

## SCHEDULE A

### CANDIDATE QUESTIONNAIRE

The personal information on this Candidate Questionnaire is collected because you wish to be nominated for election to the board of the College of Psychologists of British Columbia under section 17(3)(a) of the *Health Professions Act* and section 3 of the College's bylaws. The information obtained on this form will be made available for inspection by registered psychologist registrants and school psychologist registrants, for the purpose of assisting them in assessing your candidacy against the skills and experience that is expected of board members so that they may cast informed votes in the election. 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 V6J 4S5

In completing the Candidate Questionnaire, please note that the information sought is that which is relevant to serving as a board member for the College, having regard to the fiduciary duty of board members to the College, the duties of board members specified in the oath of office in Schedule 1 of the *Health Professions General Regulation*, and the duties and objects of the College under section 16 of the *Health Professions Act*, including the College's duty at all times to serve and protect the public.

**Candidate's Name:** \_\_\_\_\_

**Position Sought:** (check one) ☐ Registered Psychologist Board Member  
☐ School Psychologist Board Member

1. **Education:**

*Please provide a chronology of institutions attended, beginning with your most recent education. You may attach additional pages if necessary.*

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

*Please provide the following information about your history of practising registration as a registered psychologist or school psychologist with the College of Psychologists of British Columbia:*

Date of issuance of original registration as a registered psychologist or school psychologist (year/month):
Has registration been continuous? Yes/No
If no, please provide details (including any period of non-practising registration):

3. **Other Professional Registration:**

*Apart from your registration with the College of Psychologists of British Columbia, please provide the following information about your previous and current registration, certification or licensure in any jurisdiction as a psychologist or a member of any other profession. You may attach additional pages if necessary.*

a. Name of professional regulatory body:
Professional title:
Date of issuance of original registration, certification or licensure (year/month):
Has registration, certification or licensure been continuous? Yes/No  If no, please provide details (including any period of non-practising registration):

b. Name of professional regulatory body:
Professional title:
Date of issuance of original registration, certification or licensure (year/month):
Has registration, certification or licensure been continuous? Yes/No  If no, please provide details (including any period of non-practising registration):

c. Name of professional regulatory body:
Professional title:
Date of issuance of original registration, certification or licensure (year/month):
Has registration, certification or licensure been continuous? Yes/No  If no, please provide details (including any period of non-practising registration):

#### 4. Professional and Employment Background:

*Please provide a chronology of your professional and employment history that may be relevant to serving as a board member for the College. You may attach additional pages if necessary.*

[illegible]

5. **Current Director or Officer Positions:**

Please provide a list of every other company, society or other organization in which you currently hold a position as a director or officer, or the equivalent. You may attach additional pages if necessary.

[illegible]

6. **Previous Director or Officer Positions:**

*Please provide a list of every other company, society or other organization in which you previously held a position as a director or officer, or the equivalent. You may attach additional pages if necessary.*

<b>Organization</b>	<b>Term of Service (Date to Date)</b>	<b>Position</b>

7. **Ability to Discharge Duties as Board Member:**

*Please answer the following:*

To the best of your knowledge, are there any circumstances, arising from your professional practice, your employment, business or personal affairs, or otherwise, that could reasonably be perceived as preventing you from faithfully discharging your duties and responsibilities as a board member of the College of Psychologists of British Columbia in the public interest, or that could otherwise hinder your performance of your duties as a board member?

Yes: ☐ No: ☐

*If you answered "yes", please provide details below:*

**Attestation and Signature**

I (full legal name), \_\_\_\_\_,

1. attest that the information provided on this Candidate Questionnaire is accurate and complete, to the best of my knowledge; and
2. acknowledge that this form will be made available for inspection by any registered psychologist registrant or school psychologist registrant of the College in accordance with section 3(9) of the College's bylaws.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*