

# College of Psychologists of British Columbia

## VERIFICATION OF LICENSURE/REGISTRATION IN OTHER JURISDICTIONS

To be completed by an authorized official of the Regulatory Body and returned directly to the address below.

1. Full Name of Applicant: \_\_\_\_\_  
[name as it appears on official register/license]
2. License/Registration/Certification # \_\_\_\_\_ Province/State/Country \_\_\_\_\_
3. Current Registration Status \_\_\_\_\_ 4. Expiration Date. \_\_\_\_\_
5. Title of Registrant/Licensee/Certificant (e.g. psychologist/psychological associate) \_\_\_\_\_
6. Date of initial registration \_\_\_\_\_.
7. Has registration been continuous since date of initial registration? Yes  No   
(If no, please attach additional information)
8. Highest degree in psychology on which the applicant's registration in your jurisdiction is based: \_\_\_\_\_
9. Can you confirm that the applicant has a doctorate from an APA or CPA accredited program? (If unknown, please indicate here: ) Yes  No
10. Do you have an EPPP score on record for this applicant? Yes  No   
If yes, please provide score: \_\_\_\_\_
11. If applicant was initially registered in your jurisdiction after July 1, 2003 has s/he been evaluated and met all the criteria for foundational knowledge and core competencies in psychology? Yes  No  N/A
12. Does the applicant have:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. any current or previous restrictions, terms or limitations on their practice  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. any unresolved complaints   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. any complaints referred to discipline hearing or alternate resolution.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. any sanctions or censures.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. revocation or suspension of registration/licensure  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. voluntarily relinquished registration/licensure to prevent commencement or completion of an investigation, review or other proceeding | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Please provide details on reverse and attach copies of any relevant documentation for "yes" answer to item 12 above.**

13. For jurisdictions with reserved acts or actions, has this applicant been granted access to any reserved acts (e.g. diagnosis)? Yes  No
- a) If yes, please specify: \_\_\_\_\_
- b) If applicant has been denied such access, please provide details: \_\_\_\_\_

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Province/State/Country

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Regulatory Body

\_\_\_\_\_  
Telephone #

AFFIX SEAL  
HERE

Return form to : College of Psychologists of British Columbia  
404 - 1755 West Broadway, Vancouver, BC. V6J 4S5

Telephone: (604) 736- 6164

[February 2017]