

**APPLICATION FOR
REGISTERED PSYCHOLOGIST REGISTRATION**

Applicant Name:
Date of Application (year / month / day):
Mailing Address: Please inform the College in writing of any changes within 30 days. _____ _____ _____
Phone Number and Email Address: Formal notices and communications from the College will typically be sent to applicants by mail to the mailing address above. However, there are times where it is expeditious for the College to contact applicants by phone, fax or email. Phone number(s): _____ Fax number: _____ Email address: _____

Please print in ink or type your information

Submitting documentation: This Application Form includes an Enclosure Checklist. Please attach all required documents and return the completed Application Form, with attachments, to the College at the following address:

Registrar, College of Psychologists of British Columbia
404-1755 West Broadway
Vancouver, British Columbia
Canada V6J 4S5

Some of the required documentation must be sent to the College directly from third parties (e.g. transcripts from universities, reference forms from supervisors). The College must receive all required documents, including all required professional and academic records and references before an application will be reviewed. Applicants are solely responsible for ensuring all application documents are delivered to the College.

Delivery: Applicants are encouraged to submit all application documents by registered mail or by courier. The College does not accept photocopies and faxed application material. The College accepts no responsibility for delays in its receipt of application materials.

Deadline for completion: Subject to any extensions granted by the College, applicants have *24 months* from the date your application and application fee are received to complete all necessary steps for registration, after which the application will automatically expire.

The status of your application: Applicants will be notified if application documents are insufficient or if further information is required.

PERSONAL INFORMATION: The personal information requested in this form is collected for the purpose of assessing your eligibility for registration with the College. The College is authorized to collect this information under section 20 of the *Health Professions Act* and Part 4 of the College’s bylaws. If you have questions about the collection of your personal information, you may contact the College’s Registrar by telephone [604 – 736 – 6164], or in writing to

The Registrar
College of Psychologists of British Columbia
404-1755 West Broadway
Vancouver, BC
Canada V6J 4S5

A. Contact Information

1. Names

Under section 21 of the *Health Professions Act*, the College must maintain a register containing the name of every registrant (the “Register”). Registrants must provide their *full legal names* and also any *professional, business or trade names*, past or present, and spelled or punctuated as actually used. **N.B.** If this information changes, you must inform the College in writing within 30 days of the change.

- a. Full Legal Name of Applicant: _____
- b. Former Legal Names used, if any: _____
- c. Professional Name(s): _____
- d. Choose one of the above names as the single name you will use for the application process, the College Register at the point of registration, and all College correspondence:

- 2. Date of Birth (year / month / day): _____
- 3. Gender (male / female): _____
- 4. Place of Birth (city / province or state / country): _____

B. Training and Competence Requirements

Education - *Institution*

1. Provide the information requested below beginning with your most recent education. For Department, please provide the exact name of the department from which degree was received or in which work was done.

Applicants trained outside Canada and the United States must provide documentation showing their degrees have been reviewed by an international credentialing agency acceptable to the Registration Committee, and must provide documentation attesting to the foreign training being equivalent to a Canadian degree.

a. Name of College or University : Graduate/Undergraduate (circle one) APA/CPA accredited: ____ (yes/no)	Department:	Dates of attendance (from/to):
	Degree awarded:	Date awarded:
	Major subject:	Minor subject:
b. Name of College or University : Graduate/Undergraduate (circle one) APA/CPA accredited: ____ (yes/no)	Department:	Dates of attendance (from/to):
	Degree awarded:	Date awarded:
	Major subject:	Minor subject:
c. Name of College or University : Graduate/Undergraduate (circle one) APA/CPA accredited: ____ (yes/no)	Department:	Dates of attendance (from/to):
	Degree awarded:	Date awarded:
	Major subject:	Minor subject:
d. Name of College or University : Graduate/Undergraduate (circle one) APA/CPA accredited: ____ (yes/no)	Department:	Dates of attendance (from/to):
	Degree awarded:	Date awarded:
	Major subject:	Minor subject:
e. Name of College or University : Graduate/Undergraduate (circle one) APA/CPA accredited: ____ (yes/no)	Department:	Dates of attendance (from/to):
	Degree awarded:	Date awarded:
	Major subject:	Minor subject:

2. Title of Doctoral Thesis: _____
Reference (if published): _____
Name of Supervisor: _____
3. Title of Master's Thesis: _____
Reference (if published): _____
Name of Supervisor: _____

C. Program of Study

1. Graduates of CPA and/or APA accredited doctoral programs

Registered psychologist applicants who have graduated from Canadian Psychological Association (CPA) or American Psychological Association (APA) accredited doctoral programs that satisfy the criteria for resident study and training in Part I, section C, paragraph 12 of Schedule H of the bylaws, will be deemed to have met the other program characteristics criteria. All applicants are required to submit a description of how their program meets *each* of the criteria outlined in Schedule H for resident study and training and attach this description to this application form.

2. Graduates of non-APA- and/or CPA-accredited programs

The Registration Committee evaluates non-APA- and/or CPA-accredited programs of study using the criteria outlined in Schedule H of the College bylaws. Applicants should submit a description of how their program meets *each* of the criteria outlined in Schedule H, Section I (Registered Psychologist registration criteria) and attach this description to this application form.

D. Coursework

- Category 1: Biological Bases of Behaviour.** Includes courses in Physiological Psychology, Comparative Psychology, Neuropsychology, Sensation and Perception, and Psychopharmacology.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

2. **Category 2: Cognitive/Affective Bases of Behaviour.** Includes courses in Learning, Cognition, Motivation, and Emotion.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

3. **Category 3: Social Bases of Behaviour.** Includes courses in Social Psychology, Group Processes, Community Psychology, Environmental Psychology, and Organizational and Systems Theory.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

4. **Category 4: Individual Differences.** Includes courses in Personality Theory, Human Development, Abnormal and Psychopathology.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

5. Category 5: Ethics and Standards in Professional Psychology

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

6. **Category 6: Research Design and Methodology.** Includes courses in Research Design, Experimental Procedures, and Laboratory Methods

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

7. **Category 7: Statistics.** Includes courses in Statistics and Multivariate Analysis.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

8. **Category 8: Psychometrics.** Includes courses in Measurement, Test Construction, and Validation.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

9. **Category 9: Professional Practice: Assessment.** Includes courses in Application of Assessment Techniques.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
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Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

10. **Category 10: Professional Practice: Intervention.** Includes courses in Application and Theory of Psychotherapy, Counselling, Behaviour Modification.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
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No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

E. Official Transcripts

- Applicants MUST arrange for a complete OFFICIAL TRANSCRIPT of all courses and grades for graduate and undergraduate degrees to be sent from each educational institution concerned **directly** to the College.
- Applicants whose transcripts are not in English must submit translated and notarized copies of their transcripts, in addition to the original transcripts.

1. Please list below the institutions with which you have made arrangements for the College to receive transcripts:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

F. Supervised Training

1. Practica

Provide details of all your supervised training experience such as practica, externships, clerkships and/or other supervised experience required as part of your professional training. These experiences are those completed prior to completion of an internship. Please start with the most recent and continue backwards.

a. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Total Number of Hours of Practicum:		
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____		

Course Credit:		Course No.:
Year Taken:		Academic Institution:

b. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Total Number of Hours of Practicum:		
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____ _____ _____		
Course Credit:		Course No.:
Year Taken:		Academic Institution:

c. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Total Number of Hours of Practicum:		
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____ _____ _____		
Course Credit:		Course No.:
Year Taken:		Academic Institution:

d. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Total Number of Hours of Practicum:		
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____ _____ _____		
<i>Course Credit:</i>		Course No.:
Year Taken:		Academic Institution:

e. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Total Number of Hours of Practicum:		
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____ _____ _____		
<i>Course Credit:</i>		Course No.:
Year Taken:		Academic Institution:

PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY

G. Internship

1. Was your pre-doctoral internship accredited by? (check all that apply)

CPA APA

If your internship was accredited by either APA or CPA, please provide the information requested below in Question 2. **N.B.** A copy of your internship description below will be forwarded to your internship director, along with a reference form.

If your internship was *not* accredited, please refer to the “Pre-Doctoral Internship Criteria” set out in Part I, section F of Schedule H of the College bylaws. These are the criteria by which the Registration Committee evaluates all non-accredited internships. Please describe in a separate written submission how your internship meets *each* of the criteria listed in Schedule H.

2. Pre-doctoral internship information:

Start Date: (year/month)		End Date: (year/month)	
Name of organization or institution:			
Mailing address:		Services offered by organization or institution:	
Name of Internship Director:			
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):			
Course Credit:	Course No.:	Year Taken:	Academic Institution:

H. Assessment of Competencies, Knowledge, and Areas of Practice

Declaration of Area of Practice

Declaration of area of practice is expected to be based on completion of training and supervision in that area, as supported by documentation (transcripts, letter from director of training).

1. Identify below by which method your declaration of area of practice is supported:
 - a. Program completed is clearly identified on the transcript of the highest degree (e.g., Clinical Psychology).
 - b. A letter has been requested from my training director to be sent directly to the College attesting that a specific program was completed (e.g., Clinical Psychology).

If neither of these apply, applicants must complete Section 3 which follows.

2. A declaration of competence in an area of practice is a declaration by the applicant that he or she has the appropriate training, education and experience in that area of psychology practice to be able to offer the range of activities and services within that area.

By checking off **one** of the boxes below, you are **self-declaring** your area of practice in psychology. Please refer to Schedule H.1 of the College bylaws for Areas of Psychology Practice descriptions.

- Clinical Psychology**
- Counselling Psychology**
- Forensic Psychology**
- Correctional Psychology**
- Health Psychology**
- Industrial/Organizational Psychology**
- Clinical Neuropsychology**
- Rehabilitation Psychology**
- School Psychology**
- Academic psychology**
- Psychometry**
- Behaviour Analysis**

THIS FORM IS FORWARDED TO REFEREES. PLEASE WRITE YOUR NAME LEGIBLY BELOW.

Name of Applicant: _____

1. Please indicate your activities and services in the area of practice for which you have provided a declaration by placing a check (✓) next to the relevant sections in the table below.

N.B. A copy of this table will also be forwarded to the referees that you indicate will be providing a reference on your behalf.

Activities and Services	
Area of Practice	
Assessment	
Psychotherapy	
Counselling	
Other Intervention / Treatment (specify):	
Consulting	
Teaching	
Supervision	
Research	
Program Evaluation	

Ages of Clients: Children Adolescents Adults Elderly

Types of Clients: Individuals Couples Families Groups Organizations

Explanatory Notes:

I. Good Character and Fitness Requirements Please answer each of the questions below. A separate sheet explaining any “yes” answer is required along with any supporting documents.

A separate sheet explaining any “yes” answer is required	Yes	No
1. Have supervisors or others ever raised questions with you about your suitability or competence to practice psychology, or your competence to carry out professional tasks or duties?		
2. Have you ever been censured, reprimanded, dismissed, suspended, terminated, or asked to resign, or has any disciplinary action been taken against you during your education, training or employment as a mental health professional?		
3. Have you ever been rejected or barred from applying for, or denied registration, certification or licensing as a psychology practitioner or any other profession in any jurisdiction?		
4. Are you now, or have you ever been, disciplined, convicted, censured, reprimanded, sanctioned, suspended, disqualified, prohibited from practicing or penalized in any manner by any professional regulatory body at any level of membership or has your license to practice any profession been revoked or made subject to terms or conditions?		
5. Have you ever voluntarily surrendered or relinquished a license to practice psychology or any other profession, or surrendered or allowed a license to practice psychology or any other profession lapse due to action pending or threatened?		
6. Are you the subject of a current proceeding or outstanding/unresolved complaint against you for professional misconduct, incompetence, or incapacity in relation to the profession of psychology or other profession?		
7. Have you ever been found to have committed professional malpractice by a court or tribunal?		
8. Are you currently named as a defendant in any civil proceeding in which professional malpractice or negligence is alleged?		
9. Do you have any pre-existing or current conditions of a disability, physical ailment, emotional disturbance or an addiction of any kind that might impair your ability to practice psychology, complete the application process (including written, computerized, oral examinations), interact with the College, clients, or the court?		
<p>10. Have you ever been convicted, plead guilty, or plead <i>nolo contendere</i> to any criminal offence? If yes, provide details on the following and include a statement on whether or not you consider this conviction relevant to the profession of psychology.</p> <p>Please also provide the following information: Nature, date, place of conviction:</p>		
11. Has there ever been a finding of contempt of court made against you, or have you ever been found to have contravened or failed to comply with any order of any Court?		
12. Are there any or have there ever been any restrictions or limitations on your license to practice psychology or any other profession?		
13. Is there any event, circumstance, condition or matter touching on your conduct, character, or reputation which you believe might raise a significant material concern for you, a reasonable registrant, a reasonable member of the public, or your intended class of clients, respecting your registration as a psychology practitioner?		

J. Certificate of Standing / Professional Record

1. Provide the following information regarding previous and current applications, as well as previous and current registration, certification, or licensure, as a psychologist or a member of any health profession in any jurisdiction.

a. Name of professional regulatory body:	
Date of issuance of original professional license or certificate (year/month/day):	Professional license or certificate number:
Has registration been continuous? Yes/No. If no, please provide details.	
Title of registration (e.g., applicant, provisional; psychologist, psychological associate)	
Mailing address: _____ _____ _____	Telephone: _____
	Facsimile: _____

b. Name of professional regulatory body:	
Date of issuance of original professional license or certificate (year/month/day):	Professional license or certificate number:
Has registration been continuous? Yes/No. If no, please provide details.	
Title of registration (e.g., applicant, provisional; psychologist, psychological associate)	
Mailing address: _____ _____ _____	Telephone: _____
	Facsimile: _____

If you have additional licenses, certificates or registrations, which cannot be accommodated on this Application Form, please attach additional sheets providing this information.

Applicants must arrange for verification of licensure to be sent by the regulatory body(ies) **directly** to the College. Copies of the required verification forms are available on the College website.

2. **ASPPB.** Do you hold a Certificate of Professional Qualification issued by the Association of State and Provincial Psychology Boards (the “ASPPB”)? (yes/no) _____

If yes, please provide the following information:

Certificate No.:	Date of Issue (y/m/d):
------------------	------------------------

If there have been any changes or breaks in status, please provide details: _____

- Applicants must arrange for verification of the Certificate of Professional Qualification to be sent by the ASPPB **directly** to the College.

3. **CRHSP.** Are you, or have you ever been, listed with the Canadian Register of Health Service Providers in Psychology (the “CRHSP”)? (yes/no) _____

If yes, please provide the following information:

Listing No.:	Initial Listing Date (y/m/d):
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If there have been any changes or breaks in listing status, please provide details: _____

- Applicants must arrange for confirmation of listing status to be sent by CRHSP **directly** to the College.

4. **NRHSP.** Are you, or have you ever been, listed with the National Register of Health Service Psychologists (the “NRHSP”)? (yes/no) _____

If yes, please provide the following information:

Listing No.:	Date of Initial Listing (y/m/d):
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If there have been any changes or breaks in listing status, please provide details: _____

- Applicants must arrange for confirmation of listing status to be sent by the NRHSP **directly** to the College.

5. Please provide below the details of a complete record of your professional employment experience. Please start with the most recent and continue backwards.

a. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____		

b. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____		

c. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____		

d. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____		

e. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____		

f. Title/Name of position held:		
Start Date: (year/month)		End Date: (year/month)
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients): _____		

Attach additional sheets if necessary.

K. Criminal Record and Police Checks

1. Criminal Records Review Program

Applicants must complete the authorization form for a Criminal Record Review and send it to the College together with the appropriate fee OR complete the process online through the Criminal Records Review Program (<http://www.pssg.gov.bc.ca/criminal-records-review/eservice/>). **N.B.** The College does not accept shared results of a criminal record check previously completed with the Criminal Records Review Program for another organization.

2. National Police Check(s)

Applicants must submit original documentation providing the results of a national police check or the equivalent for every jurisdiction in which the applicant resided during the five-year period immediately before the date of application, if it is not reasonably practicable to obtain such documentation for the applicable Jurisdiction, a letter of explanation is required and will go before the Registration Committee.

For Canadian jurisdictions, the check must be completed by the police or RCMP. For US jurisdictions, the check must be completed by the FBI. For all other jurisdictions, a national check must be completed by the police or an equivalent authority. Each check must be the most comprehensive check available in terms of coverage of records checked.

Applicants must arrange for completed police check(s) to be sent directly to the College.

L. References (from Registered/Licensed Psychologists)

1. Please list below the names, positions, and addresses of the three registered/licensed psychologists to whom we will forward:
 - a. the reference form,
 - b. a copy of your completed activities and services grid,
 - c. the completed "Supervision Information for Referees" form below,
 - d. a copy of the statutory declaration you signed as part of this application form, and
 - e. any other supporting documents the College deems useful for the completion of the reference.

(1). Name of Internship Director:	
Mailing address:	Telephone:
	Facsimile:
(2). Name:	
Mailing address:	Telephone:
	Facsimile:
(3). Name:	
Mailing address:	Telephone:
	Facsimile:

2. Complete the forms on the following three pages with respect to the supervised experience you received with each above-named referee. **N.B.** Each completed form will be forwarded by the College to the referee along with a reference form, and the materials outlined above.

(1) SUPERVISION INFORMATION FOR REFEREES

Name of Applicant: _____

Name of Referee (Internship Director Y/N): _____

Title/Name of position held by Applicant at time of supervision:		
Start Date: (year/month)		End Date: (year/month)
Direct client contact supervised by this referee (hours per week):	Individual supervision with this referee (hours per week):	Group supervision with this referee (hours per week):
Name of organization or institution:		
Please describe the professional training experiences provided under supervision with this referee.		
(i) Age range of clients: _____		

(ii) Presenting problems of clients: _____		

(iii) Types of assessments provided: _____		

(iv) Assessment instruments used: _____		

(v) Treatment interventions: _____		

(2) SUPERVISION INFORMATION FOR REFEREES

Name of Applicant: _____

Name of Referee (Internship Director Y/N): _____

Title/Name of position held by Applicant at time of supervision:		
Start Date: (year/month)		End Date: (year/month)
Direct client contact supervised by this referee (hours per week):	Individual supervision with this referee (hours per week):	Group supervision with this referee (hours per week):
Name of organization or institution:		
Please describe the professional training experiences provided under supervision with this referee.		
(i) Age range of clients: _____		

(ii) Presenting problems of clients: _____		

(iii) Types of assessments provided: _____		

(iv) Assessment instruments used: _____		

(v) Treatment interventions: _____		

(3) SUPERVISION INFORMATION FOR REFEREES

Name of Applicant: _____

Name of Referee (Internship Director Y/N): _____

Title/Name of position held by Applicant at time of supervision:		
Start Date: (year/month)		End Date: (year/month)
Direct client contact supervised by this referee (hours per week):	Individual supervision with this referee (hours per week):	Group supervision with this referee (hours per week):
Name of organization or institution:		
Please describe the professional training experiences provided under supervision with this referee.		
(i) Age range of clients: _____		

(ii) Presenting problems of clients: _____		

(iii) Types of assessments provided: _____		

(iv) Assessment instruments used: _____		

(v) Treatment interventions: _____		

M. Additional items

1. **Professional Liability Insurance.** Prior to registration, all applicants must provide evidence satisfactory to the Registration Committee of professional liability insurance coverage in an amount not less than \$1,000,000 per occurrence.
2. **Supervision.** For applicants currently providing, or planning to provide, psychological services in BC during the application period:

I have, or will arrange to have, a Registered Psychologist supervisor for any psychological services I provide in British Columbia while an applicant for registration. I agree to submit a supervision plan, cosigned by the Registered Psychologist supervisor, including the name of the supervisor who has agreed to provide supervision and a description of proposed arrangements. I understand that the supervisor will complete a short form at the time I complete my last exam to confirm that the supervision took place according to the plan submitted. _____ (initial here)

N. Enclosure Checklist

Prior to review of your application, the following documentation must be received by the College. Please confirm below that these documents have been submitted with your application or that you have arranged for them to be sent directly to the College.

LIST OF REQUIRED DOCUMENTATION		Initials
	Please review the documents below and confirm with your initials in the box to the right that all the required documents that pertain to your application for registration have been enclosed or have been requested.	
1.	Curriculum vitae is enclosed.	
2.	Completed application form is enclosed.	
3.	Application Fee is enclosed.	
4.	Information about resident study and training for graduates of APA or CPA-accredited doctoral programs is enclosed.	
5.	A complete response providing information about program of study for graduates of non-APA or CPA-accredited graduate programs is enclosed.	
6.	Translated and notarized copies of transcripts which are not in English are enclosed.	
7.	For Applicants trained outside Canada and the United States: Documentation is attached showing that the applicant's degrees have been reviewed by an international credentialing agency as equivalent to a Canadian degree.	
8.	Transcripts for all undergraduate and graduate training have been requested to be mailed directly to the College.	
9.	A complete response providing information about how Pre-Doctoral Internship in non-APA or CPA-accredited internships meets criteria described in schedule H is enclosed.	
10.	Requests have been submitted to all current or previous professional regulatory bodies to provide verification of registration to be mailed directly to the College.	
11.	Have completed authorization form for Criminal Record Review <u>plus</u> paid the appropriate fee OR completed online through the Criminal Records Review Program. N.B. In British Columbia, all applicants are required by the <i>Criminal Records Review Act</i> to provide this authorization.	
12.	All required Police check(s) have been requested.	
13.	Supervision plan is enclosed.	

O. Statutory Declaration

I (full legal name) _____
of (full address) _____

DO SOLEMNLY DECLARE that the statements and all of the information provided by me in this application for registration are complete, accurate and true.

I ACKNOWLEDGE that the College of Psychologists of British Columbia (the "College") may request additional information concerning my application for registration, and I HEREBY AUTHORIZE the College to obtain any further information relevant to my application for registration from ANY PERSON, INCLUDING BUT NOT LIMITED TO persons or institutions referred to in my application documents.

I RELEASE all individuals and institutions, including those who provide a reference for me, from any liability which might arise from them providing information to the College.

I ACKNOWLEDGE that third persons may inquire of the College concerning my application status, and I HEREBY AUTHORIZE the College to provide information concerning the status of my application, including but not limited to completed and pending steps.

I ACKNOWLEDGE that it is an offence to apply to be registered as member of the College if I know that I am not qualified to be a registrant.

I UNDERTAKE to advise the College, while I am an applicant for registration or a registrant, of any changes to my legal or professional name(s), and any changes to my address information, within 30 days of any such change(s).

I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath.

Declared before me at _____)
in the Province/State of _____) _____
this ____ day of _____ in the year _____.) Declarant's Signature

Signed: _____)
A Commissioner for Oaths, Notary Public or)
Justice of the Peace in _____)
Printed name of Commissioner: _____)
Physical address: _____)
_____)
_____)
Phone: _____)
Other contact information: _____)