



Visit www.mf-counselingcentre.com for
more information regarding GCDF-Cyprus



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There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.



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Be sure to make copies of all your forms and documents before mailing your application. CCE will not return any forms or documents to you or to a third party once your application has been submitted.

WHAT IS A GLOBAL CAREER DEVELOPMENT FACILITATOR?

The Global Career Development Facilitator (GCDF) credential designates individuals who work in a variety of career development settings as having met the requirements set forth by the Center for Credentialing & Education, Inc. (CCE®) for the GCDF certification. GCDFs may serve as:

- Career group facilitators
- Job search trainers
- Career resource center coordinators
- Career coaches
- Human resource career development coordinators
- Intake interviewers
- Career development case managers
- Employment/placement specialists
- Occupational and labor market information resource persons
- Workforce development personnel

GCDF SCOPE OF PRACTICE

The GCDF Scope of Practice includes the use of the following competencies as an employee of an agency or organization:

- Are competent in basic helping skills and use these skills in client interactions.
- Are proficient in the career facilitation process.
- Understand labor market and occupational information and trends.
- Assist clients in finding and using current resources.
- Comprehend and use career development computer resources.
- Administer and score career development assessments with proper training.
- Recognize the special needs of various groups and adapt services to meet their needs.
- Follow the ethical standards for career development facilitators.
- Know current legislation and regulations affecting employment.
- Understand career development theories, models, and techniques.
- Are competent in job search strategies and placement techniques.
- Prepare and deliver materials for training programs and presentations on how to access career information and how to effectively interview for a job.
- Understand career development programs.
- Work as a liaison in collaborative relationships with career counselors and other professionals.
- Market and promote career development programs.

EDUCATION AND EXPERIENCE

To qualify for GCDF certification, an applicant must hold a High School Diploma/GED and 200 hours of experience with supervision. Experience must be in the GCDF-Cyprus competency areas.

With respect to these requirements, applicants must:

1. Submit complete and accurate documentation of the highest level of education completed with his/her application;

AND

2. Verify that the specified number of work experience hours related to career development and the GCDF Competency Areas have been completed. *Please note that GCDF training hours cannot be used to fulfill this work experience requirement; however, qualifying experience hours accrued prior to completing the GCDF training may be accepted.

TRAINING

In addition to the education and experience requirements identified above, applicants must also complete at least 120 hours of training in the 12 GCDF competency areas from a GCDF Cyprus-approved training provider.

GCDF ETHICS POLICIES

GCDF certificants and applicants for certification must act in accordance with all GCDF ethics policies, including the *GCDF Ethical Standards* and the *CCE Ethics Case Procedures*.

APPLICATION FEES

Applicants must submit €100 along with all completed application materials.

INQUIRIES

Please note that the review process takes about six weeks from the date your complete application is received. If you have specific questions regarding GCDF certification, contact **FRANTZI at michelle.frantzi@gmail.com**.

GCDF Cyprus
137 Franklin Roosevelt
3045, Limassol
Cyprus
Tel: **+35796705556**
Fax: **+35725572740**
Email: **michelle.frantzi@gmail.com**

Information is also available on CCE's Web site: www.cce-global.org

Send your completed application to:
GCDF Cyprus
137 Franklin Roosevelt
3045, Limassol
Cyprus

RECERTIFICATION REQUIREMENTS

GCDF certification must be renewed every five years. GCDF Cyprus will mail each certificant a recertification form approximately six weeks before the certification expiration date.

In order to maintain certification, a certificant must satisfy the following GCDF recertification requirements:

1. Complete 75 continuing education hours within the GCDF Competency Areas. GCDF Cyprus reserves the exclusive right to evaluate all education hours, and at its sole discretion, GCDF Cyprus may deny credit for those hours that fail to meet GCDF requirements. Certificants will be notified when continuing education hours are reduced or denied, including a statement indicating the basis for such action. If selected for audit, GCDF Cyprus will require copies of course attendance certificates and/or other continuing education documentation as part of this review;

AND

2. Accept and Sign an Ethics Certification and Attestation Agreement.

Certificants who do not receive a GCDF recertification notice one month before the certification expiration date should contact GCDF Cyprus immediately. If GCDF Cyprus does not receive a certificant's signed recertification form and annual maintenance fee payment by the specified due date, his/her certification will expire. A certificant whose certification expires due to failure to satisfy the recertification requirements by the specified date will be prohibited from using the GCDF certification. In order to be reinstated to active certification status, an expired certificant must submit a GCDF Reinstatement Application and documentation of 75 continuing education hours, as well as pay a €60 reinstatement fee and the past due fee(s) balance.

PREAMBLE

These ethical standards clarify for current and future Global Career Development Facilitators (GCDFs), and those they serve, the nature of ethical responsibilities based on the Global Career Development Facilitator Scope of Practice.

SECTION A: GENERAL

1. The GCDF will adhere to this Global Career Development Facilitator *Code of Ethics*.
2. GCDFs recognize the extent of their training and provide only services and use techniques for which they are qualified by training and/or supervised experience. GCDFs recognize that their competency is in career assistance, not in career counseling or psychotherapy.
3. GCDFs improve practices and services through continuing education and in-service practice throughout the GCDFs' careers. The GCDFs operate within the limits of the GCDF scope of practice.
4. The use of assessment instruments or procedures must be within the GCDFs' scope of training.
5. It is the responsibility of the GCDFs to balance client and organizational needs.
6. GCDFs avoid public behavior that is clearly in violation of accepted moral and legal standards.
7. GCDF products and services, including classroom instruction, public lectures, demonstrations, written articles, radio or television programs, or other types of the media, must meet the criteria cited in all sections of these standards.
8. The GCDF will maintain confidentiality regarding content discussed with clients and client records unless the Federal, state or employing institution laws and policy require disclosure.

SECTION B: GLOBAL CAREER DEVELOPMENT FACILITATOR (GCDF) RELATIONSHIPS WITH CLIENTS AND EMPLOYERS

1. GCDFs must recognize and advocate for client freedom of choice in GCDF services.
2. The GCDF/client relationship and information resulting from it must be kept confidential, consistent with the obligations of the GCDF's employment setting.
3. If the GCDF cannot assist the client or the client's needs are outside the GCDF's scope of practice, the GCDF will identify and refer properly.
4. The GCDF must alert the employer to conditions that may be potentially disruptive or damaging to the welfare of clients and goals of the agency.
5. The GCDF must inform the employer of conditions that may limit his or her effectiveness.
6. When computer applications are used, the GCDF must ensure that: (a) the client is intellectually, emotionally and physically capable of using the computer application; (b) the computer application

is appropriate for the needs of the client; (c) the client understands the purpose of the computer application; and (d) follow-up is provided for the client to both correct possible problems (misconceptions or inappropriate use) and to assess further needs.

7. GCDFs will not be sexually, physically, or romantically intimate with clients.
8. GCDFs do not condone or engage in sexual harassment that includes deliberate or repeated comments, gestures, or physical contact of a sexual nature.
9. GCDFs do not bring their personal or work issues into the GCDF/client relationship.
10. GCDFs are aware of the impact of stereotyping and discrimination (i.e., biases based on age, disability, ethnicity, gender, race, religion or sexual orientation), and guard the individual rights and personal dignity of the client.

SECTION C: CONSULTATION/SUPERVISION

1. GCDFs must establish working relationships and agreements with consultants, supervisors, employers and/or subordinates regarding the GCDF/client relationship, confidentiality, distinction between public and private materials, maintenance and dissemination of recorded information, workload and accountability. Working agreements in each instance should be specified and made known to those concerned.
2. Consultation/supervision will be sought any time that the GCDFs have concerns, questions, or doubts that they may be practicing outside of their competency area or outside the GCDFs' scope of practice.

Approved by the CCE Board of Directors: July 19, 1997.

Amended: October 14, 1998.

Revised: March, 2007

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STEP 1: DOCUMENTATION COMPLETION

1. Complete the GCDF Certification Application Form in its entirety. Please print clearly in blue ink.
2. Complete the Experience Form and have your employer(s) sign it. MAIL the original form to GCDF Cyprus. (You may photocopy the blank form if you need to have more than one employer complete it.)
3. Provide documentation of the highest level of education you have completed. Acceptable documentation includes accurate and complete copies of diplomas, transcripts, and letters of verification from appropriate institution representatives. We cannot accept documentation from instructors.
4. Provide a copy of the training certificate of completion verifying the required 120 hour training in the GCDF Competency Areas. Training must have been provided by a GCDF Cyprus-approved GCDF training provider. A list of approved GCDF training providers is available at the Web site: www.mf-counselingcentre.com

STEP 2: DOCUMENTATION SUBMISSION

Before mailing your completed application, please verify that you have completed and included the following materials and payment:

- ☐ Certification Application Form
- ☐ Experience Form
- ☐ Verification of Education
- ☐ Verification of GCDF Training
- ☐ GCDF Application Fee and Payment Voucher

Submit all of your application materials in one mailing/shipping package to:

GCDF Cyprus
137 Franklin Roosevelt
3045, Limassol
Cyprus

STEP 3: REVIEW

After GCDF Cyprus receives a complete GCDF application and processes the payment, the application will be prepared for review. This process normally takes six weeks from the date of receipt. Following the initial review, the applicant will be notified in writing if further information is required. If further information is needed, the application will require a second review. In order to expedite the review process, be certain to include all required documentation with the initial application.

If you have specific questions regarding the GCDF certification and/or your application, e-mail GCDF Cyprus at michelle.frantzi@gmail.com.

STEP 4: CERTIFICATION

When your application is approved, you will receive written notice that you have been certified, and then your GCDF certificate will be mailed to you in the near future.

PLEASE PRINT CLEARLY IN BLUE INK

MAILING INSTRUCTIONS

Mail completed application packet and payment to:
GCDF Cyprus
137 Franklin Roosevelt
3045, Limassol
Cyprus

1. First Name, MI:

Last Name:

Previous Name(s):

2. Street Address:

City, State/Province:

ZIP/Postal Code, Country:

3. Home Telephone:

Business Telephone: Ext.:

Fax:

4. E-mail:

☐ Check here if you do NOT want your contact information and e-mail address shared CCE may publish the certificant's name, location and e-mail address on the CCE Web site and will be sending updates/correspondence via e-mail in the near future. Please check if you do NOT want your e-mail address published.

5. Gender: ☐ Male ☐ Female

6. Date of Birth:
month day year

7. Ethnic Origin (optional- for statistical purposes only):

☐ African American ☐ Native American ☐ Asian ☐ Caucasian
☐ Hispanic/Latino ☐ Native Hawaiian ☐ Multiracial ☐ Other

8. I am applying for certification as a/an:

☐ instructor applicant (€100 application fee)
☐ non-instructor applicant (€100 application fee)

FOR OFFICE USE ONLY

REF.#: _____

AMOUNT: _____

BATCH #: _____

DATE: _____

9. Education- Applicants must submit an accurate and complete copy of the diploma or transcript for the highest educational level completed.

Circle highest level completed:

High School 9 10 11 12 GED **College** 1 2 3 4 **Graduate School** 1 2 3 4

| Name and Location (City and State/Province) of Institution | Dates Attended | | Highest degree completed |
|--|----------------|--------------|--------------------------|
| | From (mm/yyyy) | To (mm/yyyy) | |
| High School | | | |
| College | | | |
| Graduate Program | | | |

THIS FORM MAY NOT BE FAXED

10. Professional Career Development Experience (Experience must be verified on the Experience Form)

| Qualifying Work Experience | Dates Employed | | Total Hours |
|----------------------------|-------------------|-----------------|-------------|
| | From (mm/yyyy) | To (mm/yyyy) | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Experience Hours | | | |

11. Training in GCDF Competency Areas

| Name and Address of Training Institution | Name, Address, and Phone Number of Trainer | Hours Completed | Date of Training (mm/yyyy) |
|---|---|--------------------|----------------------------------|
| | | | |

12. Professional Credentials. Please list all current professional and occupational licenses, certifications, registrations, and other credentials.

| Professional and occupational licenses, certifications, registrations | State | Credential Number | Expiration Date (mm/yyyy) |
|---|-------|----------------------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

THIS FORM MAY NOT BE FAXED

13. Professional Associations. Please list all current professional associations and/or memberships.

| Associations and Memberships | Membership Number | Expiration Date (mm/yyyy) |
|------------------------------|-------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |

14. Ethics Certification and Attestation. (You must respond to each statement):

- a. I agree to give CCE notice of any home or business address change within 60 days and in writing. ☐ Yes ☐ No
- b. I understand and agree that I am obligated to report any changes concerning my responses to this application to CCE within 60 days and in writing. ☐ Yes ☐ No
- c. I agree to act and conduct my career development facilitation activities in accordance with the current GCDF Ethical Standards, CCE Ethics Case Procedures, and other applicable CCE policies, and as they may be amended or revised. ☐ Yes ☐ No
- d. I have specifically identified to CCE all professional and occupational licenses, certifications, registrations, or other credentials that I hold, and all professional and occupational organizations, associations and groups to which I belong or in which I am a member. ☐ Yes ☐ No
- e. I have not been, nor am I currently, the subject of any charge, complaint, or conviction related to a criminal or quasi-criminal act. ☐ Yes ☐ No
- f. I have not been, nor am I currently, the subject of any formal complaint or charge by a government or other regulatory body, professional association, or certifying body. ☐ Yes ☐ No
- g. I have not been found in violation of any law, regulation, or rule by a government or other regulatory body, professional association, or certifying body. ☐ Yes ☐ No
- h. I have not been, nor am I currently, the subject of any civil or criminal litigation, or other proceeding(s), related to my professional practice. ☐ Yes ☐ No
- i. I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in sanctions by CCE. ☐ Yes ☐ No

NOTE: If you answered “No” to any question(s) above, you must provide a complete, detailed explanation of the circumstances related to your “No” response, and the final disposition and/or decree related to any matters included in Section 15, Items e, f, g, h, or i, above. Place these materials in a sealed envelope marked “ETHICS” and staple the envelope to your application. Failure to include the required information may delay the processing of your application.

15. Applicant Certification and Agreement/Release Authorization.

By signing this document, I certify that the information provided in this application is accurate and complete to the best of my knowledge. I agree that the CCE has the right to contact any person or organization to review this application. I authorize the release of any information requested by the CCE with respect to the review of this application. I further agree that the CCE has the right to notify pertinent organizations if this application contains false information.

I understand that any certification granted by the CCE does not specify licensure or registration to practice for a fee or otherwise. I release the CCE from all liability and claims that may arise from any career activity in private practice or otherwise. I understand that CCE certification depends upon my fulfillment of all required criteria including compliance with the Ethical Standards for GCDFs.

I agree to report, within 60 days of my knowledge, the following court, governmental, and professional organization matters related to me:

- Any charge, complaint, or conviction related to a criminal or quasi-criminal act.
- Any formal complaint or charge by a government or other regulatory body, professional association, or certifying body.
- Any determination by a government or other regulatory body, professional association, or certifying body concerning violations of laws, regulations, or rules, including any sanctions, discipline, and/or corrective action issued by that body.
- Any civil or criminal litigation, or other proceeding(s), related to professional practice.

Upon certification, I understand that professional biographical data is considered to be public information and will be made available in response to consumer/client inquiries. I further agree that, for research and statistical purposes only, data resulting from my participation in the CCE certification process may be used. I understand that all material becomes the property of CCE upon receipt and that neither originals nor photocopies will be returned to me.

In the event that my CCE certification is suspended or revoked, I agree to comply with all directives or orders of the CCE Ethics Committee, including the return of all credentialing documents. I agree to comply with such directives and orders in a timely manner and at my own expense.

16. Agreement to Practice Appropriate Career Assessments.

I recognize that the administration and interpretation of career assessments may be governed by state and/or national rules and regulations as well as test publishers' regulations. I will therefore become familiar with such rules and regulations for my jurisdiction.

I agree that if I work outside of my scope of practice, I will seek supervision or consultation from a licensed or credentialed mental health professional.

I also understand that any administration and interpretation of assessments that I conduct will be done under the direction of my supervisor or with the written authorization of my employer.

Applicant's Signature: _____ Date (mm/dd/yyyy): _____

SIGN IN BLUE INK
ORIGINAL SIGNATURES ONLY - COPIES WILL NOT BE ACCEPTED

This form is required for Global Career Development Facilitator (GCDF) applicants. It should be completed by the applicant's current or previous employer who can attest to the number of hours the applicant has spent in work directly related to career development tasks. **When this form has been completed, it should be returned to the applicant to be submitted with his or her GCDF Application Form.**

Applicant's Name: _____

Request for Verification of Experience
TO BE COMPLETED BY APPLICANT

I have applied to CCE for certification as a Global Career Development Facilitator and am required to provide documentation of experience as a career development service provider. Please complete the Employer Verification Information below and return it to me. My application cannot be submitted without this form.

Applicant's Signature (Must be signed in **BLUE** ink.) _____

Date (mm/dd/yyyy) _____

Employment Verification Information
TO BE COMPLETED BY EMPLOYER

This form verifies that _____ is/was employed in the position of _____ by this organization from the period of (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____. Briefly identify and describe all work experience related to career development services and the GCDF competency areas, and indicate the total qualifying experience hours completed during this employment.

PLEASE PRINT

1. Supervisor/Manager's Name: _____
2. Supervisor's Job Title: _____
3. Supervisor's Agency/Institution: _____
4. Supervisor's Telephone Number: _____
5. Supervisor's Signature (required in **BLUE** ink): _____ Date: _____
mm/dd/yyyy

DO NOT USE WHITE-OUT ON THIS FORM

APPLICATION FEE: €100

METHOD OF PAYMENT

PLEASE PRINT CLEARLY IN BLUE INK

Applicant's Name: _____

Telephone: _____

☐ Enclosed is a check or money order - payable to CCE - in the amount of €_____

☐ Please charge the credit card as listed below in the amount of €_____

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Name on Card: _____

Acct. #:

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Exp. Date:

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Cardholder Signature: _____ Date (mm/dd/yyyy): _____

MAILING INSTRUCTIONS:

Mail completed application packet and payment to:
GCDF Cyprus
137 Franklin Roosevelt
3045, Limassol
Cyprus

PAYMENT VOUCHER