



**KENYA COUNSELLING AND  
PSYCHOLOGICAL ASSOCIATION**

AGIP House, 4<sup>th</sup> Floor, Room 422, Adjacent Times Towers

P.O. Box 41132-00100 Nairobi, Kenya

Tel: 0726-068933, 0724092933

Email: [kcpa@kenyacounsellingandpsychologicalassociation.org](mailto:kcpa@kenyacounsellingandpsychologicalassociation.org)

Website: [kenyacounsellingandpsychologicalassociation.org](http://kenyacounsellingandpsychologicalassociation.org)

**APPLICATION FORM FOR CHANGE OF STATUS (2020)**

Please fill in this form, provide the necessary qualification documents (related to Counseling and/or Psychology) a supervised and signed log-in client work records and Bank payment Slip or Mpesa transaction details for payment of fees. (Fees payable for Status Change are Associate Counselor 2,500/- Accredited Counselor 3,000/- Senior Accredited Counselor 3,500/- Associate Counsellor Supervisor 4,000/- Accredited Counsellor Supervisor 4,500/- Senior Counsellor Supervisor 5,000/- ). Your assigned status will be communicated to you.

**Payment Procedure**

- 1 Lipa Na Mpesa: Buy Goods and Services, Till number 326109. No transaction charges are applicable for this payment, or
- 2 The amount can be deposited at our Bank account at Cooperative Bank 01134308358300 Aga Khan Walk Branch, Nairobi.

**Individual details**

1. Name in full: .....KCPA No.....
2. Phone No.....
3. Other Cadre/Profession.....Work satation.....County.....
3. Qualifications related to counseling and/or psychology (forward copies of documents which are not already in KCPA office).
4. Current status:.....Date/Year awarded.....
5. How long have you been in this KCPA status? .....
6. Attach: i) renewed copy of current status certificate and  
ii) Current therapy letter not more than two (2) years old.
7. Fill in the new status you are now seeking .....
8. Amount paid for the new status: Ksh.....

**Declaration:** I confirm that the information I have given is true.

Signed:.....Date:.....

**Send application to: The Secretary Kenya Counseling & Psychological Association.**

**FOR OFFICIAL USE ONLY**

1. County Chair Name.....Sign.....Date.....
2. Receipt number.....Date.....
3. New status awarded: .....Date.....
4. Certificate valid from .....To. ....
5. Authorized KCPA Signatory: .....Date.....