

## Foreign Trained Psychology Professionals (FTPP) Orientation Workshop

### Request to be scheduled

- I acknowledge that I am not yet an applicant with the College.
- I acknowledge that I received my training outside of Canada and/or the United States of America.

Please register me for the following FTPP Orientation Workshop:

\_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Country of training: \_\_\_\_\_

Licensed for independent  
practice in other  
country? \_\_\_\_\_

Today's Date: \_\_\_\_\_

- By completing and submitting this form, I acknowledge that my request to be scheduled for this workshop is contingent upon determination of my eligibility to attend. I understand that I will be informed by the College if any issues arise with respect to this request.