

NEWFOUNDLAND AND LABRADOR PSYCHOLOGY BOARD
P.O. Box 5666, St. John's, NL A1C 5W8
Website: <http://nbep.info>

APPLICATION FOR REGISTRATION UNDER THE PSYCHOLOGISTS ACT, 2005
OF THE PROVINCE OF NEWFOUNDLAND AND LABRADOR

(To be used for all applications received after July 31, 2007.)

INTRODUCTORY NOTES

AN APPLICATION TO THE BOARD CONSISTS OF THE FOLLOWING:

- a. A completed application form where all questions are fully answered to the satisfaction of the Board and where the form is filed with the Board
- b. Official transcripts and certificates for graduate degrees (plus undergraduate transcripts if applying with a master's degree only) which have been received by the Board directly from the awarding university or institution.
- c. Original documents supporting applications based on registration, licensure or certification in another jurisdiction have been received by the Board.
- d. Criminal Record Screening Certificates from the relevant police authorities (e.g., Royal Newfoundland Constabulary, Royal Canadian Mounted Police), covering all jurisdictions in which the applicant has resided in the five year period immediately preceding this application, have been received by the Board. Where available, the screening must include working with vulnerable populations.
- e. Completed assessor's and/or referee's forms are received by the Board.
- f. The application fee of CAN\$125.00 is received by the Board.
- g. Please note that the Board has the right under the Psychologists Act, 2005, to require the presentation of additional information necessary to evaluate an application.

Important Notes Concerning Registration Procedures and Employment:

1. No person may hold themselves out to the public as a psychologist or as a person practicing psychology unless and until their name is entered on the Register. Entry on the Register occurs when registration is finalized.
2. As the Board generally meets once a month, applicants pursuing employment requiring registration are advised to expect a response time of at least two months.
3. For an application to be fully processed ALL required documents must be received and examined. If documents are sent by fax or as copies, the Board may evaluate them but registration is contingent on receipt of satisfactory originals.
4. The \$125 application fee is only for the evaluation of credentials. If and when approval is granted for registration, registration is not finalized until the board receives the first registration fee.
5. It is imperative that applicants who move during the application process keep the board informed of their address and contact information.

KIT # _____ (For office use)

APPLICATION # _____ (For office use)

I. IDENTIFICATION

1. Name in Full: _____

2. Date of application: _____

3. Home address: _____ Phone: (____) _____

4. Business address: _____ Phone: (____) _____

5. E-mail: _____

6. Duration of current period of residence in Canada (If not Canadian citizen or landed immigrant):

_____ Years, _____ Months.

7. a) In which area(s) of psychology do you consider yourself to be working?

_____ Clinical

_____ Educational/School

_____ Counselling

_____ Industrial

_____ Developmental

_____ Other (please specify)

b) In which activity or activities?

_____ Administration

_____ Professional practice

_____ Consulting

_____ Teaching

_____ Research

_____ Other (please specify)

II. ATTESTATION

Please review the following statements and sign below.

1. I have reviewed the Canadian Code of Ethics for Psychologists and the Practice Guidelines for Providers of Psychological Service. I attest that I am adhering to them and shall continue to do so.
2. I have not been found guilty of a crime in any jurisdiction. (*If you have been convicted of a crime, or crimes, cross out this statement and initial.* Please list any convictions on a separate sheet of paper. Note: a conviction does not necessarily exclude an applicant from registration.)
3. There is, or are, no criminal proceeding, or proceedings, against me in this or any other jurisdiction which is yet to be resolved. (*If there is, or are, a criminal proceeding or proceedings, cross out this statement and initial.* Please list any proceedings on a separate sheet of paper. Note: a criminal proceeding does not necessarily exclude an applicant from registration.)
4. I understand that the Board may request any further information it may consider necessary in order to evaluate this application.
5. I certify that all statements made by me in all sections of this application and that all documents provided by me to the Board in support of this application are complete and correct to the best of my knowledge and belief.

Signed: _____

Date: _____

III. ASSESSORS AND REFEREES

List the names and addresses of those you are asking to serve as assessors and referees.

1. **ASSESSORS:** Normally, assessors are past and present immediate supervisors who can attest to the quality of your work in psychology. (See Guideline 5). They should be sufficient in number to cover the experience requirements specified by Section 9 of the Psychologists Act, and should include the most recent superiors in your working career as listed on page 3. Assessors may or may not be psychologists.

2. **REFEREES:** Reference forms from psychologists are needed only when there are fewer than two people from among the applicant's assessors who are recognized as psychologists in their own jurisdictions. That is, there must be at least two psychology sources from among your assessors and referees. Referees should know the applicant's work performance.

V. PROFESSIONAL EXPERIENCE

See Guideline [4] for a description of acceptable professional experience. In describing your duties, please do so in a way that will allow the Board to decide whether they meet the criteria of Guideline [4].

1. Present employment dates from: _____
Title or Position: _____
Organization or Institution: _____
General services offered by the Organization or Institution: _____

Your work consists of: _____
If part-time, state the average number of hours per week: _____
Name, position and address of your immediate supervisor: _____

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2. Dates from: _____ to _____
Title or Position: _____
Organization or Institution: _____
General services offered by Organization or Institution: _____

Your work consisted of: _____
If part-time, state the average number of hours per week: _____
Name and current address of your supervisor: _____

3. Dates from: _____ to _____
Title or Position: _____
Organization or Institution: _____
General services offered by Organization or Institution: _____

Your work consisted of: _____
If part-time, state the average number of hours per week: _____
Name and current address of your supervisor: _____

(Please continue overleaf if necessary)

VI. PROFESSIONAL CREDENTIALS

1. If you are or have been registered, certified or licensed as a psychologist by a legal or professional board in any other jurisdiction, give the full details.

Name and address of agency board: _____

Date of original Licence or certificate: _____

Speciality, if designated: _____

Licence or certificate number: _____

Is the licence or certificate current? _____ Yes _____ No

Date of most recent renewal: _____

2. (a) Have you had an application registration, certification or licensing as a psychologist rejected in any jurisdiction?

_____ Yes _____ No

If yes, give details. Use a separate sheet or sheets as necessary. (Note: a 'yes' response does not necessarily exclude an applicant from registration.)

- (b) Has any diploma, licence, or certificate granted to you ever been suspended or revoked?

_____ Yes _____ No

If yes, give details. Use a separate sheet or sheets as necessary. (Note: a 'yes' response does not necessarily exclude an applicant from registration.)