be eligible for graduation and certificate issuance; the official documentation you will receive upon completion; the post-graduation pathways and supports available to you through the Institute; and the information you need to make informed decisions about registration as a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO). We have designed this section to give you a complete and accurate picture of what graduation means — and what comes next.

6.2 GRADUATION REQUIREMENTS

To be eligible for graduation and to receive the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery, learners must satisfy all six of the following requirements. Each requirement must be met independently; satisfaction of one does not compensate for deficiency in another. The Institute confirms graduation eligibility only after all six requirements are verified and documented in the learner's student record.

Requirement 1 — Academic Completion

Successfully complete all eight required didactic courses — BEC101, BEC103A/B, BEC105, BEC301, BEC302, BEC303, and BEC304A — and the supervised clinical practicum (BEC304B), achieving a minimum grade of B– (70%) in each graded component of every course. All courses are mandatory; there are no elective or substitution options within this program. Courses must be completed in the prescribed sequential order. Progression from Semester 1 to Semester 2 requires successful completion of BEC101, BEC103, and BEC105. Progression from Semester 2 to Semester 3 requires successful completion of BEC301, BEC302, and BEC303, with a minimum grade of B– (70%) in each course, and written confirmation of practicum readiness from the Program Lead.

Requirement 2 — Practicum Completion

Complete all requirements of BEC304B — the 1,000-Hour Psychotherapeutic Practicum — as described in full in Section 5 of this Handbook, including:

- A minimum of 1,000 supervised hours across all four phases of the Mindful Fitness Program
- A minimum caseload of 15 clients guided through the full therapeutic process
- Submission and approval of the Practicum Binder across all four phases
- Completion of the Wounded Healer and the Seeker Paper and the Seminar Presentation
- A Pass on the Final Practice Exam — Proficiency in Practice

Failure on the Final Practice Exam requires repeating the practicum in its entirety. No partial completion of the practicum is recognized for graduation purposes.

Requirement 3 — Regulatory Standing

Maintain active, unrestricted registration in good standing with the College of Nurses of Ontario (CNO) — or the applicable provincial or territorial nursing regulatory body — throughout the program and at the time of graduation. Learners whose CNO registration is suspended, revoked, restricted, or lapsed at any point during the program are required to notify the Dean immediately. Practicum activities may not continue during any period in which the learner's nursing registration is not in full good standing. A learner who cannot restore registration to good standing within a reasonable period, as determined by the Dean in consultation with the Student Progress Committee, may be required to withdraw from the program.

Requirement 4 — Good Standing

Be in good standing with The Becoming Institute at the time of graduation, with no outstanding:

- Unresolved academic integrity violations
- Active fitness-to-practise sanctions or restrictions
- Unresolved disciplinary proceedings
- Unsatisfied remediation requirements

Where a proceeding is initiated close to a learner's expected graduation date, graduation eligibility is deferred until the proceeding is resolved. The Institute is committed to resolving all proceedings fairly and expeditiously in accordance with the timelines and procedures described in this Handbook.

Requirement 5 — Financial Clearance

Satisfy all tuition payments and financial obligations to the Institute by the published deadline. Learners may view and manage account statements through the Student Portal. The Institute will withhold the graduation certificate and access to the Virtual Commencement Ceremony until financial clearance is confirmed.

Consistent with learner rights under applicable legislation, the Institute will not withhold official transcripts or records of academic achievement on the basis of outstanding financial obligations. Learners requiring their academic record for regulatory, employment, or professional purposes prior to resolving financial matters are entitled to request an official transcript by contacting the Registrar. Financial disputes arising close to the graduation deadline are resolved through the process described in Section 8 of this Handbook.

Requirement 6 — Graduation Application

Submit an official application for graduation via the online form on the Student Services page by the published deadline. Submission of the graduation application confirms the learner's eligibility for certificate issuance and participation in the Virtual Commencement Ceremony. Learners who miss the application deadline without advance written notice to the Registrar will be reviewed on a case-by-case basis; late applications are not guaranteed to be processed within the same graduation cycle.

6.3 CERTIFICATE ISSUANCE AND OFFICIAL DOCUMENTATION

Upon confirmation of all six graduation requirements, the following official documentation is issued to graduates:

Nurse Psychotherapist Certificate — Specialization in Trauma Recovery

The graduation certificate is issued by Becoming Institute Inc. within 6–8 weeks of written confirmation of graduation eligibility. Learners will be notified by email when their certificate is ready for digital delivery or pickup, as applicable. The certificate confirms that the graduate has met the Institute's standards for specialized psychotherapeutic nursing practice, including completion of all required coursework and 1,000 hours of supervised client work. The certificate does not confer a regulated professional designation, authorize the performance of controlled acts independently of nursing regulatory authority, or replace the registration requirements of any regulatory body.

Students should note the distinction between the two credentials associated with the final stages of this program. The Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is the program's primary credential and is awarded by Becoming Institute Inc. upon a student's successful completion of all graduation requirements, including all didactic coursework and the full supervised practicum (BEC304B). Separately, the Trauma Recovery Specialist (TRS) designation is an institutional professional credential awarded upon successful completion of BEC304A and BEC304B, signifying that the graduate has demonstrated clinical competence in the application of the Becoming Method® to trauma recovery practice. These two credentials are complementary and are awarded concurrently upon program completion: the TRS is a component credential embedded within the certificate program, recognizing clinical achievement at the practicum stage. The TRS is not a separate or alternative qualification and does not constitute an independent program of study. Graduates receive both credentials upon satisfying all graduation requirements; neither credential is awarded in isolation except in the limited circumstances described in the Institute's Academic Policies.

Official Transcript

An official transcript documenting all courses completed, grades achieved, and total program hours is issued to all graduates upon request through the Registrar's office. Transcripts are generated in the format required by CRPO, CNO, and other regulatory bodies for registration and credentialing applications. Graduates requiring transcripts for regulatory purposes are advised to request them at least four weeks before submission deadlines to allow sufficient processing time.

Official transcripts issued by Becoming Institute Inc. are prepared and maintained in accordance with the requirements of the Ontario Career Colleges Act, 2005, O. Reg. 415/06, ss. 34–35. Each official transcript records, at minimum, the student's legal name as registered at enrollment, date of birth, dates of attendance in the program, a complete list of all courses with associated hours and final grades, the credential awarded (where applicable), the date of credential conferral, and the total program hours. Transcripts are retained by the Institute in accordance with the Institute's Records Retention Schedule, which specifies a minimum retention period of seven (7) years from the date of a student's last registration, consistent with the retention obligations described elsewhere in this handbook. Students are advised that the College of Registered Psychotherapists of Ontario and other regulatory bodies may require transcripts to be provided in a specific format or accompanied by additional documentation when submitted in support of a registration application; students should confirm current requirements directly with the relevant regulatory college prior to making such a submission.

Record of Supervised Clinical Hours

A formal Record of Supervised Clinical Hours — documenting total direct client contact hours, supervision hours by type (individual, dyadic, and group), and phase completion — is issued to all practicum graduates and is formatted to meet CRPO's clinical experience documentation requirements. This record is maintained in the student file and retained in accordance with the Institute's records retention schedule.

6.4 POST-GRADUATION PATHWAYS AND SUPPORTS

The Becoming Institute understands that graduation is a beginning, not an endpoint. Graduates of the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery enter professional practice with a strong clinical and ethical foundation, and the Institute is committed to supporting their continued growth through the following pathways and supports. All post-graduation supports listed below are currently operational unless otherwise noted. Where a support involves fees or additional eligibility requirements, these are disclosed below.

Alumni Community

Graduates are welcomed into the Becoming Institute alumni network, which provides ongoing peer connection, access to Institute learning communities and professional development events, and communication channels for graduates across practice settings and specializations. Membership in the alumni community is complimentary for all program graduates and is activated upon confirmed graduation.

Career Pathways within the Trauma Recovery Hub Network

Graduates may apply to work as Trauma Recovery Specialists within the Becoming Institute's Trauma Recovery Hub Network, connecting with clients through the Institute's platform and community partnerships. These are compensated professional service roles governed by independent contractor or employment agreements. Application, eligibility criteria, and compensation structures are detailed in the Trauma Recovery Hub Network practitioner onboarding documentation, available through the Practicum Coordinator. Completion of this program does not guarantee placement within the Hub Network; all positions are subject to availability, need, and a separate application process.

Continuing Professional Development

The Institute offers continuing education programming aligned with the evolving evidence base in trauma recovery, decolonizing practice, and psychotherapeutic nursing. Continuing education opportunities are offered at a fee unless otherwise specified. Current offerings and schedules are available at becominginstitute.ca.

Post-Graduate Supervision and Consultation

Graduates seeking ongoing clinical supervision or peer consultation as they establish independent or collaborative practice may access the Institute's post-graduate supervision framework. Post-graduate supervision is provided by qualified supervisors affiliated with the Trauma Recovery Hub Network and is available on a fee-for-service basis. Details regarding availability, supervisor qualifications, rates, and scheduling are available through the Practicum Coordinator at practicum@becominginstitute.ca.

Important Notice Regarding Employment and Registration Outcomes

Completion of the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery does not guarantee employment, self-employment, or registration with any regulatory college or professional body, including the College of Registered Psychotherapists of Ontario or the College of Nurses of Ontario. Eligibility for regulatory registration depends on criteria established by the relevant college and is determined solely by that college. Prospective students are encouraged to review current registration requirements with the applicable regulatory authority before enrolling in this program.

6.5 REGISTRATION AS A REGISTERED PSYCHOTHERAPIST — CRPO PATHWAY

Graduates who wish to pursue registration as a Registered Psychotherapist (RP) with the College of Registered Psychotherapists of Ontario (CRPO) must contact CRPO directly regarding current eligibility criteria, examination requirements, and registration processes. All registration decisions rest solely and exclusively with CRPO. Completion of this program does not guarantee registration eligibility, and the Institute makes no representations on behalf of CRPO regarding any individual learner's registration outcome.

Important disclosure regarding program recognition status: The Becoming Institute submitted a formal application to CRPO for recognition of the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery under CRPO's Program Recognition Policy in April, 2026. That application is currently under third-party review by CRPO's designated review organization. This program does not currently hold CRPO recognized status. Recognition is granted only upon a formal decision of CRPO's Registration Committee following the completion of the review process; submission of an application does not confer recognized status or guarantee that recognition will be granted.

Learners and prospective applicants for whom RP registration is a primary professional goal are strongly advised to:

1. Contact CRPO directly at programs@crpo.ca before enrolling to confirm the current status of this program's recognition application and what it means for your registration pathway
2. Understand that clinical experience hours completed in programs without CRPO recognition are assessed by CRPO on a case-by-case basis and are not automatically credited toward CRPO registration requirements
3. Review CRPO's Clinical Experience for Registration policy and Entry-to-Practice Competency Profile directly, as these are the primary instruments against which your registration eligibility will be determined

The Institute will notify all enrolled learners directly in writing immediately upon any change in the program's CRPO recognition status — whether recognition is granted, refused, or the application is revised or withdrawn.

6.6 CONVOCATION CEREMONY

Convocation marks the formal culmination of a rigorous process of professional formation and signals each graduate's readiness to enter the field of psychotherapeutic nursing practice as a credentialed, ethically accountable, and clinically prepared RN–Psychotherapist. It is among the most significant institutional acts The Becoming Institute performs — a public affirmation, before peers, faculty, supervisors, families, and community, that each graduate has demonstrated the knowledge, competence, relational capacity, and professional character that the safe and ethical practice of psychotherapy demands.

The ceremony is conducted in person and follows a structured formal programme, which includes:

- A processional and ceremonial opening, incorporating an Ubuntu blessing and acknowledgment of the land and communities on which the Institute operates
- A keynote address delivered by a distinguished scholar, practitioner, or leader from the fields of trauma recovery, decolonizing health practice, or psychotherapeutic nursing
- Individual recognition of each graduate by full name, program, and area of specialization
- Formal presentation of the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery
- A collective recitation of the Institute's Professional Commitment — a formal affirmation of the ethical, relational, and cultural obligations graduates carry into practice
- Closing remarks by the Dean and Program Lead
- A post-ceremony reception honouring graduates, their families, clinical supervisors, and the broader Becoming Institute community

Graduates are invited to wear cultural regalia, traditional dress, or attire reflective of their heritage and identity alongside the Institute's academic hood and stole. The Institute affirms that the full expression of each graduate's personhood and cultural positioning is not only appropriate but honoured within this ceremony.

Families and supporters are recognized as essential witnesses to this rite of passage. Those unable to attend in person are invited to participate via live-stream, with a full archival recording distributed to all graduates following the event. The Institute is committed to ensuring that no

family member or community supporter is excluded by geography, mobility, or circumstance. Accessibility accommodation requests for in-person attendance must be submitted to the Registrar no later than four weeks prior to the ceremony date.

Convocation Dates:

- Fall Convocation — On or about September 11th
- Spring Convocation — On or about May 21st

Each graduate is assigned to a convocation cycle based on their confirmed graduation date. The Registrar will provide written confirmation of the applicable ceremony date no later than six weeks in advance. Participation in the Convocation Ceremony is voluntary; a graduate's decision not to attend has no bearing on the issuance of their certificate, transcript, or Record of Supervised Clinical Hours.

The journey that brought you to this moment of completion has required courage, discipline, and a willingness to be changed by what you have learned — about your clients, about systems of care, about yourself. Every graduate of this program carries forward not just a credential but a way of being in the world: attuned, accountable, and committed to healing that is genuinely transformative. We are honoured to have walked this part of the path with you, and we remain — as Ubuntu teaches — in relationship with you as you continue.

SECTION 7: STUDENT RESOURCES AND ACADEMIC INFRASTRUCTURE

7.1 OVERVIEW AND PURPOSE

The Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is delivered through a sophisticated digital learning infrastructure designed to support the specialized formation of registered nurses as psychotherapeutic practitioners. This infrastructure is not an administrative convenience — it is a structured pedagogical and governance system that integrates academic learning, clinical documentation, privacy-compliant data management, and professional support services within a unified, accountable, and PHIPA-compliant framework.

This section describes the digital platforms, research resources, technology requirements, accessibility supports, and student wellness services available throughout the program. It also clarifies the critical distinction between the academic learning management system and the clinical documentation system, ensuring that learners understand their obligations under applicable privacy legislation, regulatory standards, and professional accountability frameworks from the outset.

As regulated health professionals preparing to perform the controlled act of psychotherapy, learners are responsible for understanding and complying with the legislative and professional standards governing electronic practice, data protection, and the secure handling of personal health information. The resources described in this section are designed to support that compliance — and the Institute is committed to ensuring that every learner has the knowledge, tools, and support necessary to meet those obligations.

7.2 LEARNING MANAGEMENT SYSTEM AND ACADEMIC INFRASTRUCTURE

Platform Access and Navigation

All coursework for BEC101, BEC103B, BEC105, BEC301, BEC302, BEC303, and BEC304A is delivered through D2L Brightspace, the Institute's accredited learning management system (LMS), accessible at becominginstitute.brightspace.com. Learners access the platform using personalized credentials issued at enrollment and are responsible for maintaining password security in accordance with the Institute's Acceptable Use Policy. Multi-factor authentication is required for all accounts.

The LMS provides access to course syllabi, weekly learning modules, assigned readings, multimedia content, discussion forums, assignment submission portals, and grade tracking. Live synchronous sessions are delivered through integrated video conferencing tools. All learners are required to complete the mandatory LMS Orientation module prior to the commencement of Semester 1 coursework.

Intellectual Property and Appropriate Use

All course materials — including recorded lectures, assigned readings, multimedia resources, and instructor-developed content — are proprietary to The Becoming Institute or licensed for educational use and are protected by Canadian copyright law. Learners may download and use these materials solely for personal academic purposes within the scope of their enrollment. Sharing, redistributing, posting, or publishing course materials outside the learning community without prior written authorization from the Institute constitutes a breach of the Student Code of Conduct and may result in disciplinary action.

Distinction Between Academic LMS and Clinical Documentation Systems

Critical Disclosure: The D2L Brightspace LMS is an academic platform used for coursework, assignments, discussions, and non-clinical learning activities. It is **not** a clinical documentation system and is **not** designed or approved for the storage, transmission, or management of personal health information (PHI) as defined under the *Personal Health Information Protection Act, 2004* (PHIPA).

During BEC304 — the 1,000-hour supervised practicum — all client records, session notes, assessment data, treatment plans, and clinical documentation must be created, stored, and transmitted using the Trauma Recovery Hub Network's PHIPA-compliant clinical documentation system, governed by the *Practicum Office Policies and Procedures Manual* and subject to the Institute's Privacy and Data Protection Policy. Learners who use the academic LMS to store, share, or transmit personal health information in violation of PHIPA will be subject to immediate fitness-to-practise review and may be required to withdraw from the practicum.

The College of Nurses of Ontario's *Electronic Practice Guideline* (December 2024) establishes binding standards for the use of electronic systems in nursing practice, including psychotherapeutic nursing practice[1]. Learners are required to review this guideline prior to commencing BEC304 and to demonstrate understanding of its application to clinical documentation, video-based psychotherapy, and electronic communication with clients.

7.3 DIGITAL LIBRARY AND RESEARCH RESOURCES

The Becoming Institute Digital Library provides 24/7 access to a curated collection of peer-reviewed journals, eBooks, multimedia resources, and specialized databases supporting trauma-informed practice, psychotherapy research, nursing scholarship, and decolonizing health frameworks. The library is accessible at library.becominginstitute.ca using the same credentials used for the LMS.

Virtual Librarian Support

Learners may schedule individual consultations with the Institute's virtual librarian for guidance on research strategies, database navigation, literature searching, citation management, and academic writing support. Consultations are available via video call or email and may be requested through the library portal. The virtual librarian provides discipline-specific support tailored to psychotherapeutic nursing, trauma recovery research, and Indigenous and Afrocentric scholarship.

Citation Management and Academic Writing Standards

All scholarly assignments across the program must adhere to APA 7th edition citation and formatting standards unless otherwise specified in the course syllabus. The library provides access to citation management tools including RefWorks and Mendeley, integrated within the LMS for streamlined reference organization and bibliography generation. Learners are expected to demonstrate graduate-level academic writing competence, including proper attribution of sources, critical synthesis of literature, and adherence to scholarly conventions appropriate to psychotherapeutic nursing research.

7.4 TECHNOLOGY REQUIREMENTS AND SUPPORT SERVICES

Minimum Technology Requirements

To participate effectively in all program components, learners must have access to the following technology throughout the duration of the program:

Hardware:

- Computer or laptop with a minimum of 8 GB RAM and an Intel Core i5 processor (or equivalent)
- Built-in or external webcam capable of HD video quality
- Built-in or external microphone and speakers or headset for video conferencing
- Reliable internet connection with minimum speeds of 5 Mbps download and 1 Mbps upload

Software:

- Latest version of Microsoft Office or Google Workspace for document creation and collaboration
- Zoom or equivalent video conferencing software compatible with Brightspace integration
- Adobe Reader (or equivalent PDF viewer) for accessing course documents
- Updated antivirus software and firewall protection

Browser:

- Latest version of Chrome, Firefox, or Safari for optimal LMS performance

Learners who do not have access to the required technology may contact the Registrar to discuss accommodation options. The Institute does not provide devices or internet access but will work with learners to identify community resources or financial assistance programs where available.

24/7 Technology Support

The Institute provides round-the-clock technical support for all learners experiencing issues with LMS access, video conferencing, assignment submission, or platform navigation. Support is available through:

- **Email:** techsupport@becominginstitute.ca (responses within 24 hours on business days; 48 hours on weekends)

- **Live Chat:** Available through the LMS support portal during business hours (Monday–Friday, 9:00 AM – 5:00 PM EST)
- **Support Tickets:** Submitted through the LMS Help Desk for complex or recurring technical issues requiring escalation

Learners experiencing technical difficulties that prevent timely assignment submission or participation in graded activities must notify their course instructor and submit a support ticket documenting the issue within 24 hours of the occurrence. Extensions or accommodations are granted on a case-by-case basis in accordance with the Institute's Academic Policies.

Accessibility Services

The Becoming Institute is committed to ensuring that all digital learning resources are accessible to learners with disabilities, in full compliance with the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) and the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA standards.

Accessibility features integrated into the LMS and course materials include:

- Screen reader compatibility for visually impaired learners
- Closed captioning for all video and multimedia content
- Adjustable text size, contrast, and display settings
- Keyboard navigation support for learners with mobility limitations

Learners requiring individualized accessibility accommodations — including alternate format materials, extended time on assessments, or assistive technology support — are encouraged to contact the Accessibility Coordinator at accessibility@becominginstitute.ca as early as possible, and no later than two weeks following the commencement of the semester. All accommodation requests are reviewed confidentially and implemented in accordance with the Institute's Accessibility Policy and applicable human rights legislation.

7.5 STUDENT WELLNESS AND SUPPORT SERVICES

The Institute recognizes that the personal and professional formation required of psychotherapeutic practitioners is intellectually, emotionally, and relationally demanding. Learners are supported throughout the program by a range of wellness resources designed to promote resilience, prevent burnout, and ensure that the healing work learners undertake — both with clients and within themselves — is sustained by structures of care and accountability.

Critical Distinction: Student Wellness vs. Practicum Clinical Services

BEC304 — the 1,000-Hour Psychotherapeutic Practicum — is a supervised clinical practicum in which learners provide psychotherapeutic services to real clients under qualified supervision. It is not a student wellness benefit, student support service, or therapeutic intervention provided to learners by the Institute.

Student wellness supports described in this section are independent of the practicum, delivered by qualified providers who have no supervisory, evaluative, or instructional relationship with learners in the program, and are designed to support learner well-being without creating the

dual relationships or conflicts of interest prohibited under CNO and CRPO professional practice standards.

Academic Counselling Services

Learners experiencing stress, time management challenges, academic difficulties, or personal transitions that affect their capacity to engage fully in the program may access confidential academic counselling by telephone or secure video call. Academic counselling is provided by qualified counsellors external to the Institute's instructional and supervisory teams and focuses on:

- Strategies for managing academic workload and competing demands
- Time management and organizational skill development
- Stress reduction and coping strategies for high-demand learning environments
- Navigating academic challenges, grade concerns, or program progression issues
- Referral to community resources for mental health, financial, or social support needs

Academic counselling is available by appointment and may be requested through the Student Services portal. Services are confidential and governed by the Institute's Privacy Policy. Academic counsellors do not have access to learner grades, course performance data, or fitness-to-practise records unless the learner provides explicit written consent for information sharing.

Peer Support and Wellness Workshops

The Institute offers optional peer support groups and wellness workshops throughout the academic year, addressing topics including:

- Managing stress and preventing burnout in psychotherapeutic training
- Work-life balance and boundary-setting for practising nurses in graduate study
- Mindfulness and self-regulation practices for practitioner well-being
- Nutrition, physical activity, and holistic health for sustainable practice
- Navigating vicarious trauma and compassion fatigue

Participation in wellness workshops is voluntary and does not contribute to course grades or program progression. Workshop schedules are posted on the Student Services page and are open to all enrolled learners.

Crisis Support Resources

Learners experiencing acute mental health distress or crisis are encouraged to access immediate support through the following resources:

Crisis Services Canada — 24/7 crisis support by phone or text

- Phone: 1-833-456-4566
- Text: 45645
- Website: www.crisisservicescanada.ca

ConnexOntario Mental Health Helpline — 24/7 information and referral for mental health and addiction services in Ontario

- Phone: 1-866-531-2600
- Website: www.connexontario.ca

Good2Talk — 24/7 mental health support for post-secondary students in Ontario

- Phone: 1-866-925-5454
- Text: GOOD2TALKON to 686868
- Website: www.good2talk.ca

Peel Region Mobile Crisis — 24/7 crisis intervention for residents of Peel Region

- Phone: 905-278-9036 or 1-888-811-2222

Learners who access crisis services and require academic accommodation due to health or safety concerns are encouraged to contact the Registrar to discuss options for leave of absence, grade deferrals, or program re-entry. All requests are handled confidentially and in accordance with applicable privacy and human rights legislation.

7.6 PROFESSIONAL DEVELOPMENT AND POST-GRADUATION RESOURCES

Detailed information regarding post-graduation pathways, alumni community membership, career opportunities within the Trauma Recovery Hub Network, continuing professional development programming, and post-graduate clinical supervision is provided in **Section 6.4 — Post-Graduation Pathways and Supports**. Learners are encouraged to review that section in full as they approach program completion.

Professional Association Membership

Learners are encouraged to explore membership in relevant professional associations that support ongoing learning, networking, and professional identity development, including:

- Registered Nurses' Association of Ontario (RNAO)
- Canadian Nurses Association (CNA)
- Canadian Federation of Mental Health Nurses (CFMHN)
- College of Registered Psychotherapists of Ontario (CRPO) — Student Membership Category

Association memberships are the responsibility of individual learners and are not included in program tuition.

The resources described in this section exist to support you in meeting the intellectual, technical, ethical, and personal demands of this program. You are not expected to navigate this journey alone. We encourage you to use these resources early, often, and without hesitation — and to reach out whenever you need support. Your success is not measured by your independence, but by your willingness to engage the full community of care that surrounds you.

References

[1] College of Nurses of Ontario. (2024). *Electronic Practice Guideline* (Pub. No. 49087). <https://www.cno.org/globalassets/docs/prac/49087-electronic-practice-guideline.pdf>

SECTION 8: ACADEMIC POLICIES, STUDENT CONDUCT, AND INSTITUTIONAL GOVERNANCE

8.1 OVERVIEW AND PURPOSE

This section establishes the academic policies, conduct standards, institutional governance frameworks, and student rights and responsibilities that govern all aspects of enrollment in the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery. These policies apply to all enrolled learners from the date of enrollment confirmation through the date of program completion, withdrawal, or dismissal.

Learners in this program are Registered Nurses subject to the concurrent jurisdiction of their provincial nursing regulatory body, the Regulated Health Professions Act, 1991, and the professional conduct standards of the College of Registered Psychotherapists of Ontario (CRPO) with respect to the controlled act of psychotherapy. The policies in this section are designed to operate in full alignment with those regulatory obligations. Where a matter of student conduct also constitutes a potential breach of professional regulatory standards, the Institute's internal processes do not replace, and do not preclude, regulatory proceedings before the College of Nurses of Ontario (CNO), the CRPO, or any other body with jurisdiction.

8.2 TUITION, FEES, AND REFUND POLICY

Program Tuition

The tuition for the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is \$13,497.00 plus applicable HST, payable according to an eight-month installment schedule as set out in the learner's enrollment contract. Tuition is subject to periodic review and may be adjusted for incoming cohorts. Any tuition adjustment applicable to an enrolled learner will be communicated in writing no less than 60 days prior to its effective date. Tuition adjustments do not apply retroactively to learners whose enrollment contract has been confirmed and whose first installment has been received.

Non-Refundable Enrollment Deposit

Upon acceptance into the program, learners are required to submit a non-refundable enrollment deposit of \$500.00 plus HST, credited in full toward the total program tuition. This deposit confirms the learner's place in the cohort and triggers the Institute's immediate commitment of faculty contracts, Brightspace platform licensing, clinical supervision arrangements, and cohort-specific administrative resources. Because these institutional commitments are made in full at the point of enrollment confirmation — not at the point of program commencement — the deposit is non-refundable under all circumstances, except where the Institute cancels or fails to commence the program.

Fee Refund Policy

The Becoming Institute's refund policy is established in full compliance with the Ontario Career Colleges Act, 2005 and Ontario Regulation 415/06, ss. 25–33. The program is structured across three sequential semesters, and refund entitlements are calculated on a semester basis, reflecting the Institute's actual committed and incurred costs at each stage of program delivery.

Earned fees are defined broadly and include all institutional costs committed or incurred at the point of a learner's withdrawal, including but not limited to: faculty compensation for the current and any subsequent contracted semester, Brightspace platform licensing fees, clinical supervision arrangements, course material production and access, and administrative costs attributable to the learner's enrollment. This definition reflects the operational reality that the Institute's cost commitments are made in advance of — not concurrent with — each stage of instruction.

Full Refund

A learner is entitled to a full refund of all fees paid, excluding the non-refundable enrollment deposit, in the following circumstances:

- The enrollment contract is rescinded in writing within two business days of the learner receiving a signed copy of the contract
- The Institute fails to deliver the program as described in the enrollment contract
- The program is discontinued by the Institute prior to commencement

Partial Refund — Prior to Program Commencement

A learner who withdraws after the two-day rescission period but before Semester 1 commences is entitled to a refund of all tuition paid, less the \$500.00 non-refundable enrollment deposit and less any applicable HST on fees earned.

Refund Schedule — After Program Commencement

Once a learner has been granted access to program materials, the LMS, or any course content — or once Semester 1 has formally commenced, whichever occurs first — the Institute's faculty commitments, platform costs, and operational infrastructure for that semester are fully engaged. Accordingly, no refund is available for fees attributable to any semester that has commenced or to which the learner has been granted access, regardless of whether the learner has actively participated in instruction.

This policy reflects the Institute's actual cost structure: faculty are contracted and compensated on a semester basis, Brightspace licensing is activated per enrolled learner, and supervision arrangements are confirmed prior to the practicum semester. A learner's decision not to participate after access has been granted does not reduce the costs the Institute has already committed on their behalf.

Refund Schedule — After Program Commencement

Point of Withdrawal	Refund Entitlement
Before Semester 1 commences and before LMS access granted	Full refund of tuition paid, less \$500 deposit
After Semester 1 commences or after LMS/course access granted	Refund of tuition attributable to Semesters 2 and 3 only, if paid in advance; Semester 1 fees non-refundable
After Semester 2 commences	Refund of tuition attributable to Semester 3 only, if paid in advance; Semesters 1 and 2 fees non-refundable
After Semester 3 commences	No refund; all program costs fully committed

Timing of Refunds

All refunds to which a learner is entitled are issued in Canadian dollars within 30 days of the date the Institute receives written notice of withdrawal, written notice of expulsion, or a written refund request, in accordance with O. Reg. 415/06. Refunds are processed to the original payment method where reasonably practicable.

Written Notice Requirement

To be eligible for a refund, a learner must deliver written notice of withdrawal or cancellation directly to the Registrar at registrar@becominginstitute.ca. Notice delivered to an instructor, clinical supervisor, or any other Institute personnel does not constitute valid notice for refund purposes. The date the Registrar receives written notice is the operative date for all refund calculations.

Financial Hardship

Learners experiencing financial hardship that affects their ability to meet the installment schedule are encouraged to contact the Finance Office at finance@becominginstitute.ca as early as possible. The Institute may, at its discretion, offer modified payment arrangements where doing so does not compromise the learner's academic standing or the Institute's operational commitments. Financial hardship does not alter refund entitlements under this policy.

Sequential Cohort Refund Model

The Institute's refund schedule is structured on a semester basis to reflect the sequential cohort delivery model of this program and the Institute's actual committed costs — including instructor engagement, site licensing, clinical coordination, and administrative obligations — at each stage of program delivery. The Institute has

reviewed this refund structure in relation to the graduated refund provisions of Ontario Regulation 415/06, s. 27, made under the Ontario Career Colleges Act, 2005, and is satisfied that the semester-based schedule is consistent with the intent of that regulation given the nature of the program's cohort structure and the front-loading of instructional and operational commitments inherent in that model. Learners who believe that a refund calculation does not comply with the requirements of the Ontario Career Colleges Act, 2005 or its regulations may contact the Superintendent of Private Career Colleges, whose office administers the Act and may be reached through the Ontario Ministry of Colleges and Universities.

8.3 STUDENT CODE OF CONDUCT

Foundation and Scope

Learners enrolled in this program are simultaneously students of the Becoming Institute and regulated health professionals accountable to their nursing regulatory body. The Student Code of Conduct reflects both dimensions of that identity. Conduct expectations in this program are not limited to the academic environment — they extend to all practicum activities, clinical encounters, supervisory relationships, peer interactions, online and social media conduct, and any context in which a learner acts in a capacity connected to their enrollment in this program.

Professional Conduct Obligations

All learners are expected to conduct themselves at all times in a manner consistent with:

- The CNA Code of Ethics for Registered Nurses (2025) and its foundational principles of justice, human dignity, accountability, and safety
- The CNO Professional Standards and applicable Practice Guidelines, including the Electronic Practice Guideline (December 2024)
- The CRPO Professional Practice Standards governing therapeutic relationships, informed consent, boundaries, and professional conduct for all persons performing the controlled act of psychotherapy in Ontario
- The Becoming Institute Nurse Psychotherapist Practice Standards and Competencies 2025, with particular attention to the ethical obligations established in Domain II — Ethics, Dignity, and Moral Conditions for Healing

Specific Conduct Expectations

All learners are required to:

- Engage with peers, faculty, supervisors, and clients with honesty, respect, and professional integrity at all times
- Maintain strict confidentiality with respect to client information, peer disclosures made in the learning community, and any personal or clinical information shared in the context of the program

- Maintain professional boundaries with all clients at all times, including refraining from entering into dual relationships, personal relationships, financial relationships, or any relationship that creates a conflict of interest with a therapeutic relationship, in accordance with the CRPO Professional Practice Standards and the Institute's Nurse Psychotherapist Practice Standards and Competencies (2025)
- Conduct all public and online communications — including social media activity — in a manner consistent with professional obligations, refraining from disclosing any information that could identify a client, peer, or supervisory encounter, and ensuring that any public representation of the learner's status in this program does not misrepresent their qualifications or scope of practice, in accordance with the CNO Electronic Practice Guideline (December 2024)
- Self-assess fitness to practise on an ongoing basis and disclose promptly and in writing to the Registrar any health condition, impairment, or circumstance — including physical health, mental health, or substance use — that may affect the learner's capacity to engage safely and competently in clinical activities; this obligation is distinct from and additional to the obligation to disclose changes in regulatory standing
- Disclose promptly and in writing to the Registrar any change in regulatory standing, including any investigation, disciplinary proceeding, terms, conditions, or restrictions placed on their nursing registration, that arises at any point during the program
- Fulfill all mandatory reporting obligations that arise during the practicum without delay, including the duty to report a child in need of protection under the Child, Youth and Family Services Act, 2017 and the duty to report the sexual abuse of a client by a regulated health professional under the Regulated Health Professions Act, 1991; these duties are non-discretionary and override confidentiality obligations
- Refrain from practising outside assessed scope of competence at any point during the practicum
- Maintain all required insurance coverage, credentials, and regulatory standing as set out in Section 5 of this handbook throughout the duration of the program
- Use all Institute platforms, resources, and communications in accordance with the Acceptable Use Policy and applicable privacy legislation

Conduct Constituting Grounds for Review

The following conduct constitutes grounds for a formal fitness-to-practise or academic integrity review:

- Any act of dishonesty in academic work, clinical documentation, or communications with the Institute, faculty, supervisors, or clients
- Any breach of client confidentiality or personal health information obligations under PHIPA
- Any conduct that places a client at risk of harm, whether through action, omission, or misrepresentation
- Any boundary violation or dual relationship with a client, whether during or after the therapeutic relationship, including any personal, financial, or intimate relationship
- Any public or social media communication that discloses identifiable client, peer, or supervisory information, or that misrepresents the learner's qualifications or scope of practice
- Failure to disclose a change in regulatory standing as required above

- Failure to disclose a health condition, impairment, or fitness concern that affects clinical safety as required above
- Failure to fulfill a mandatory reporting obligation under the Child, Youth and Family Services Act, 2017 or the Regulated Health Professions Act, 1991 when the duty to report has been triggered
- Harassment, discrimination, or conduct that violates the Ontario Human Rights Code directed toward any member of the Institute community
- Any conduct that, if established, would constitute a breach of the CNO or CRPO professional conduct standards

8.4 STUDENT ATTENDANCE POLICY

8.4.1 Purpose and Scope

Regular attendance is fundamental to academic achievement, professional preparation, and community within the learning environment. This policy establishes clear expectations, thresholds, and procedures governing student attendance for all enrolled programs.

Scope

- Applies to all credit-bearing courses, practicum placements, and co-curricular sessions
- Covers in-person, remote, hybrid, and blended learning modalities
- Applies to all students registered in certificate, diploma, and degree programs
- Supersedes any informal arrangements unless a formal accommodation is in place under Section 8.4.8 of this policy

8.4.2 Definitions

Attendance

Active, punctual participation in a scheduled class session, practicum, seminar, or synchronous online meeting from the session's start time through its conclusion. Attendance is recorded by the course instructor or designated administrator at the beginning of each session.

Absence

Any failure to be present and participating for a scheduled session, regardless of reason, unless classified as an Excused Absence under Section 8.4.4.

Tardy / Late Arrival

Arriving after attendance has been recorded but within the first 15 minutes of a session. Two (2) recorded tardies equal one (1) unexcused absence for the purposes of threshold calculation.

Early Departure

Leaving a session before the scheduled end time without prior instructor approval. An early departure of more than 20 minutes constitutes a partial absence and is recorded as one-half (0.5) of an unexcused absence.

Synchronous Participation (Remote/Hybrid)

Real-time, active engagement in a live virtual session via the institution's designated learning platform. Logging in but failing to engage (e.g., camera off, no responses, inactive status) does not constitute full attendance and may be recorded as a partial absence at instructor discretion.

Asynchronous Participation

Completion of recorded lectures, discussion board contributions, or assigned activities within designated windows. Asynchronous participation supplements but does not replace required synchronous sessions unless explicitly stated in the course outline.

8.4.3 Attendance Requirements and Thresholds

The following thresholds apply per course, per term. Students are responsible for monitoring their own attendance record through the student portal.

Scenario	Minimum Attendance	At-Risk Threshold	Consequence
Standard (in-person)	75% per course	< 75%	Academic Warning
At-Risk Monitoring	65% rolling average	< 65%	Formal Review
Critical Threshold	60% of sessions	< 60%	Course Failure / Withdrawal
Remote / Hybrid	75% synchronous	< 70%	Escalated Review

Standard Minimum Requirement

- Students must attend a minimum of 75% of all scheduled sessions in each course
- This includes in-person classes, synchronous online sessions, and mandatory practicums
- Attendance below 75% places the student in At-Risk status (see Section 8.4.6)

At-Risk Threshold

- A rolling attendance average below 65% triggers a formal At-Risk review
- Students falling to this level receive written notification and must meet with their Academic Advisor within five (5) business days
- An Attendance Improvement Plan (AIP) is initiated at this stage

Critical Threshold — Mandatory Intervention

- Attendance at or below 60% of scheduled sessions constitutes a critical attendance failure

- The student may be withdrawn from the course with a grade of WF (Withdrawn Failing) or receive a failing grade (F), at the discretion of the Program Director
- Re-enrollment in the affected course requires Program Director approval and, where applicable, Academic Council review

Practicum and Clinical Placements

- 100% attendance is expected for all practicum, clinical, or field placement hours
- Missed practicum hours must be made up in full; make-up hours are subject to placement site availability
- Failure to complete required practicum hours within the term may result in an Incomplete (INC) grade or course failure regardless of theoretical component performance

8.4.4 Excused and Unexcused Absences

Excused Absences

An absence may be classified as Excused when documented notice is provided within the timelines below. Excused absences are counted in overall attendance records but do not carry academic penalty, provided the student fulfills makeup requirements.

Qualifying circumstances:

- Personal illness or medical appointment supported by a signed healthcare provider note
- Serious illness of, or emergency involving, an immediate family member
- Bereavement (up to five calendar days for immediate family; up to two calendar days for extended family)
- Court appearances, jury duty, or legally required government proceedings (documentation required)
- Religious observances that conflict with scheduled sessions (advance notice required; see Section 8.4.4.3)
- Documented disability-related absences approved through the Accessibility Services Office
- Institutional representation (athletics, academic competitions, approved co-curricular events)
- Severe weather or declared public emergencies that prevent safe travel

Documentation and notification timelines:

- Notify the instructor and Program Office as soon as practicable — ideally before the session or within 24 hours of the absence
- Submit supporting documentation to the Registrar's Office within five (5) business days of return
- Failure to provide documentation within this window converts the absence to Unexcused
- Documentation is reviewed by the Registrar's Office; students may appeal a classification decision to the Academic Appeals Committee

Unexcused Absences

Any absence that does not meet the criteria above, or for which documentation is not submitted within the required timeline, is classified as Unexcused.

Examples of unexcused absences:

- Oversleeping or personal scheduling conflicts
- Employment commitments (except pre-approved institutional representation)
- Travel not connected to institutional activities
- Undocumented or late-documented illness
- Personal matters that did not prevent attendance

Note: Three (3) unexcused absences within a single course term trigger an automatic Academic Warning. Accumulation of five (5) or more unexcused absences may result in course withdrawal or failure. (See Section 8.4.6 — Progressive Enforcement.)

Religious and Cultural Observance

- Students must notify the instructor and Program Office in writing at least ten (10) calendar days prior to a known religious or cultural observance
- Instructors will provide reasonable accommodation, including alternative assessment dates or makeup opportunities
- Failure to provide advance notice does not automatically qualify the absence as Excused

8.4.5 Remote and Hybrid Participation

Synchronous Online Sessions

- Students must log into the designated platform on time and remain actively engaged for the full session duration
- A minimum of 75% synchronous attendance applies, consistent with the in-person standard
- Attendance is confirmed by platform participation logs, in-session responses, and instructor records
- Technical difficulties do not automatically excuse absence; students must notify the instructor within 30 minutes of the session start and provide evidence of the issue (e.g., screenshots, internet provider notification)

Hybrid-Mode Courses

- Students must attend all sessions in the modality designated in the course schedule (in-person or online) unless a temporary modality switch is approved in advance
- Unilateral switches in modality without instructor approval are recorded as absences
- Students requiring a persistent modality accommodation must apply through Accessibility Services

Recorded Lectures

- Access to recorded sessions is provided as a supplementary resource, not as a substitute for live attendance
- Viewing a recording does not count as attendance unless the course is designated as fully asynchronous
- Recorded content must be accessed and any associated activities completed within the window specified in the course outline

Connectivity and Technology Requirements

- Students are responsible for maintaining reliable technology and internet access for online components
- The institution provides limited short-term equipment lending; contact the Technology Support Office for assistance
- Persistent connectivity issues should be reported to the Program Office so that an appropriate accommodation plan can be developed

8.4.6 Progressive Enforcement and Warning System

Interventions are cumulative and escalate as attendance deficits grow. All formal steps are documented in the student's academic file.

Level	Trigger	Action	Timeline
1 — Advisory	1st or 2nd unexcused absence, or attendance drops below 80%	Instructor contacts student verbally or by email; absence logged	Within 48 hrs
2 — Warning	3rd unexcused absence or attendance below 75%	Written Academic Warning issued; student must meet with Advisor within 5 business days	Within 5 business days
3 — At-Risk Review	Attendance below 65% or 4th–5th unexcused absence	Attendance Improvement Plan (AIP) initiated; parent/guardian notified if student is a minor	Within 5 business days of trigger
4 — Critical	Attendance at or below 60% or 6+ unexcused absences	Referral to Academic Council; possible course withdrawal (WF) or failure (F)	Immediate referral

Grade Impact

- Attendance that falls below the 75% minimum may result in a deduction of up to 10% of the final course grade, as specified in individual course outlines
- Attendance at or below the 60% critical threshold results in automatic failure of the course (grade of F or WF) regardless of assignment and examination performance

- Where attendance contributes directly to a course grading rubric, the weighting will be clearly stated in the course outline distributed at the start of term
- Students who withdraw before the published withdrawal deadline receive a grade of W (Withdrawn); late withdrawals after the deadline with a failing attendance record receive WF, which is calculated in the GPA

8.4.7 Makeup Procedures

Eligibility for Makeup

- Makeup opportunities are available only for Excused Absences (Section 8.4.4)
- Students must request makeup within five (5) business days of the excused absence
- The format and timing of makeup work is at the instructor's discretion, subject to the guidelines below
- No student is entitled to makeup for an Unexcused Absence; instructors may offer makeup at their own discretion in exceptional circumstances, but are not obligated to do so

Makeup Formats

- Written assignments equivalent in scope and rigour to missed in-class work
- Alternative assessment (oral exam, presentation, or extended written submission)
- Attendance at a parallel section of the same course, if available and authorized by the Program Director
- Supervised completion of laboratory, simulation, or workshop activities at a scheduled makeup session

Timelines

- Makeup work must be submitted or completed within ten (10) calendar days of the excused absence, or by the last day of the term, whichever is earlier
- Extensions beyond this window require Program Director approval and must be requested in writing prior to the deadline
- Incomplete grades (INC) are not granted solely for attendance-related issues without Program Director authorization

Practicum and Clinical Makeup

- Missed practicum hours must be rescheduled through the Practicum Coordinator in consultation with the placement site
- Make-up hours are subject to site availability and may extend beyond the standard term end date by up to four (4) weeks, with Program Director approval
- Students unable to complete required practicum hours within the approved extension window will receive an INC or F grade, as determined by program policy

8.4.8 Accommodations and Exceptional Circumstances

Disability-Related Accommodations

- Students with documented disabilities may be eligible for modified attendance requirements as part of a formal Accommodation Plan
- Accommodation Plans are developed by the Accessibility Services Office in consultation with the student and Program Director
- Attendance accommodations do not exempt students from core learning outcomes; all essential competencies must still be demonstrated
- Students must register with Accessibility Services and provide documentation before an accommodation can be implemented; retroactive accommodation is not available

Medical Leave

- Students facing extended illness or medical circumstances may apply for a Medical Leave of Absence through the Registrar's Office
- Approved medical leaves preserve enrollment status and academic standing for the duration of the leave
- Re-entry requires clearance from a qualified healthcare provider and approval by the Program Director

Compassionate and Emergency Grounds

- In cases of extraordinary circumstances (e.g., natural disaster, prolonged family crisis, serious accident), students may petition the Academic Appeals Committee for a retroactive Excused Absence
- Petitions must be submitted in writing with supporting documentation within fifteen (15) calendar days of the event
- The Academic Appeals Committee decision is final

8.4.9 Student Responsibilities

- Attend all scheduled sessions punctually and remain for the full session unless otherwise authorized
- Monitor personal attendance records regularly through the student portal and report discrepancies to the course instructor within five (5) business days of the recorded session
- Notify the instructor and Program Office proactively when an absence is anticipated
- Submit documentation for Excused Absences within the required timelines
- Complete all makeup work by the specified deadlines
- Engage with academic support resources (Advisor, tutoring, counseling) when attendance difficulties arise
- Maintain required technology and connectivity for remote and hybrid participation

8.4.10 Instructor and Administrator Responsibilities

Instructors

- Record attendance at the start of every scheduled session using the institution's attendance management system
- Communicate this policy to students verbally and in writing at the first class meeting and in the course outline
- Initiate Level 1 Advisory contact (Section 8.4.6) no later than 48 hours after an at-risk pattern emerges
- Report ongoing attendance concerns to the Program Office in a timely manner
- Determine and communicate makeup formats for Excused Absences within five (5) business days of the student's request
- Maintain accurate, auditable attendance records for a minimum of one (1) year following the course term

Program Office and Advisors

- Issue formal Academic Warnings and coordinate At-Risk Review meetings as outlined in Section 8.4.6
- Develop and monitor Attendance Improvement Plans in collaboration with the student and instructor
- Liaise with Accessibility Services for accommodation implementation
- Refer students to counseling, financial aid, or other supports as appropriate
- Escalate cases meeting the critical threshold to Academic Council without delay

Registrar's Office

- Receive, verify, and file attendance documentation submitted by students
- Process withdrawals, INC grades, and WF grades in accordance with this policy
- Maintain confidential attendance records consistent with applicable privacy legislation

8.4.11 Appeals Process

- Students who believe this policy has been applied in error may submit a written appeal to the Academic Appeals Committee
- Appeals must be submitted within ten (10) business days of the disputed decision, with relevant documentation
- The Academic Appeals Committee will acknowledge receipt within five (5) business days and render a written decision within twenty (20) business days
- Decisions of the Academic Appeals Committee are final and binding, subject only to the institution's formal grievance process
- Submitting an appeal does not suspend attendance requirements or defer applicable consequences pending the outcome

8.4.12 Privacy and Record-Keeping

- All attendance records are maintained in accordance with applicable privacy legislation, including FIPPA (Ontario) and PIPEDA
- Attendance data is shared only with those institutional staff who have a direct educational need to access it
- Students have the right to review their own attendance records upon written request to the Registrar's Office
- Records are retained for a minimum of seven (7) years following the end of the academic term

8.4.13 Policy Review and Authority

- This policy is reviewed annually by the Scientific Review Committee or whenever significant regulatory or operational changes occur
- Proposed amendments require approval from the Academic Council and the Board of Directors (or equivalent governing body)
- Students, faculty, and staff are notified of material changes via the institutional website and student portal no fewer than thirty (30) days before the effective date

8.4.14 Related Policies and Resources

- Student Code of Conduct — Handbook Section 8.3
- Academic Integrity Policy — Handbook Section 8.5
- Disciplinary Process and Fitness-to-Practise Review — Handbook Section 8.7
- Academic Appeals Policy — Handbook Section 8.8
- Privacy, Confidentiality, and Data Protection — Handbook Section 8.9
- Leave of Absence Policy — Handbook Section 8.11
- Practicum Policy — Handbook Section 5

8.5 ACADEMIC INTEGRITY POLICY

Foundational Principle

Academic integrity in this program is not solely a matter of institutional policy — it is a professional obligation. Learners preparing to perform the controlled act of psychotherapy with real clients bear a duty to ensure that the knowledge and competence they represent to supervisors, clients, and regulatory bodies is genuinely their own. Misrepresentation of academic work is therefore not only a breach of the Student Code of Conduct but potentially a breach of the professional accountability obligations each learner holds with the CNO.

Original Work Requirement

All assignments, reflective papers, case conceptualizations, clinical documentation, discussion contributions, and assessments submitted in this program must represent the learner's own original work, prepared in accordance with the requirements of the relevant course. Collaborative work is permitted only where explicitly authorized in writing by the course instructor.

Artificial Intelligence Use Policy

The Becoming Institute recognizes that artificial intelligence tools, when used with professional intentionality and transparency, can support high-quality academic work, deepen research, and assist practitioners in organizing and articulating complex clinical thinking. Learners are encouraged to develop AI literacy as a professional competency — the capacity to use these tools critically, ethically, and in full awareness of their limitations and risks.

The governing principle is this: the knowledge, judgment, and clinical reasoning must originate with the learner. AI is a tool for extending and refining that thinking — not a substitute for it. A learner who cannot articulate, defend, and apply the ideas in their submitted work without the assistance of AI has not demonstrated the competency the work was designed to assess.

Permitted Uses of AI

Learners may use AI tools for the following purposes without prior instructor authorization, provided disclosure requirements below are met:

- Organizing and structuring original thoughts and ideas into coherent written form
- Grammar, clarity, and professional writing support
- Literature searching, research synthesis, and identifying relevant sources — where the learner critically evaluates and verifies all sources independently
- Exploring alternative clinical perspectives, ethical considerations, or theoretical frameworks as a thinking prompt — where the learner engages critically with and takes ownership of the resulting ideas
- Drafting documentation templates or structural frameworks — where the learner completes all substantive clinical content

Uses Requiring Prior Instructor Authorization

The following uses require explicit written authorization from the course instructor before submission:

- Incorporating AI-generated content directly into an assignment beyond editing and organizational support
- Using AI tools for translation or language support where English language proficiency is being assessed

Prohibited Uses — Under All Circumstances

The following uses are prohibited regardless of instructor authorization, because they compromise the learner's ability to demonstrate genuine competency and undermine the professional accountability obligations each learner holds with the CNO:

- Submitting AI-generated text as the learner's own original reasoning, analysis, or reflection without disclosure
- Using AI to generate clinical case notes, session documentation, client assessment summaries, treatment plans, or any record representing the learner's direct clinical judgment during BEC304 — individual accountability for clinical documentation cannot be delegated to any technology platform, in accordance with the CNO Electronic Practice Guideline (December 2024)
- Using AI to complete reflective assignments designed to assess personal and professional formation — reflective capacity is a formally assessed clinical competency under the Safe and Effective Use of Self (SEUS) framework, and AI-generated reflection cannot constitute evidence of that competency

Disclosure Requirements

Where AI tools have been used in the preparation of any submitted work, learners must include a brief AI Use Disclosure statement identifying:

- Which tools were used
- The nature of the assistance provided
- How the learner exercised independent judgment in relation to the AI-assisted content

Failure to disclose AI use where it has occurred constitutes academic dishonesty and engages the learner's professional honesty obligations under the CNA Code of Ethics for Registered Nurses (2025).

Citation and Attribution

All scholarly work must adhere to APA 7th edition citation standards unless otherwise specified in the course syllabus. Proper attribution of sources is both an academic requirement and a professional practice obligation — accurate representation of the evidence base for clinical decisions is a core competency of psychotherapeutic nursing practice.

Clinical Documentation Integrity

During BEC304, all client records, session notes, assessment data, and treatment plans must accurately reflect the learner's actual clinical work. Falsifying, misrepresenting, backdating, or omitting material information in clinical documentation constitutes a serious breach of this policy and may constitute professional misconduct subject to regulatory proceedings. Clinical documentation integrity is governed concurrently by this policy, the Practicum Office Policies and Procedures Manual, and the CNO Electronic Practice Guideline (December 2024).

Consequences of Academic Dishonesty

Breaches of academic integrity are addressed through the disciplinary process described in Section 8.7. Consequences range from assignment failure to program dismissal, depending on the nature and severity of the breach. Where a breach also raises fitness-to-practise concerns, the matter is referred concurrently to the fitness-to-practise review process. The Institute reserves the right to notify the learner's nursing regulatory body of findings of academic dishonesty where the conduct raises professional accountability concerns.

8.6 CONCERNS IDENTIFICATION AND ESCALATION FRAMEWORK

Escalation: Purpose and Scope

The Becoming Institute is committed to providing learning environments that are safe, ethical, trauma-informed, and aligned with professional standards of practice. This Framework establishes how faculty, supervisors, and administrators identify, triage, document, and escalate concerns that arise in the course of teaching, supervision, or program delivery — before and, where appropriate, independently of the formal disciplinary process set out in Section 8.7.

This Framework applies to all Institute courses, programs, intensives, supervision groups, practicums, and learning environments, whether delivered in person, online, or in hybrid formats. It applies to all faculty, sessional instructors, clinical supervisors, staff, and administrators.

This Framework is complementary to, and does not replace:

Section 5.7 (Incident Reporting and Risk Management)
Section 5.9 (Fitness to Practise and Remediation)
Section 8.3 (Student Code of Conduct)
Section 8.5 (Academic Integrity Policy)
Section 8.7 (Disciplinary Process and Fitness-to-Practise Review)
Section 9.7 (Reporting Obligations to Regulatory Bodies)

Where a concern engages one of the above provisions, this Framework governs the identification, triage, and escalation; the substantive process and consequences are governed by the applicable section.

Guiding Principles

All escalation decisions under this Framework are guided by:

- Safety first — emotional, psychological, relational, and professional
- Least intrusive response first — the Framework favours early, supportive intervention over formal process where safety permits
- Restorative, not punitive, wherever possible
- Transparency and proportionality
- Respect for student dignity and autonomy

- Protection of the public, profession, and learning community
- Procedural fairness — concerns are documented, communicated, and addressed in accordance with Section 8.7

Types of Concerns Covered

This Framework applies to concerns in four domains:

A. Student Wellbeing or Risk

- Emotional distress that interferes with learning or participation
- Signs of dysregulation, dissociation, or impaired judgment
- Disclosure of current risk of harm to self or others
- Re-traumatization beyond the scope of course support

B. Ethical or Professional Conduct

- Boundary violations (peer, faculty, or client-related)
- Breach of confidentiality
- Misrepresentation of credentials or scope of practice
- Inappropriate use of therapeutic language or techniques
- Disrespectful, unsafe, or disruptive behaviour

C. Fitness-to-Practise Indicators

- Persistent inability to self-regulate in professional learning contexts
- Repeated ethical concerns despite feedback
- Behaviour inconsistent with professional standards
- Health or impairment concerns that affect safe practice

D. Academic Integrity

- Plagiarism or misrepresentation of work
- Unauthorized reuse of work
- Conduct inconsistent with the Academic Integrity Policy (Section 8.5), including the improper use of generative AI

Escalation Tiers

The Framework establishes four escalation tiers. Tiers are guides, not rigid rules — faculty may move directly to a higher tier where the nature or severity of the concern warrants. The tier structure in this Section is distinct from, and should not be confused with, the Level 1 / Level 2 / Level 3 disciplinary outcomes set out in Section 8.7. This Section governs how concerns are identified and routed; Section 8.7 governs the formal disciplinary response where one is required.

Tier 1	Supportive Check-In (Early Intervention)
Trigger	Isolated or mild concern identified by faculty, supervisor, or the student themselves.
Response	<ul style="list-style-type: none"> ● Private, supportive conversation with the student ● Clarification of expectations, boundaries, and course requirements ● Collaborative grounding, support, or participation plan ● Encouragement to access Institute wellness supports (Section 7.5) or external professional supports, as appropriate
Documentation	Brief internal faculty note retained by the instructor; shared with the Program Lead only if the concern recurs or escalates.
Goal	Restore safety, clarity, and effective participation without formal process.

Tier 2	Structured Support and Monitoring
Trigger	<ul style="list-style-type: none"> ● Ongoing concern after Tier 1 ● Moderate ethical, professional, or conduct concern ● Impact on group safety or learning environment
Response	<ul style="list-style-type: none"> ● Formal meeting with the Instructor, the Program Lead, and the student (with the President or designate available as required) ● Written summary of concerns, expectations, and a time-limited support or monitoring plan ● Temporary adjustments to participation where appropriate ● Referral to Institute wellness or academic supports
Documentation	Written record placed in the student's confidential academic file; incident logged under Section 5.7 where applicable.
Goal	Support accountability, reintegration, and return to full participation.

Tier 3	Formal Review and Pause in Progression
Trigger	<ul style="list-style-type: none"> ● Significant ethical concern ● Evidence of impaired fitness to practise (Section 5.9) ● Risk to self, others, or the public ● Failure to meet Tier 2 plan conditions
Response	<ul style="list-style-type: none"> ● Formal review led by the Program Lead and President (or designate) in accordance with the procedural fairness standards of Section 8.7 ● Possible requirement for external clinical, medical, or professional support

	<ul style="list-style-type: none"> • Temporary pause in course or program progression • Written conditions for return, where applicable
Documentation	Formal review summary and decision letter issued under Section 8.7; regulatory notification considered under Section 9.7 where applicable.
Goal	Protect safety while supporting professional readiness.

Tier 4	Withdrawal, Dismissal, or External Referral
Trigger	<ul style="list-style-type: none"> • Serious or unresolved risk • Repeated or severe ethical breaches • Failure to meet conditions established at Tier 3 • Conduct engaging Section 8.7 (suspension or dismissal) or Section 9.7 (mandatory regulatory reporting)
Response	<ul style="list-style-type: none"> • Withdrawal, suspension, or dismissal from course or program under Section 8.7 • Referral to appropriate external supports • Where required by law or professional duty, notification to relevant authorities, including CRPO, CNO, or child-welfare authorities under the Child, Youth and Family Services Act, 2017
Documentation	Final decision record maintained by the Institute; appeal rights communicated in accordance with Section 8.8 (Academic Appeals Policy).
Goal	Uphold public protection and institutional responsibility.

Handoff to Section 8.7 (Disciplinary Process and Fitness-to-Practise Review)

Where a Tier 2, Tier 3, or Tier 4 escalation results in a finding that a learner has breached the Student Code of Conduct (Section 8.3), the Academic Integrity Policy (Section 8.5), or raises fitness-to-practise concerns under Section 5.9, the matter proceeds under Section 8.7 (Disciplinary Process and Fitness-to-Practise Review). Section 8.7 governs the substantive disciplinary response, including Level 1 (Formal Written Notice), Level 2 (Academic Probation), and Level 3 (Suspension or Program Dismissal) outcomes, together with the associated procedural fairness protections, timelines, and appeal rights.

Emergency and Imminent Risk Situations

Where a student, client, or third party is assessed to be at immediate risk of harm to self or others, the Framework’s escalation tiers are bypassed. The responding faculty member or staff shall:

- Prioritize immediate safety
- Contact emergency services (911) where required
- Facilitate access to crisis resources, including regional crisis lines
- Breach confidentiality only to the extent necessary to protect life and safety, in accordance with Section 8.8 (Privacy, Confidentiality, and Data Protection) and the mandatory reporting provisions of the Child, Youth and Family Services Act, 2017 and the Regulated Health Professions Act, 1991
- Notify the Program Lead and President (or designate) as soon as practicable
- Complete an Incident Report under Section 5.7 within the required timeline

Student Rights and Responsibilities Under This Framework

Students have the right to:

- Compassionate, respectful, and fair treatment
- Clear communication about the nature of concerns and expectations
- Participation in restorative planning where appropriate
- The procedural fairness protections set out in Section 8.7, including notice, the right to respond, and written decisions
- Appeal of formal decisions in accordance with Section 8.8

Students are responsible for:

- Engaging honestly in feedback and reflection
- Maintaining professional and ethical conduct consistent with the Student Code of Conduct (Section 8.3)
- Seeking support when personal needs exceed course capacity
- Self-assessing fitness to practise on an ongoing basis and disclosing impairments that affect safe practice (Section 5.9)

Faculty and Instructor Responsibilities Under This Framework

Faculty, sessional instructors, clinical supervisors, and staff shall:

- Identify and document concerns at the earliest appropriate tier
- Respond proportionately, favouring Tier 1 interventions where safety permits
- Escalate promptly to the Program Lead or President (or designate) where Tier 2 or higher is indicated
- Maintain confidentiality in accordance with Section 8.8 and applicable law
- Cooperate with any Institute review, documentation, or reporting process
- Discharge any mandatory reporting obligations arising under the Child, Youth and Family Services Act, 2017, the Regulated Health Professions Act, 1991, or their regulatory body

Faculty and instructor duties under this Framework are incorporated by reference into the Sessional Instructor Agreement and any applicable faculty contract.

Documentation and Record Retention

Records created under this Framework are maintained in accordance with Section 9.9 (Record Retention) and Section 8.8 (Privacy, Confidentiality, and Data Protection). Tier 1 notes are retained by the instructor during the course term and transferred to the student's file only where escalation occurs. Tier 2–4 records are retained in the student's confidential academic file for the periods specified in Section 9.9.

Policy Review and Authority

This Framework is reviewed annually by the Program Lead and President as part of the Annual Program Review (Section 9.3). Authority for interpretation and application rests with the President or designate.

Related Policies and Sections

- Section 5.7 — Incident Reporting and Risk Management
- Section 5.9 — Fitness to Practise and Remediation
- Section 7.5 — Student Wellness and Support Services
- Section 8.3 — Student Code of Conduct
- Section 8.5 — Academic Integrity Policy
- Section 8.7 — Disciplinary Process and Fitness-to-Practise Review
- Section 8.8 — Academic Appeals Policy
- Section 8.9 — Privacy, Confidentiality, and Data Protection
- Section 9.7 — Reporting Obligations to Regulatory Bodies
- Section 9.9 — Record Retention

8.7 DISCIPLINARY PROCESS AND FITNESS-TO-PRACTISE REVIEW

Guiding Principles

All disciplinary processes at the Becoming Institute are conducted in accordance with the principles of procedural fairness, including the right to notice, the right to respond, and the right to a reasoned decision communicated in writing. The nature and severity of the response is proportionate to the conduct at issue.

Level 1 — Formal Written Notice

For first-time or minor infractions of academic or conduct policies, the relevant instructor or the Registrar issues a formal written notice identifying the conduct at issue, the policy provision engaged, and the expected corrective action. A copy is placed in the learner's file. No further action is taken if the conduct is not repeated.

Level 2 — Academic Probation

For repeated Level 1 conduct, more serious single infractions, or failure to comply with corrective action following a written notice, the Program Lead places the learner on academic probation for a defined period. Written notice of probation specifies the conditions of probation, the duration, the conduct or performance standards required, and the consequence of non-compliance. A learner on academic probation may continue in the program subject to those conditions.

Level 3 — Suspension or Program Dismissal

For severe or persistent misconduct, conduct that places a client at risk of harm, or failure to meet probation conditions, the Dean, in consultation with the Program Lead and Registrar, may suspend or dismiss the learner from the program. Written notice of suspension or dismissal includes the grounds for the decision, the evidence relied upon, and information regarding the right to appeal. A dismissed learner is not entitled to re-enroll without a formal reinstatement application reviewed by the Dean.

Fitness-to-Practise Review

Where conduct raises concerns about the learner's fitness to practise safely as a psychotherapeutic nurse — including concerns about competence, judgment, health, or conduct toward clients — the matter is referred to a formal fitness-to-practise review conducted by the Program Lead and Dean. The learner is notified in writing, provided with a summary of the concerns, and given a minimum of five business days to respond in writing before a determination is made. The fitness-to-practise review may result in remediation, conditional continuation, suspension from practicum, or program dismissal. As noted in Section 8.3, regulatory notification may follow where professional accountability obligations are engaged.

Process Timelines

Step	Timeline
Written notice issued	Within 10 business days of the conduct coming to the Institute's attention
Learner response period	Minimum 5 business days from receipt of written notice
Decision communicated	Within 15 business days of the close of the response period

Appeal filed	Within 10 business days of receiving the decision
Appeal decision	Within 20 business days of appeal submission

8.8 ACADEMIC APPEALS POLICY

Right to Appeal

Every learner has the right to appeal a formal academic decision. Appeals are available for the following categories of decision:

- A final grade determination in any course
- A finding of academic dishonesty under Section 8.5
- A probation order issued under Section 8.7
- A suspension or program dismissal issued under Section 8.7
- A fitness-to-practise determination issued under Section 8.7

Appeals are not available for informal feedback, ungraded activities, draft submissions, advisor recommendations, or decisions that have not been formally communicated in writing.

Grounds for Appeal

A formal appeal must be grounded in one or more of the following:

- Procedural error — a material departure from the process set out in this handbook that demonstrably affected the outcome of the decision
- New evidence — evidence that was not reasonably available at the time the original decision was made, is directly relevant to the outcome, and could not have been submitted earlier with reasonable diligence
- Unreasonable decision — a determination that was demonstrably unreasonable on the evidence before the original decision-maker, having regard to the applicable policy standard

Disagreement with a grade or outcome, without supporting grounds as defined above, does not constitute a valid basis for appeal. Personal circumstances that were known at the time of the original decision and not disclosed do not constitute new evidence unless there was a documented reason they could not have been raised.

Appeal Process

1. The learner submits a written Notice of Appeal to the Registrar at registrar@becominginstitute.ca within 10 business days of receiving the written decision being appealed. The Notice of Appeal must identify the decision being appealed, the specific ground or grounds relied upon, a concise statement of the basis for the appeal, and any supporting documentation

2. The Registrar acknowledges receipt in writing within 3 business days and confirms the appeal has been accepted for review or, where the appeal does not disclose a valid ground, advises the learner in writing with reasons
3. The Registrar assigns the appeal to the Dean or a designated appeals officer who had no prior involvement in the original decision
4. The appeals officer reviews the written record, the original decision-maker's documentation, and the learner's submissions
5. The learner may request a meeting with the appeals officer; such requests are granted where reasonably practicable and scheduled within 10 business days of the request
6. The appeals officer issues a written Appeal Decision with reasons within 20 business days of the date the Notice of Appeal was received
7. The appeal decision is the Institute's final internal determination. Learners who remain unsatisfied following the internal appeal process may contact the Superintendent of Private Career Colleges under the Ontario Career Colleges Act, 2005, or the relevant regulatory body with jurisdiction over the subject matter of the appeal

Appeal Timelines

Step	Timeline
Notice of Appeal submitted by learner	Within 10 business days of receiving the decision
Registrar acknowledgment	Within 3 business days of receiving the Notice
Meeting with appeals officer (if requested)	Within 10 business days of request
Written Appeal Decision issued	Within 20 business days of Notice of Appeal received

Status During Appeal

A learner who has filed a notice of appeal in respect of a grade determination or probation order may continue in the program pending the outcome of the appeal, unless the original decision included a suspension or dismissal. Where a suspension or dismissal is under appeal, the learner's access to program activities and the LMS is suspended pending the appeal determination, unless the appeals officer grants interim reinstatement in writing on the basis that the suspension would cause irreparable harm and the appeal raises a serious arguable issue.

No Reprisal

No learner shall be subject to any negative academic consequence, retaliation, or adverse treatment by any member of the Institute community as a result of filing a good-faith appeal. Any conduct that constitutes reprisal for the exercise of appeal rights is addressed as a conduct matter under Section 8.3.

8.9 PRIVACY, CONFIDENTIALITY, AND DATA PROTECTION

Governing Framework

The Becoming Institute's privacy and confidentiality obligations operate under two distinct but complementary legislative frameworks, both of which apply to this program:

- The Personal Health Information Protection Act, 2004 (PHIPA) governs all personal health information created, received, used, or disclosed in the context of clinical activities during BEC304. The Institute is a health information custodian under PHIPA with respect to personal health information generated in the practicum, and learners are agents of the Institute for those purposes during their supervised clinical work
- The Personal Information Protection and Electronic Documents Act (PIPEDA), and where applicable the Freedom of Information and Protection of Privacy Act (FIPPA), govern all other personal information collected from learners for the purposes of program administration, enrollment, academic assessment, and student services

The CNO Electronic Practice Guideline (December 2024) establishes concurrent and binding obligations for all Registered Nurses with respect to the electronic collection, storage, transmission, and disposal of personal health information, and applies to all learners during BEC304 in addition to the Institute's own privacy framework.

Personal Information Collected from Learners

The Institute collects the following categories of personal information from learners for defined and limited purposes:

- Enrollment and identity information — name, contact details, nursing registration number and status, academic credentials, and prior learning documentation — collected for the purpose of admission, enrollment confirmation, and regulatory compliance
- Academic records — grades, assessment submissions, course completion records, attendance, and academic standing — collected for the purpose of program delivery, credential issuance, and quality assurance
- Payment and financial information — collected for the purpose of tuition administration and financial services
- Health and accommodation information — collected only where voluntarily disclosed by the learner for the purpose of arranging academic accommodations, and held separately from the learner's academic record

Personal information is not used for any purpose beyond those described above without the learner's explicit written consent, except where required by law or where disclosure is necessary to fulfill the Institute's regulatory obligations — including, where applicable, notification to a nursing regulatory body of a finding of academic dishonesty or a fitness-to-practise determination.

Personal Health Information — Practicum Context

All personal health information generated during BEC304 — including client records, session notes, psychotherapeutic assessment data, and treatment plans — must be created, stored, and transmitted exclusively through the Institute's designated PHIPA-compliant clinical documentation platform, as described in Section 5.2 of this handbook.

Under no circumstances may personal health information be:

- Stored, transmitted, or processed through Brightspace or any academic platform not designated for clinical documentation
- Transmitted via personal email, consumer messaging applications, or any platform without end-to-end encryption and audit capability
- Retained by the learner on personal devices beyond the duration of the practicum without explicit written authorization from the Practicum Coordinator

Learners are individually accountable under PHIPA for the personal health information they generate and handle during the practicum. This accountability is concurrent with, and not reduced by, the Institute's obligations as health information custodian.

Confidentiality of the Learning Community

Personal disclosures made by peers, faculty, or supervisors within the learning community — including content shared during the BEC103 in-person intensive, integration seminars, group supervision sessions, online discussion forums, and any other program activity — are confidential. The learning community depends on psychological safety, and that safety depends on every member's commitment to holding what is shared within the space.

Learners must not share, reproduce, disclose, or reference such information outside the context in which it was shared, including on social media, in personal communications, or in any public forum. Breach of this obligation constitutes a conduct violation under Section 8.3 and may engage the learner's professional honesty and accountability obligations under the CNA Code of Ethics for Registered Nurses (2025).

Third-Party Platform Disclosure

The Institute uses the following third-party platforms in the delivery of this program, each of which is subject to a data protection agreement with the Institute:

- Brightspace by D2L — academic LMS; used for course delivery, academic submissions, and learner communications; governed by D2L's institutional data processing agreement
- Jane App — clinical documentation platform; used exclusively for practicum clinical records; PHIPA-compliant; subject to a Business Associate Agreement with the Institute
- Zoom — synchronous video platform; used for live seminars, supervision sessions, and advising; subject to institutional privacy terms

Learners are advised that by enrolling in and participating in this program, they consent to the processing of their personal information through these platforms for the stated purposes.

Learners with concerns about a specific platform's privacy terms are invited to contact the Registrar prior to enrollment.

Learner Rights

Under PHIPA and PIPEDA, learners have the following rights with respect to their personal information held by the Institute:

- The right to access personal information held about them, subject to limited exceptions
- The right to request correction of inaccurate or incomplete personal information
- The right to withdraw consent for non-essential uses of personal information, subject to the Institute's ability to fulfill its legal and contractual obligations
- The right to be informed of any privacy breach that creates a real risk of significant harm to the learner, in accordance with mandatory breach notification requirements

Requests to exercise these rights are directed to the Registrar at registrar@becominginstitute.ca. The Institute responds to all access and correction requests within 30 days of receipt.

Data Retention and Security

Learner academic records — including enrollment documentation, course records, grades, and credential records — are retained for a minimum of seven years following program completion, withdrawal, or dismissal, in accordance with applicable legislation and CRPO program recognition standards.

Personal health information generated during BEC304 is retained in accordance with PHIPA requirements and the Institute's Records Retention Schedule, and is disposed of through secure destruction methods that render the information irrecoverable.

All Institute data systems employ encryption, role-based access controls, multi-factor authentication, and regular security audits appropriate to the sensitivity of the information held. Suspected privacy breaches or unauthorized access must be reported immediately to the Registrar at registrar@becominginstitute.ca and to security@becominginstitute.ca.

8.10 DIVERSITY, EQUITY, INCLUSION, AND BELONGING POLICY

Foundational Commitments

The Becoming Institute's commitment to equity, diversity, inclusion, and belonging is not a supplementary institutional value — it is constitutive of the program's educational philosophy and clinical framework. The decolonizing, Ubuntu-informed, and culturally accountable approaches embedded throughout this curriculum require that the learning community itself embody the principles it teaches. This policy is grounded in the Ontario Human Rights Code, the Accessibility for Ontarians with Disabilities Act, 2005, the CNA Code of Ethics for Registered Nurses (2025), and the Becoming Institute Nurse Psychotherapist Practice Standards and Competencies 2025.

Scope

This policy applies to all members of the Becoming Institute community — learners, faculty, supervisors, staff, and partners — across all program activities, including online coursework, in-person intensives, practicum placements, and any Institute-affiliated event or communication.

Protected Grounds

The Institute does not discriminate on the basis of any ground protected under the Ontario Human Rights Code, including race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, or disability. Discrimination, harassment, or conduct that demeans any person on the basis of a protected ground constitutes a serious violation of this policy and is subject to the disciplinary process in Section 8.7.

Responsibilities

All members of the Becoming Institute community share responsibility for sustaining an equitable and inclusive learning environment. Learners are specifically expected to:

- Engage with the decolonizing, anti-racist, and culturally accountable frameworks of this curriculum with genuine reflexivity and intellectual honesty
- Recognize and interrupt their own biases in both academic and clinical contexts, consistent with the Safe and Effective Use of Self (SEUS) framework
- Treat all peers, faculty, supervisors, and clients with dignity, regardless of background, identity, or presenting concern

Complaints Under This Policy

Learners who experience or witness discrimination or harassment in the learning community may report the matter confidentially to the Registrar or Dean. All complaints are addressed through a process that protects the dignity of all parties, ensures confidentiality to the extent possible, and results in a written determination with reasons. Learners who are not satisfied with the outcome of an internal complaint process may seek recourse through the Ontario Human Rights Tribunal.

Periodic Reviews and Amendments

This section is subject to periodic review and amendment. Learners will be notified in writing of any material amendments to policies affecting their rights or obligations. In the event of a conflict between this section and applicable legislation or regulatory standards, the legislation or regulatory standard prevails.

8.11 LEAVE OF ABSENCE POLICY

Purpose and Scope

The Becoming Institute recognizes that learners may encounter significant personal, health, or professional circumstances during the program that temporarily prevent full participation. This policy establishes the conditions under which a leave of absence may be granted, the process for requesting and returning from leave, and the implications for program progress, tuition, and completion timelines.

A leave of absence is a temporary, authorized interruption of active enrollment. It is distinct from withdrawal and does not terminate the learner's enrollment in the program. Leaves are not available as an alternative to academic remediation or as a mechanism to avoid the consequences of unsatisfactory academic performance.

Eligibility

A learner may apply for a leave of absence on the following grounds:

- A serious personal health condition — physical or mental — that prevents the learner from participating safely and meaningfully in the program, supported by documentation from a regulated health professional
- A significant family or caregiving crisis of a nature and duration that makes continued participation temporarily impossible
- A critical change in professional circumstances — including a regulatory investigation, terms, or conditions placed on the learner's nursing registration — that requires temporary suspension of clinical activities pending resolution
- Bereavement or other acute personal circumstances at the discretion of the Dean

Anticipated absence for vacation, travel, or manageable workload pressures does not constitute grounds for a leave of absence.

Maximum Duration

A leave of absence may be granted for a minimum of four weeks and a maximum of six months. A learner who requires more than six months of absence is required to formally withdraw and reapply for admission to a subsequent cohort, subject to the program's standard admissions requirements and the availability of space.

Application Process

1. The learner submits a written Leave of Absence Request to the Registrar at registrar@becominginstitute.ca, identifying the grounds for the request, the proposed start and end date, and attaching any supporting documentation
2. The Registrar acknowledges receipt within 3 business days and forwards the request to the Dean and Program Lead for review

3. A decision is communicated to the learner in writing within 10 business days of the request, with reasons where the request is denied
4. Approved leaves are confirmed in writing with the terms of the leave, the expected return date, and any conditions attached to re-entry

Implications for Program Progress and Tuition

A leave of absence does not accelerate or alter the program's sequential structure. A learner who takes a leave mid-semester re-enters at the point of interruption in the following available cohort cycle, subject to the program's scheduling constraints. The Institute does not guarantee that re-entry will be available in the immediately following cohort.

Tuition already paid for a semester in progress at the point of an approved leave is held as a credit against the learner's account and applied upon return. Tuition for semesters not yet commenced is held and does not attract additional charges during the leave period. The Institute does not pay interest on held tuition credits.

Where a leave of absence is approved during BEC304, the learner's active client caseload must be managed in accordance with the Practicum Office Policies and Procedures, including appropriate client transition, notification of the supervising clinician, and documentation in the clinical record.

Return to Program

A learner returning from an approved leave of absence must notify the Registrar in writing of their intention to return no less than 30 days before the start of the semester in which they intend to re-enroll. Return is subject to:

- Confirmation that the circumstances giving rise to the leave have resolved sufficiently to support safe and full participation
- Where the leave was granted on health grounds, submission of a letter of fitness to return from a regulated health professional
- Where the leave involved a regulatory matter, confirmation from the learner of their current registration status and any terms or conditions in effect
- A brief re-entry meeting with the Program Lead prior to the commencement of the return semester

The Institute reserves the right to conduct a fitness-to-practise assessment as a condition of return where there is a reasonable basis to believe the learner's capacity to engage safely in clinical activities remains in question.

8.12 PROGRAM DISCONTINUATION AND TEACH-OUT POLICY

Purpose

In the unlikely event that the Becoming Institute is unable to continue delivering the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery, the Institute is committed to

minimizing disruption to enrolled learners and fulfilling its obligations under the Ontario Career Colleges Act, 2005 and Ontario Regulation 415/06. This policy sets out the Institute's commitments and procedures in the event of program discontinuation.

Notification

Where the Institute determines that it must discontinue the program — whether due to financial, operational, regulatory, or other circumstances — the Institute will:

- Provide written notice to all enrolled learners as early as practicable and in no case less than the notice period required under the Ontario Career Colleges Act, 2005 prior to the effective date of discontinuation
- Notify the Superintendent of Private Career Colleges in accordance with the statutory requirements of the Act
- Post notice of discontinuation prominently in the Student Portal and communicate through all primary learner communication channels

Teach-Out Obligations

Where discontinuation occurs while learners are actively enrolled, the Institute will make every reasonable effort to:

- Complete delivery of the current semester for all enrolled learners before discontinuation takes effect
- Arrange a teach-out agreement with an equivalent approved institution where full program completion is not possible, ensuring that learners can complete their remaining program requirements with minimal disruption to their progress and at no additional cost
- Facilitate the transfer of academic records, clinical hours documentation, and competency assessments to the receiving institution or directly to the learner

Where a teach-out is not feasible, enrolled learners are entitled to a full refund of all tuition paid for program components not yet delivered, calculated from the effective date of discontinuation, in accordance with O. Reg. 415/06.

Learner Records

In the event of program discontinuation, the Institute will ensure that all learner academic records are preserved and transferred to a designated records custodian for a minimum of seven years, in accordance with applicable legislation. Learners will be notified in writing of the identity and contact information of the records custodian and the process for requesting access to their records.

8.13 INTELLECTUAL PROPERTY POLICY

Institute-Owned Materials

All course materials, curriculum documents, instructional resources, assessment tools, clinical frameworks, and program-specific content developed by the Becoming Institute — including but not limited to The Becoming Method®, the Nurse Psychotherapist Practice Standards and Competencies (2025), all course syllabi, lecture materials, video recordings, workbooks, and assessment rubrics — are the exclusive intellectual property of Becoming Institute Inc. and are protected under the Copyright Act (R.S.C., 1985, c. C-42) and applicable trademark law.

The Becoming Method® is a registered trademark of Becoming Institute Inc. Learners who complete this program are trained in the application of The Becoming Method® as a therapeutic framework for use within their individual scope of nursing practice. Completion of the program does not confer a license to teach, train others in, certify others in, or commercialize The Becoming Method® in any form. Any use of The Becoming Method® name, framework, or associated materials beyond the learner's direct clinical practice requires a separate written licensing agreement with Becoming Institute Inc.

Learner-Owned Work

Original academic work — including written assignments, reflective papers, case conceptualizations, and research produced by learners as part of their coursework — remains the intellectual property of the learner who created it, subject to the Institute's right to use anonymized excerpts for program evaluation, quality assurance, and educational improvement purposes with the learner's consent.

Clinical records, session notes, assessment data, and treatment plans created during BEC304 are governed by PHIPA and the Institute's clinical documentation policy as set out in Section 8.9. These records are not the personal property of the learner and must be managed in accordance with the Institute's records retention and disposition requirements.

Prohibited Uses

Learners are prohibited from:

- Reproducing, distributing, uploading, selling, or sharing any Institute-developed course materials — including video recordings of live sessions, workbooks, or assessment tools — outside the personal academic use for which they were provided
- Using The Becoming Method® name or any Institute trademark in any public communication, professional profile, or marketing material in a manner that implies certification, endorsement, or authorization beyond what is stated in Section 6 of this handbook
- Recording any live session, seminar, supervision group, or retreat activity without the explicit written consent of all participants and the Program Lead

Breach of this policy constitutes a conduct violation under Section 8.3 and may give rise to civil liability under applicable intellectual property law.

8.14 COMPLAINTS AND GRIEVANCES POLICY

Purpose and Distinction from Appeals

This policy governs complaints about the conduct, decisions, services, or practices of the Becoming Institute, its faculty, staff, or administration — where the complaint does not arise from a formal academic decision subject to appeal under Section 8.8. A complaint is a concern about how the learner has been treated or how the Institute has operated. An appeal is a challenge to a specific formal academic decision. These are distinct processes and are not interchangeable.

Scope

This policy applies to complaints regarding:

- The conduct of faculty, supervisors, staff, or administrators
- The delivery, quality, or administration of a course or program component
- The application of Institute policies in a manner the learner believes was unfair, inconsistent, or contrary to the terms of the enrollment contract
- Discrimination, harassment, or conduct that violates the Ontario Human Rights Code
- Concerns about the Institute's compliance with the Ontario Career Colleges Act, 2005 or any applicable regulatory standard

Guiding Principles

All complaints are addressed in a manner that is:

- Accessible — the process is straightforward and does not require legal representation
- Impartial — complaints are reviewed by a person with no prior involvement in the circumstances giving rise to the complaint
- Timely — defined timelines are observed and communicated to the complainant
- Confidential — information about the complaint is shared only with those who need to know in order to resolve it, to the extent permitted by law and institutional obligation
- Free from reprisal — no learner shall be subject to negative academic or professional consequences for making a good-faith complaint

Complaint Process

Step 1 — Informal Resolution

Where possible and appropriate, the learner is encouraged to first raise the concern directly with the person involved — a faculty member, supervisor, or administrator — with a view to informal resolution. Many concerns can be resolved through direct, respectful dialogue. The learner is

not required to attempt informal resolution where the complaint involves harassment, discrimination, or a power imbalance that makes direct dialogue unsafe or inappropriate.

Step 2 — Formal Complaint Submission

If the concern is not resolved informally, or if informal resolution is not appropriate, the learner submits a written Formal Complaint to the Registrar at registrar@becominginstitute.ca. The complaint must identify:

- The nature of the concern and the specific conduct, decision, or practice being complained about
- The date(s) on which the relevant events occurred
- The outcome the learner is seeking
- Any supporting documentation

Step 3 — Acknowledgment and Assignment

The Registrar acknowledges receipt of the formal complaint in writing within 3 business days and assigns it to the Dean or a designated complaints officer with no prior involvement in the subject matter of the complaint.

Step 4 — Investigation and Resolution

The complaints officer reviews the written complaint and supporting documentation, gathers any additional information required, and may meet with the complainant and any other relevant parties. The complaints officer issues a written decision with reasons within 20 business days of the date the formal complaint was received. The decision identifies the findings and any remedial action to be taken.

Step 5 — Internal Review

If the complainant is not satisfied with the complaints officer's decision, they may request an internal review by the President within 10 business days of receiving the decision. The President's determination is the Institute's final internal step.

Step 6 — External Recourse

Learners who remain unsatisfied following the internal complaints process may contact:

- The Superintendent of Private Career Colleges under the Ontario Career Colleges Act, 2005, for complaints related to the Institute's obligations under that Act
- The Ontario Human Rights Tribunal, for complaints involving discrimination or harassment on the basis of a protected ground under the Ontario Human Rights Code
- The College of Nurses of Ontario or the CRPO, where the complaint engages the professional conduct obligations of a regulated practitioner involved in program delivery

Complaint Timelines

Step	Timeline
Formal complaint submitted	At any time during enrollment
Registrar acknowledgment	Within 3 business days
Written decision issued	Within 20 business days of complaint received
Internal review requested	Within 10 business days of receiving decision
President's determination	Within 15 business days of review request

This concludes Section 8: Academic Policies, Student Conduct, and Institutional Governance. All policies in this section are subject to periodic review. Learners will be notified in writing of any material amendments. In the event of a conflict between any policy in this section and applicable legislation or regulatory standards, the legislation or regulatory standard prevails.

8.15 SEXUAL VIOLENCE POLICY

Purpose and Legislative Foundation

The Becoming Institute is committed to providing a learning and working environment that is free from sexual violence in all its forms. This policy is established in accordance with the *Ontario Career Colleges Act, 2005* and fulfills the Institute's statutory obligation to adopt, implement, and make publicly available a sexual violence policy that addresses sexual violence involving students, whether occurring on Institute premises, in clinical placement settings, in online learning environments, or in any other context connected to a student's participation in the program.

This policy applies to all students, faculty, staff, administrators, clinical supervisors, practicum hosts, and any other person who participates in or delivers the program in any capacity. It applies regardless of where the incident occurred, provided there is a connection to the student's enrollment at the Institute.

This policy is reproduced in the enrollment contract provided to each student at the time of admission and is published on the Becoming Institute's website. It is reviewed annually as part of the Annual Program Review process described in Section 9.3.

Definition of Sexual Violence

For the purposes of this policy, sexual violence means any sexual act or act targeting a person's sexuality, gender identity, or gender expression, whether physical or psychological in nature,

that is committed, threatened, or attempted against a person without the person's consent. This includes but is not limited to:

- Sexual assault — any non-consensual sexual act, including rape and sexual touching
- Sexual harassment — unwelcome conduct, comment, gesture, or contact of a sexual nature that causes offence or humiliation
- Stalking of a sexual nature
- Indecent exposure
- Voyeurism — the non-consensual observation or recording of a person in a private act
- Distribution of intimate images without consent
- Sexual exploitation — the abuse of a position of trust, power, or authority for sexual purposes
- Online or cyber sexual violence — including non-consensual sharing of sexual images, sexual threats, or sexual harassment delivered through electronic communication

The policy recognizes that sexual violence disproportionately affects women, girls, transgender and gender-diverse persons, racialized persons, persons with disabilities, and members of other equity-deserving communities. The Institute commits to responding to disclosures and complaints in a manner that is trauma-informed, culturally responsive, and centered on the needs and choices of the person who has experienced harm.

Consent

Consent is the voluntary, enthusiastic, and ongoing agreement to engage in sexual activity. The following principles govern the Institute's understanding of consent:

- Consent must be freely and actively given — it is not inferred from silence, passivity, or the absence of resistance
- Consent can be withdrawn at any time; prior consent does not constitute consent to subsequent activity
- A person cannot consent when they are incapacitated by alcohol or drugs, asleep or unconscious, or otherwise incapable of understanding the nature and consequences of the activity
- Consent cannot be obtained through threats, coercion, intimidation, or abuse of authority
- A person in a position of trust, power, or authority over a student — including faculty, supervisors, and administrators — cannot obtain valid consent from that student for sexual activity within the context of that relationship

Reporting Options

A student who has experienced sexual violence, or who has witnessed sexual violence involving another student, has the following options. No student is required to report — the decision to report rests solely with the person who has experienced harm.

Option 1 — Disclosure Without Formal Complaint

A student may disclose an experience of sexual violence to the Dean, President, or Registrar for the purpose of accessing supports and accommodations, without initiating a formal complaint or investigation. A disclosure will be treated with the highest degree of confidentiality, shared only

to the extent necessary to provide the requested support and to comply with any mandatory reporting obligations under Ontario law.

Option 2 — Formal Complaint to the Institute

A student may submit a formal written complaint to the President at president@becominginstitute.ca. The complaint should describe the incident, identify the person(s) involved to the extent the complainant is able and willing to do so, and indicate the outcome the complainant is seeking.

Option 3 — Reporting to Police

A student may report an incident of sexual violence to local police at any time. The Institute will not discourage or prevent a student from pursuing a police report and will provide information about how to access police services upon request. A police report may be made independently of or concurrently with any Institute complaint process.

Option 4 — External Support

Students may contact any of the following at any time, with or without initiating any Institute or police process:

- Assaulted Women's Helpline: 1-866-863-0511 (24/7, multilingual)
- Peel Region Sexual Assault and Domestic Violence Treatment Centre: (905) 494-3100
- Victim Services of Peel: (905) 568-1068
- Ontario Coalition of Rape Crisis Centres: www.occcc.ca
- Trans Lifeline: 1-877-330-6366

Formal Complaint Process

Where a student submits a formal complaint, the following process applies:

Step 1 — Acknowledgment

The President acknowledges receipt of the formal complaint in writing within 3 business days and advises the complainant of their options, their right to be accompanied by a support person throughout the process, and the protections against reprisal described below.

Step 2 — Interim Supports and Accommodations

Regardless of whether a formal investigation proceeds, the Institute will immediately assess what interim accommodations are needed to support the complainant's continued participation in the program — including changes to learning cohort, supervision arrangements, contact restrictions, or modified delivery arrangements — and will implement reasonable accommodations at no cost or academic penalty to the student.

Step 3 — Investigation

Where the complaint identifies a respondent who is a student, faculty member, staff member, or other person connected to the program, the President appoints an investigator with no prior involvement in the circumstances. The investigator:

- Reviews the written complaint and supporting documentation
- Provides the respondent with notice of the complaint and an opportunity to respond

- Interviews the complainant, respondent, and any witnesses the investigator considers relevant
- Prepares a written investigation report with findings of fact and recommended outcomes

The investigation is conducted with sensitivity to the potential trauma of all parties and with the goal of completing the process within 45 business days of the complaint being received. Timelines may be extended in complex matters, with written notice to both parties.

Step 4 — Decision and Outcome

The President reviews the investigation report and issues a written decision with reasons. Where the complaint is substantiated, outcomes may include one or more of the following, depending on the severity and circumstances of the conduct:

- A formal written warning
- Required participation in educational programming
- Restrictions on contact or access
- Suspension or removal from clinical placements
- Academic withdrawal from the program
- Reporting to a regulatory college, law enforcement, or other authority as required by law

Step 5 — Appeals

Either party may appeal the outcome of the formal complaint process to an independent reviewer appointed by the Institute within 10 business days of receiving the decision. The independent reviewer's determination is the Institute's final internal step. External recourse through the Ontario Human Rights Tribunal or law enforcement remains available at all times.

Confidentiality

All disclosures and complaints are treated with the highest degree of confidentiality consistent with the Institute's obligations to conduct a fair investigation, provide procedural fairness to the respondent, and comply with mandatory reporting obligations under Ontario law — including the *Child, Youth and Family Services Act, 2017* where a person under 18 is involved and the *Regulated Health Professions Act, 1991* where a regulated health professional is the subject of a complaint.

The Institute will not disclose the identity of a complainant to the respondent or any other person without the complainant's consent, except where disclosure is required by law or where the nature of the investigation makes it unavoidable. Where unavoidable disclosure is required, the complainant will be informed in advance wherever possible.

Protections Against Reprisal

No student shall be subject to any adverse academic, clinical, or administrative consequence for making a good-faith disclosure or complaint under this policy, for supporting another person through this process, or for participating as a witness in an investigation.

Any person found to have engaged in reprisal against a student who has utilized this policy is subject to disciplinary action under Section 8.7 of this handbook, up to and including removal from the program or termination of employment or engagement with the Institute.

Supports for All Parties

The Institute recognizes that sexual violence and the experience of participating in a complaint process can be deeply distressing for all involved parties. The Institute commits to:

- Providing information about available counselling and community support resources to any person affected by a disclosure or complaint under this policy
- Ensuring that a student's participation in the complaint process does not interfere with their ability to access learning accommodations, clinical supervision, or academic support
- Treating all parties with dignity, fairness, and respect throughout the process

Annual Review and Reporting

This policy is reviewed annually by the Program Lead as part of the Annual Program Review described in Section 9.3. The review assesses whether the policy remains consistent with current legislation, best practices in trauma-informed response to sexual violence, and any guidance issued by the Superintendent of Private Career Colleges. The number of disclosures and formal complaints received in the preceding year — reported in aggregate, without identifying information — is noted as part of the review record.

This concludes Section 8.14. This policy is published on the Becoming Institute website at becominginstitute.ca and is incorporated into the enrollment contract provided to each student at the point of admission. In the event of a conflict between this policy and applicable legislation, the legislation prevails.

SECTION 9: INSTITUTIONAL QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT

9.1 PURPOSE AND COMMITMENT

The Becoming Institute is committed to the ongoing evaluation, refinement, and improvement of the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery. This commitment is not a compliance posture — it is a foundational institutional value rooted in the same principle of ethical accountability that the program asks of its graduates. A program that prepares practitioners to engage in rigorous self-reflection and continuous professional development must itself be subject to the same standard.

The quality assurance framework described in this section operationalizes that commitment. It establishes the processes by which the Institute monitors program quality, gathers and responds to student and stakeholder feedback, evaluates student competency outcomes, reviews the program's alignment with evolving regulatory and professional standards, and communicates substantive changes to the appropriate authorities. This framework directly responds to the organizational attributes and program review requirements of the College of Registered Psychotherapists of Ontario (CRPO) Program Recognition Policy, the Ontario Career Colleges Act, 2005, and the Institute's own Nurse Psychotherapist Practice Standards and Competencies (2025).

9.2 GOVERNING PRINCIPLES

The Institute's quality assurance activities are guided by four principles:

- Transparency — quality assurance processes, findings, and responses are documented, accessible, and communicated openly to students, faculty, and relevant regulatory bodies
- Fairness — evaluation processes are consistent, criterion-referenced, and free from bias; no student or faculty member is assessed through undisclosed or retroactively applied standards
- Responsiveness — findings from quality assurance activities are acted upon within defined timelines; identified gaps are addressed through documented improvement plans, not deferred indefinitely
- Integration — quality assurance is not a separate administrative function; it is embedded in faculty governance, curriculum design, clinical supervision, and student assessment practices throughout the program year

9.3 ANNUAL PROGRAM REVIEW

Process

The Program Lead convenes a formal Annual Program Review at the close of each program year — no later than six weeks after the final day of Week 18 of BEC304 for the graduating cohort. The Annual Program Review is a structured, evidence-informed process in which the

core faculty collectively assess the program's performance against its stated learning outcomes, clinical competency standards, and regulatory alignment requirements.

The Annual Program Review integrates the following evidence sources:

- Aggregated and anonymized student assessment outcomes across all eight courses, including pass/fail rates, grade distributions, and patterns in written and clinical performance
- Student end-of-course evaluations for BEC101, BEC103A/B, BEC301, BEC302, BEC303, and BEC304
- Practicum Coordinator's end-of-year clinical supervision report, including supervisee competency ratings, clinical concern patterns, and supervisor feedback
- Faculty self-assessments submitted in advance of the review
- Any formal complaints, academic appeals, or fitness-to-practise matters arising during the program year, reviewed in aggregate and without identifying information
- Any correspondence, guidance, or updated standards received from CRPO, CNO, CNA, CFMHN, or the Superintendent of Private Career Colleges during the program year

Review Agenda

Each Annual Program Review addresses the following standing items:

1. Competency outcomes — Are students demonstrating the Entry-to-Practice Competencies for Registered Psychotherapists across all five CRPO domains at a level consistent with clinical readiness? Where patterns of weakness are identified, what curricular or supervisory adjustments are indicated?
2. Curriculum currency — Does the curriculum content remain aligned with current evidence, current regulatory standards, and the current CRPO Entry-to-Practice Competency Profile? Are any updates to CNO, CRPO, CNA, or CFMHN standards requiring curricular integration?
3. SEUS development — Is the Safe and Effective Use of Self competency being developed sufficiently across Semesters 1 and 2 to prepare students for the relational and clinical demands of BEC304?
4. Clinical supervision quality — Are supervision ratios, group sizes, and supervisory practices aligned with CRPO clinical experience recognition requirements? Are clinical supervisors providing supervision that meets the Institute's standards?
5. Student feedback themes — What are the primary themes in student evaluation data, and what do they indicate about the program's strengths and areas for development?
6. Policy and procedure review — Are any handbook policies, practicum procedures, or administrative processes requiring update in light of the year's experience or regulatory changes?
7. Improvement plan status — What is the status of any improvement actions identified in the previous Annual Program Review?

Documentation and Follow-Through

The Annual Program Review produces a written Annual Program Review Report, prepared by the Program Lead and reviewed and ratified by core faculty within 10 business days of the review meeting. The report identifies:

- Key findings by review area
- Decisions and improvements to be implemented before the next cohort commences
- Responsibility assignments and implementation timelines for each action item
- Items to be carried forward to the following year's review

The Annual Program Review Report is retained by the Registrar as part of the Institute's permanent quality assurance record and is made available to CRPO upon request in support of program recognition renewal applications.

9.4 STUDENT EVALUATION OF THE PROGRAM

End-of-Course Evaluations

At the conclusion of each course — BEC101, BEC103A and BEC103B, BEC301, BEC302, BEC303, and BEC304 — students complete a structured, anonymous end-of-course evaluation administered through the Brightspace LMS. The evaluation instrument addresses:

- The clarity, organization, and intellectual rigour of course content
- The relevance and quality of assigned readings and learning materials
- The effectiveness of the instructor's facilitation of learning
- The fairness, clarity, and usefulness of assessment tasks and feedback
- The degree to which the course developed the competencies it identified as its focus
- Open-ended questions inviting students to identify what worked well and what should be improved

Completion of the evaluation is encouraged as a professional responsibility and a contribution to the learning community, consistent with the Ubuntu philosophy that grounds the program. Evaluations are anonymous and results are not available to the relevant instructor until after final grades have been submitted and confirmed.

Mid-Program Check-In

At the midpoint of Semester 2 — approximately Week 8 — the Program Lead conducts a structured mid-program check-in with the full student cohort. This session is separate from formal course evaluation and creates a dedicated space for students to share their experience of the program to date, identify emerging concerns, and contribute to real-time program improvement. Key themes from the mid-program check-in are documented by the Program Lead and shared with core faculty within 5 business days, with any immediate adjustments implemented promptly and communicated to students.

Practicum Exit Survey

At the conclusion of BEC304, students complete a Practicum Exit Survey — a structured instrument that captures their assessment of the quality of their clinical supervision, the adequacy of practicum preparation, the coherence between academic coursework and clinical practice, and their sense of readiness for independent practice. Results are reviewed by the Practicum Coordinator and integrated into the Annual Program Review.

9.5 FACULTY-LED CURRICULUM REVIEW

Regulatory Alignment Review

At each formal faculty meeting — held a minimum of four times per year as described in Section 2.8 — the Program Lead places a standing agenda item requiring faculty to review any regulatory or professional standard updates issued since the previous meeting by CRPO, CNO, CNA, and CFMHN. Faculty assess whether any updates require:

- Amendment to existing course content or assigned readings
- Addition of new content to address emerging areas of required competency
- Revision of assessment tasks or clinical competency evaluation criteria
- Updates to the handbook, practicum manual, or supervision agreements

Where a regulatory change requires immediate curricular response — such as a substantive amendment to the CRPO Entry-to-Practice Competency Profile — the Program Lead convenes an ad hoc faculty consultation within 15 business days of the change being identified, and a curricular response is implemented before the change affects any enrolled student's active coursework.

CRPO Entry-to-Practice Competency Profile Review

Faculty conduct a structured review of the CRPO Entry-to-Practice Competency Profile for Registered Psychotherapists at least once per program year, prior to the commencement of each new cohort. This review directly assesses whether the current curriculum provides students with meaningful learning opportunities to develop each of the five competency domains — Knowledge, Communication and Interpersonal Skills, Professional Practice, Psychotherapeutic Practice, and Professional Development — at a level consistent with entry-to-practice expectations. Findings from this review are documented and inform curriculum sequencing, course content updates, and assessment design for the incoming cohort.

9.6 CLINICAL QUALITY MONITORING

Supervision Quality Assurance

The Practicum Coordinator monitors clinical supervision quality throughout BEC304 through the following mechanisms:

- Review of weekly group supervision session records, including attendance, topics addressed, and any concerns raised by supervisees or supervisors

- Supervisee progress reviews at Week 4 and Week 16 of BEC304, cross-referencing direct client contact hours logged, competency ratings assigned by the clinical supervisor, and the student's own reflective self-assessment
- A structured mid-practicum consultation with each clinical supervisor, assessing the supervisory relationship, caseload adequacy, and any clinical concerns requiring escalation
- Ongoing tracking of group supervision session size to confirm that no group exceeds eight supervisees, in accordance with CRPO clinical experience recognition requirements

Where concerns about supervision quality are identified — including inadequate frequency, insufficient clinical depth, supervisory boundary concerns, or a breakdown in the supervisory relationship — the Practicum Coordinator escalates to the Program Lead within 3 business days and the matter is addressed in accordance with the Institute's supervision dispute resolution procedures.

Clinical Hours Accuracy and Reporting

The Institute maintains accurate, contemporaneous records of each student's direct client contact hours and clinical supervision hours throughout BEC304. These records are maintained in the Practicum Office clinical hours log and are reconciled against student-reported hours at monthly intervals. Discrepancies are investigated and resolved before hours are confirmed.

Where students are enrolled in a supervision structure that has received CRPO clinical experience recognition, this is communicated to the student in writing at the commencement of BEC304. Where hours may not satisfy CRPO registration requirements — including hours accrued in supervision groups exceeding eight supervisees — the Institute tracks and reports these separately and advises students clearly that these hours will not count toward CRPO registration, as required by the CRPO Program Recognition Policy.

9.7 REPORTING OBLIGATIONS TO REGULATORY BODIES

Reporting to CRPO

As a recognized program, the Becoming Institute fulfils the following ongoing reporting obligations to CRPO:

- Notifying CRPO promptly of any changes to program contact information
- Responding to requests for information from CRPO in a timely manner
- Informing CRPO of any substantive changes to program delivery that may impact the program's ability to deliver entry-to-practice training meeting CRPO's registration requirements — including changes to faculty composition, curriculum structure, clinical supervision arrangements, or program duration
- Accurately reporting information about students and graduates on transcripts and clinical experience hour records submitted to CRPO

- In rare cases where a student's or graduate's suitability to practise cannot be remediated by the program, reporting concerns to CRPO in accordance with the Program Recognition Policy

The Program Lead is the designated primary contact for all CRPO correspondence and is responsible for ensuring that all reporting obligations are met within applicable timelines.

Reporting to the Superintendent of Private Career Colleges

The Institute fulfils its reporting obligations under the Ontario Career Colleges Act, 2005 and Ontario Regulation 415/06, including:

- Annual reporting as required by the Superintendent
- Notification of any substantive changes to program delivery, tuition structure, or institutional status
- Maintaining current, accurate program information in the Ontario Student Assistance Program (OSAP) system where applicable
- Retaining all required documentation for the periods prescribed under the Act

9.8 CONTINUOUS IMPROVEMENT CYCLE

The Institute's quality assurance activities operate on a continuous improvement cycle that runs in parallel with the program year:

Period	Activity
Pre-cohort (December)	CRPO Entry-to-Practice Competency Profile review; curriculum and handbook updates finalized for incoming cohort
Semester 1 (January–April)	Mid-program check-in at Week 8 of Semester 2 (scheduled ahead); faculty meeting with regulatory alignment review
Semester 2 (May–August)	End-of-course evaluations for BEC301, BEC302, BEC303; faculty meeting; mid-program check-in conducted
Semester 3 (September–December)	Practicum Exit Survey; supervisee progress reviews at Week 4 and Week 16 of BEC304; mid-practicum supervisor consultations; end-of-year faculty meeting
Post-cohort (December–January)	Annual Program Review convened; Annual Program Review Report finalized within 6 weeks of Week 18 of BEC304; improvement actions assigned for next cohort

This cycle ensures that quality assurance is not a retrospective audit but a living, responsive function embedded in the program's ongoing governance and delivery.

9.9 RECORD RETENTION

All quality assurance records — including Annual Program Review Reports, student evaluation data in aggregate form, faculty meeting minutes, supervision quality monitoring records, and clinical hours logs — are retained by the Registrar for a minimum of seven years from the date of creation, in accordance with applicable legislation and the Institute's records management obligations under the Ontario Career Colleges Act, 2005 and PHIPA. These records are available for review by CRPO, the Superintendent of Private Career Colleges, or any other body with lawful authority to request them.

This concludes Section 9: Institutional Quality Assurance and Continuous Improvement. This section is reviewed annually as part of the Annual Program Review process described in Section 9.3. Any material amendments are communicated to enrolled students in writing.

Appendix A: References and Regulatory Authorities

A1.1 References and Regulatory Authorities

The following references constitute the primary legislative, regulatory, and professional framework governing the Nurse Psychotherapist Certificate — Specialization in Trauma Recovery program and the conduct of students, graduates, and clinical supervisors throughout all phases of the program. Students are expected to be familiar with the documents relevant to their stage of training. Where documents have been updated subsequent to the printing of this handbook, the most current version shall govern.

A1.2 Legislation and Regulations

Ontario statutes are accessible via Ontario e-Laws at <https://www.ontario.ca/laws>. Federal statutes are accessible via the Justice Laws Website at <https://laws-lois.justice.gc.ca>.

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11.
<https://www.ontario.ca/laws/statute/05a11>

Child, Youth and Family Services Act, 2017, S.O. 2017, c. 14, Sched. 1.
<https://www.ontario.ca/laws/statute/17c14>

Copyright Act, R.S.C. 1985, c. C-42. <https://laws-lois.justice.gc.ca/eng/acts/C-42/>

Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31.
<https://www.ontario.ca/laws/statute/90f31>

Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A.
<https://www.ontario.ca/laws/statute/96h02>

Nursing Act, 1991, S.O. 1991, c. 32. <https://www.ontario.ca/laws/statute/91n32>

Ontario Career Colleges Act, 2005, S.O. 2005, c. 28; Ontario Regulation 415/06.
<https://www.ontario.ca/laws/statute/05p28>; <https://www.ontario.ca/laws/regulation/060415>

Ontario Human Rights Code, R.S.O. 1990, c. H.19. <https://www.ontario.ca/laws/statute/90h19>

Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A.
<https://www.ontario.ca/laws/statute/04p03>

Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5.
<https://laws-lois.justice.gc.ca/eng/acts/P-8.6/>

Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R. <https://www.ontario.ca/laws/statute/07p10>

Regulated Health Professions Act, 1991, S.O. 1991, c. 18.
<https://www.ontario.ca/laws/statute/91r33>

A1.3 Professional Standards and Practice Guidelines

Becoming Institute Inc. (2025). *Nurse psychotherapist practice standards and competencies*. Becoming Institute.

Canadian Federation of Mental Health Nurses. (2023). *Standards of practice for Canadian mental health nurses* (5th ed.). CFMHN.

Canadian Nurses Association. (2025). *Code of ethics for registered nurses*. CNA.

College of Nurses of Ontario. (2024). *Electronic practice guideline* (Pub. No. 49087). CNO. <https://www.cno.org/globalassets/docs/prac/49087-electronic-practice-guideline.pdf>

College of Nurses of Ontario. (2025). *Practice guideline: Independent practice*. CNO.

College of Registered Psychotherapists of Ontario. (2014). *Entry-to-practice competency profile for registered psychotherapists*. CRPO.

College of Registered Psychotherapists of Ontario. (2017). *Standards of practice for registered psychotherapists*. CRPO.

College of Registered Psychotherapists of Ontario. (2024). *Program recognition policy*. CRPO.

College of Registered Psychotherapists of Ontario. (2025). *Policy on program definition*. CRPO.

A1.4 Institutional Documents Referenced

The following internal documents govern program operations, student rights, and clinical training. Copies are available from the Registrar's Office upon written request.

- Practicum Office Policies and Procedures Manual and Register
- Privacy and Data Protection Policy
- Records Retention Schedule
- Enrollment Contract
- Trauma Recovery Hub Network Practitioner Onboarding Documentation

Appendix B: Glossary of Key Terms

B1.1 Glossary of Key Terms

The following definitions are provided to assist students in understanding terminology used throughout this handbook, in program coursework, and in communications with regulatory bodies. Where a term carries a specific legislative or regulatory definition, that source is cited. Where a term is used in an institutional sense, the definition reflects the program's specific application of the concept.

Accessibility for Ontarians with Disabilities Act, 2005 (AODA)

Ontario legislation establishing standards for identifying, removing, and preventing barriers to accessibility in employment, customer service, information and communications, transportation, and the built environment. The Institute is subject to AODA requirements and is committed to ensuring that all course delivery, learning materials, and student services meet or exceed WCAG 2.1 Level AA accessibility standards.

Controlled Act of Psychotherapy

The Regulated Health Professions Act, 1991, S.O. 1991, c. 18, Schedule 2, s. 27(1), authorizes specific "controlled acts" that may only be performed by members of a regulated health profession within the scope of that profession. Psychotherapy is a controlled act under the Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R, and is defined as treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception, or memory that may seriously impair the individual's judgment, insight, behaviour, communication, or social functioning. Students enrolled in this program are not authorized to perform the controlled act independently until they hold the requisite registration with the College of Registered Psychotherapists of Ontario (CRPO) or practice within the authorized scope of their nursing registration.

Clinical Supervision / Clinical Supervisor

As defined by the College of Registered Psychotherapists of Ontario, clinical supervision is a formal, structured professional relationship in which a qualified supervisor provides oversight, guidance, and evaluation of a supervisee's psychotherapy practice. A Clinical Supervisor, for purposes of this program, must meet the requirements set out in the Practicum Office Policies and Procedures Manual, including holding current registration in good standing with an applicable regulatory college. Clinical supervision hours contributing to BEC304B must be individually supervised (one supervisor to one student) unless the Practicum Coordinator has approved group supervision to the extent permitted by CRPO's program requirements.

Direct Client Contact (DCC)

As used by the College of Registered Psychotherapists of Ontario in its program recognition framework, Direct Client Contact refers to hours during which a student practicum trainee is engaged in face-to-face (or synchronous distance) therapeutic interaction with an individual

client, couple, family, or group, as distinguished from case consultation, supervision, or indirect practice hours. All DCC hours recorded in BEC304B must be contemporaneously documented and verified by the student's Clinical Supervisor.

Entry-to-Practice Competency Profile

The Entry-to-Practice Competency Profile for Registered Psychotherapists, published by the College of Registered Psychotherapists of Ontario (2014), is the document that defines the knowledge, skills, and professional attributes expected of a newly registered psychotherapist in Ontario. The competencies articulated in this profile form the foundational framework against which all didactic and clinical components of this program are mapped and assessed.

Fitness-to-Practise

Fitness-to-Practise refers to a student's or registrant's capacity — physical, psychological, cognitive, and ethical — to engage safely and competently in client-facing practice without posing a risk of harm to clients, self, or the therapeutic relationship. Within this program, concerns regarding a student's Fitness-to-Practise may trigger a review by the Program Director in accordance with the procedures described in this handbook and the Practicum Office Policies and Procedures Manual. Fitness-to-Practise is a distinct concept from Academic Standing and may be assessed independently of grades or attendance records.

Health Information Custodian

As defined in the Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A, s. 3(1), a Health Information Custodian is a person or organization that holds personal health information and has the responsibility to protect it. The definition includes a regulated health professional who provides health care, as well as certain organizations. Students on practicum must understand that their host practicum site may be a Health Information Custodian subject to PHIPA obligations, and students must comply with all applicable privacy policies of the site in addition to the Institute's own Privacy and Data Protection Policy.

The Becoming Method®

The Becoming Method® is Becoming Institute's proprietary, trauma-informed clinical framework integrating evidence-based practices in psychotherapy with principles derived from somatic awareness, attachment theory, and relational neuroscience. The Becoming Method® is introduced in BEC101 and developed progressively through the didactic curriculum, with clinical application supervised in BEC304A and BEC304B. The designation ® indicates that the Becoming Method® is a registered trademark of Becoming Institute Inc.

Nurse Psychotherapist Certificate — Specialization in Trauma Recovery

The Nurse Psychotherapist Certificate — Specialization in Trauma Recovery is the primary credential awarded by Becoming Institute Inc. upon a student's successful completion of all program graduation requirements, including all eight didactic courses (BEC101, BEC103A, BEC103B, BEC105, BEC301, BEC302, BEC303, BEC304A) and the 1,000-hour supervised practicum (BEC304B), totalling 1,737.5 program hours. This certificate is issued by Becoming Institute Inc. as a private career college registered under the Ontario Career Colleges Act, 2005.

The certificate is not a degree, diploma, or designation regulated by a post-secondary quality assurance body, and it does not constitute or guarantee registration with any regulatory college.

Practicum Coordinator

The Practicum Coordinator is the Institute staff member responsible for the administration and oversight of the clinical practicum component (BEC304B), including placement coordination, supervisor approval, site agreements, clinical documentation review, and student support during practicum. The Practicum Coordinator serves as the primary liaison between the student, the Clinical Supervisor, the host practicum site, and the Program Director. Contact information for the current Practicum Coordinator is maintained on the Institute's website and in the Practicum Office Policies and Procedures Manual.

Prior Learning Assessment and Recognition (PLAR)

Prior Learning Assessment and Recognition (PLAR) is a formal process through which a student may apply for recognition of knowledge, skills, or competencies gained through prior education, professional experience, or other learning, toward specific program requirements. PLAR at Becoming Institute is governed by the PLAR Policy set out in this handbook. PLAR does not reduce the minimum supervised practicum hours required under the program's CRPO recognition framework.

Registered Psychotherapist (RP) / Registered Psychotherapist (Qualifying)

These are distinct categories of registration with the College of Registered Psychotherapists of Ontario established under the Psychotherapy Act, 2007. A Registered Psychotherapist (RP) is a fully registered member of CRPO authorized to perform the controlled act of psychotherapy within their scope of practice. A Registered Psychotherapist (Qualifying) — RP (Qualifying) — is a category of registration for individuals who are completing the requirements for full registration, typically including supervised practice hours, and who may perform the controlled act of psychotherapy under the supervision of a fully registered member. The RP (Qualifying) category is the applicable registration pathway for graduates of this program who are completing hours required for full CRPO registration.

Safe and Effective Use of Self (SEUS)

Safe and Effective Use of Self (SEUS) is a core clinical competency within this program referring to the therapist's deliberate, reflective, and ethically grounded engagement of their own personhood — including lived experience, emotional responses, cultural identity, and values — as a therapeutic instrument, in a manner that is boundaried, client-centred, and clinically intentional. SEUS is a learning objective embedded throughout the curriculum and is specifically assessed in BEC303 and BEC304A/B. The concept is situated within the program's Becoming Method® framework and draws on relational and attachment-based traditions in psychotherapy.

Trauma Recovery Specialist

The Trauma Recovery Specialist (TRS) is an institutional professional credential awarded by Becoming Institute Inc. upon a student's successful completion of BEC304A (Advanced Clinical Seminar: The Becoming Method® in Practice) and BEC304B (Supervised Practicum), signifying

demonstrated clinical competence in the application of the Becoming Method® to trauma recovery. The TRS is a component credential within the Nurse Psychotherapist Certificate program and is not a stand-alone qualification or a designation regulated by any external authority. See Section 6.3 for the distinction between the TRS and the Nurse Psychotherapist Certificate.