

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

TEMPORARY REGISTRATION

Updated February 2011

Individuals who are registered/licensed to practice psychology in other jurisdictions can apply for temporary registration for a period of 15 consecutive days in a calendar year. They can hold a temporary registration for a maximum of two times in any calendar year.

Applicants are required to apply at least 30 days prior to their anticipated start date in order that their application can be processed in time.

Applicants are reminded that in BC, registrants of the College who are registered at the doctoral level are called psychologists and registrants who are registered at the master's level are called psychological associates.

All of the following items are required and should be forwarded to the attention of the Registrar.

- a) Curriculum vitae;
- b) Detailed description of the nature of work that the applicant is requesting to do as well as the time frame;
- c) Proof of registration in the home jurisdiction(s) that indicates
 - i) the highest degree on which registration is based, and
 - ii) that the applicant's license is unfettered;
- d) Authorization for a Criminal Record Review:
 - i) the form can be downloaded from the College's website in the Application Forms section.
 - ii) the ID number requested on the form is the College's ID number which is 14
 - iii) the completed original consent form must be sent to the College;
 - iv) appropriate payment for the CRR must be submitted along with the consent form. You may pay by credit card (please submit Authorization for Credit Card form) OR a money order made payable to the Minister of Finance. *Personal cheques may NOT be used to pay for the Criminal Record Check.*
- e) Signed Statutory Declaration;
- f) Payment of the application fee (please see Fee Schedule in the Application Process and Fees section of our website).

Temporary registrants may renew for one additional 15 day period within the same calendar year by informing the Registrar in writing of the dates of upcoming practice in BC.

There are no fees for renewal of temporary registration within the same calendar year.

Mailing address:

**College of Psychologists of British Columbia
#404 – 1755 West Broadway
Vancouver, BC
Canada V6J 4S5**

STATUTORY DECLARATION FOR TEMPORARY REGISTRATION

I, _____, do solemnly declare that I am a registrant
(or equivalent) of the _____,
(Name of psychology regulatory bodies)

that my registration status in my home jurisdictions are in good standing, that my licenses to practice psychology have never been cancelled or revoked, that there are no limitations or restrictions on any of my licenses and that I am not the subject of any outstanding disciplinary matters that may affect my rights to practice psychology.

I further declare that all of the statements and all of the information that I have provided to the College of Psychologists of BC in support of my application for temporary registration as a psychologist or psychological associate in British Columbia are complete and accurate and true.

I acknowledge that it is an offense to apply to be registered with the College if know that I am not qualified to be a registrant. I am not aware of any matter or circumstance that is an impediment to my temporary registration. I declare that I have disclosed in writing to the College any criminal convictions or criminal charges. I declare that I am and will remain in compliance with the Health Professions Act, its regulations, the bylaws and any conditions and limitations of registration for my practice of psychology in BC as a temporary registrant.

I declare that I have liability insurance covering my professional activities in compliance with Bylaw 61 which states that "all registrants must maintain or be included in coverage under professional liability insurance in an amount not less than \$1,000,000 per occurrence."

I make this solemn declaration conscientiously believing it to be true and know 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 of _____.

Declarant's signature: _____

Name of Commissioner for Oaths, Notary Public, Justice of the Peace, or Registrar of psychology
regulatory body above: _____

Title: _____

Address: _____

Signature: _____