

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

APPLICATION FOR REGISTRATION

RECIPROCAL

March 2012

Applicant Name (see item 3.2*):
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: All formal notices and communication from the College will 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: _____

*The topical headings in this Application Form correspond to the headings in the Registration Requirements Booklet of the College (the "Booklet").

Terms and abbreviations used in this Application Form are as defined in the Booklet.

Please print in ink or type your information.

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1.0 MANDATE OF THE COLLEGE

The College's Registration Committee uses this Application Form and the materials to be provided with it to make decisions in granting registration, refusing registration, or making registration subject to limitations or conditions.

When you complete and submit this document, the College will rely on the information you provide to decide on your application for registration. If you become registered, *this document will form part of your permanent record at the College.*

2.0 GENERAL INFORMATION

Please ensure you have the correct application package (see Booklet Section 2.1).

Please review the Booklet before filling out this Application Form. The College's rights in collecting, using and disclosing information; and its duty to maintain confidentiality are outlined in Section 3.2 of the Booklet.

Filling out this document: Please read this entire Application Form before attempting to complete it. Follow all instructions and complete this document carefully and accurately. This document consists of individually numbered questions (e.g., "Question 10" or "Q.10") divided into topical sections ("Sections") corresponding to sections in the Booklet ("Booklet Sections").

Supervision plan: Applicants providing psychological services in BC must be supervised by a registrant of the College. Applicants must submit a supervision plan as part of the application that will be reviewed as part of the application review, setting out an applicant-selected supervisor and proposed arrangements (see Booklet Section 2.5.2).

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

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

This Application Form requires that third persons provide materials directly to the College. The College must receive all necessary documents, including all required professional and academic records and references, before it will process this application. 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 will *not* accept photocopies and faxed 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 (see Booklet Section 2.7), applicants have *24 months* from the Date of Application to complete all necessary steps for registration (the "Deadline"), after which the application will automatically expire. Documents received by the College for which no application is on file will be kept for one year.

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

3.0 REGISTRATION REQUIREMENTS

3.1 Eligibility for Reciprocal Registration

In order to be eligible for reciprocal registration, the following is required: full and current registration or licensure (i.e., without limitation or restriction on practice including “out of province” or “inactive” status) with a regulatory body with which the College has a reciprocal registration agreement (i.e., a Canadian psychology regulatory body which is a signatory to the Mutual Recognition Agreement) with the registration title of psychologist (or psychological associate if registered after July 1, 2003).

3.2 Contact Information

2. **Names.** Under section 21 of the 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. (If this information changes, inform the College in writing within 30 days of the change.).

Full Legal Name of Applicant: _____

Former legal names used, if any: _____

Professional or Business Name(s): _____

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:

3. Date of Birth (year / month / day): _____

4. Gender (male / female): _____

5. Place of Birth (city / province or state / country): _____

6. Are you legally entitled to work in Canada (yes / no): _____

If *no*, please explain: _____

3.3 Training and Competence Requirements

3.3.1 Assessment of Competencies, Knowledge and Areas of Practice

3.3.3.2 Declaration of Area of Practice

7. By checking off **one or two** of the boxes below, you are self-declaring your area(s) of practice in psychology. Please refer to sections 3.3.3.2 and Appendix E in the Booklet. Clearly indicate if you are currently practicing in this area in the jurisdiction upon which you are making a reciprocal registration.

Area(s) of Practice	Currently Practicing in this Area	New Area of Intended Practice
<input type="checkbox"/> Clinical Psychology		
<input type="checkbox"/> Counselling Psychology		
<input type="checkbox"/> Forensic/Correctional Psychology		
<input type="checkbox"/> Health Psychology		
<input type="checkbox"/> Industrial/Organizational Psychology		
<input type="checkbox"/> Neuropsychology		
<input type="checkbox"/> Rehabilitation Psychology		
<input type="checkbox"/> School Psychology		

8. If the primary practice area identified above is **DIFFERENT** from your current primary area of practice in the jurisdiction upon which this application is based, please provide a detailed description of your training, education and experience in this area. Attach additional sheets if necessary.

3.4 Good Character and Fitness Requirements

Please answer each of the questions below. A separate sheet explaining any “yes” answers is required.

A separate sheet explaining any “yes” answer is required	Yes	No
9. 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? If yes, provide details indicating for what reason, when and by which regulatory authority.		
10. 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? If yes, provide details indicating for what reason, when and by which regulatory authority.		
11. 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?		
12. 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?		
13. Have you ever been found to have committed professional malpractice by a court or tribunal?		
14. Are you currently named as a defendant in any civil proceeding in which professional malpractice or negligence is alleged?		
15. Do you have any pre-existing or current conditions of a disability, physical ailment, emotional disturbance or an addiction to alcohol or drugs 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?		
16. 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: Nature, date, place of conviction.		
17. 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?		
18. Are there any or have there ever been any restrictions or limitations on your license to practice psychology or any other profession?		
19. 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?		

3.4.1 Certificate of Standing / Professional Record

20. 3.4.1 A Verification of Licensure

Provide the following information regarding previous and current registration, certification, or licensure.

Name of professional regulatory body (1):	
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:

Name of professional regulatory body (2):	
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 a letter indicating the additional 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.

21. Practice of Psychology Please provide below the details of a complete record of your practice of psychology for the last five years. Refer to the areas of practice in Section 3.3.3.2 above when you describe your 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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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.

3.4.1 B Verification of Status

22. **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:
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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.

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

If yes, please provide the following information:

Listing No.:	Date of Initial Listing (year/month/day):
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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 CRHSPP **directly** to the College.

24. **NRHSPP.** Are you, or have you ever been, listed with the National Register of Health Service Providers in Psychology (the “NRHSPP”)? (yes/no)

If yes, please provide the following information:

Listing No.:	Date of Initial Listing (year/month/day):
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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 NRHSPP **directly** to the College.

3.4.1 C Transcripts

25. Highest degree on which registration is based in the home jurisdiction (see Booklet Section 2.2) is: Master's Degree or Doctorate Degree

Name of College or University:	Exact name of department in which this degree was completed:	Dates of attendance (from/to):
	Degree awarded:	Date of award:
APA/CPA accredited: (yes/no)	Major subject:	Minor Subject:

Applicants must submit an original transcript for the highest degree on which registration is based in the home jurisdiction. This may be a photocopy of the transcript.

3.4.2 Criminal Record and Police Checks [See the corresponding Booklet Section.]

- Applicants must complete the authorized form for a Criminal Record Review and send it to the College together with the appropriate fee.
- Applicants must arrange for completed police check(s) to be sent to the College.

3.4.3 References (from Registered/Licensed Psychologists)

26. Provide below the name of three registered/licensed psychologists who have been in good standing for the past two years and who are familiar with your current clinical work (i.e., within the five year period immediately preceding the application). The referee may be a colleague. See the corresponding section of the Booklet for details.

Please list below the names, positions, and addresses of the three psychologists to whom we should forward the reference form.

Your referees will receive:

- 1) the reference form,
- 2) a copy of the statutory declaration signed as part of this application form, and
- 3) other supporting documents the College deems useful for the completion of the reference.

1 Name	Title
Mailing address:	Telephone:
	Facsimile:
2. Name:	Position/Title:
Mailing address:	Telephone:
	Facsimile:
3. Name:	Position/Title:
Mailing address:	Telephone:
	Facsimile:

3.5 Other Requirements

3.5.1 Orientation Workshops


See the corresponding Booklet Section. Orientation Workshops are optional for reciprocal applicants. The workshop schedule is available on the College's website.

3.5.2 Professional Liability Insurance

Prior to registration, all applicants must attest to having professional liability insurance coverage in an amount not less than \$1,000,000.

Enclosure Checklist

27. Prior to review/processing your application, the following documentation must be received by the College.

	LIST OF REQUIRED DOCUMENTATION	
	Please review the documents below and confirm that all the required documents that pertain to your application for registration have been enclosed or requested.	
1.	Curriculum vitae is enclosed	
2.	2.5.2 Supervision plan is enclosed	
3.	2.9 Completed application form is enclosed	
4.	2.11 Application Fee is enclosed	
5.	3.4.1 A Requests have been submitted to all current or previous professional regulatory bodies to provide verification of registration to be mailed directly to the College of Psychologists of BC.	
6.	3.4.1 B Verification of a Certificate of Professional Qualification issued by the ASPPB	
7.	3.4.1 B Listing status with the CRHSPP	
8.	3.4.1 B Listing status with the National Register	
9.	3.4.1 C Transcript for highest degree on which licensure based in home jurisdiction (can be photocopy)	
10.	3.4.2 A Completed authorization form for Criminal Record Review <u>plus</u> appropriate fee N.B. In British Columbia, all applicants are required by the <i>Criminal Records Review Act</i> to provide this authorization. (See Booklet Section 3.4.2)	
11.	3.4.2 B Police check(s)	

Statutory Declaration

29. 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: _____)