

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 put themselves out to the public as a psychologist or as a person practicing psychology prior to a Board decision of registration. As the Board generally meets at monthly intervals, the lead time involved in obtaining registration must be taken into account by applicants who are seeking/applying for employment.
2. Before a file can be finalized, ALL materials must be received and assessed. If documents are sent by fax or copy for assessment with originals to follow (e.g., transcripts), the Board may assess these documents, however registration itself will be contingent on receipt of satisfactory, original documents.
3. The \$125 application fee is for assessment of credentials only. When the file is complete and the Board assesses the applicant's credentials as satisfactory, registration is not final until the \$250 registration fee (\$125 after July 1 of a calendar year) is also received.
4. For those moving into the province during the application process, it is imperative that the Board be kept informed concerning the applicant's current address.

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, the Board's Standards of Professional Conduct, 2005, 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 10 of the Psychologists Act, 2005, 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: _____

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.)

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Kit No. _____

ASSESSOR'S FORM

To: (print assessor's name)

I am applying for registration under the Psychologists Act, 2005, of the Province of Newfoundland and Labrador and I am required by the Newfoundland and Labrador Psychology Board to submit attestations of satisfactory work from people who are or were responsible for my performance. Your cooperation in supplying the information requested will be appreciated.

Please return this form when completed to the Registrar at the above address.

Name of Applicant (Print or Type): _____

Applicant's Signature: _____

TO BE COMPLETED BY ASSESSOR:

1. If you are registered, certified or licensed as a psychologist by a legal or professional board, or by the American Board of Examiners in Professional Psychology, give full details below:

Name of agency or board: _____

Date of original license or certificate: _____

Speciality if designated: _____

License or certificate number: _____

Is the license or certificate current? _____

2. My knowledge of the applicant is limited___; moderate___; thorough___.

During the period from _____ to _____, I was the applicant's _____
(employer, administrator, director, etc.).

The organization was _____

The applicant's position was _____

C. INSTRUCTIONS TO ASSESSOR:

The Newfoundland and Labrador Psychology Board is entrusted with the task of administering the Psychologists Act, 2005. In order to determine the eligibility of applicants for registration under the Act, the Board is required to evaluate the acceptability of the applicant's professional experience in psychology. Your answers to these questions will help to satisfy the Board that the applicant is professionally involved in the practice of psychology.

The Board's guidelines for acceptable professional experience are given here to aid you in making your assessment of the applicant.

"Professional experience in the field of psychology acceptable to the Board" means experience in one or more of the following areas:

- (a) Psychological evaluation, diagnosis and assessment of the functioning of individuals and groups in a variety of settings and activities.
- (b) Interventions of a psychological nature to facilitate the functioning of individuals and groups. Such interventions may include psychological counselling, psychotherapy and consultation.
- (c) Research or teaching in the area of psychology.
- (d) Consultation relating to (a), (b), or (c).
- (e) Programme development of services in the areas of (a), (b), (c), or (d).
- (f) Supervision of psychological services.

In order for such experience to qualify as acceptable to the Board, the applicant must be able to demonstrate to the Board that it was performed satisfactorily at a professional level. The following guidelines apply; please refer only to the experience listed in the "Acceptable" column in making your evaluation in the applicant's performance on page 3.

Acceptable

- (a) Administering and interpreting tests
- (b) (1) Providing treatment

(2) Planning and recommending detailed psychological procedures based on an analysis of an individual's or organization's needs.
- (c) (1) Direct involvement in the full sequence of designing, implementing, analyzing, interpreting and reporting of psychological research.

(2) Teaching with full responsibility for psychology classes or work shops.

Not Acceptable

- Administering and scoring tests
- Observing treatment sessions
- Implementing in a direct way the recommendations of another professional.
- Computing statistics or implementing research procedures designed by someone else.
- Assisting instructors in psychology classes.

D. In making your assessments below, please refer only to the applicant's acceptable work experience in psychology as defined by the guidelines above and indicate your evaluation of it.

	Satisfactory	Unsatisfactory	Unknown or Not Part of the Work
(a) Psychological evaluation, diagnosis and assessment of the functioning of individuals and groups in a variety of settings and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Interventions of a psychological nature to facilitate the functioning of individuals and groups. Such interventions may include psychological counselling, psychotherapy and consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Research or teaching in the area of psychology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Consultation related to (a), (b), or (c).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Programme development of services in the areas of (a), (b), (c), or (d).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Supervision of psychological services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Professional conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any unsatisfactory ratings here.

- E. (a) This applicant's professional strengths are:
2. This applicant's professional weaknesses are:
3. In my opinion, the professional skills of this applicant are:
- Unacceptable even for supervised practice
 - Below professional requirements for supervised practice
 - At an acceptable level for supervised practice
 - Above acceptable level for supervised practice
 - Ready for unsupervised practice

F. Signature: _____

Date: _____

Name: _____

Position: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____

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REFEREES FORM

To: (print referee's name)

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Please return this form when completed to the Registrar at the above address.

Name of Applicant (Print or Type): _____

Applicant's Signature: _____

TO BE COMPLETED BY REFEREE:

- (A) If you are registered, certified or licensed as a psychologist by a legal or professional board, or by the American Board of Examiners in Professional Psychology, give full details below:

Name of agency or board: _____

Date of original license or certificate: _____

Speciality if designated: _____

License or certificate number: _____

Is the license or certificate current? _____

- (B) My knowledge of the applicant is limited___; moderate___; thorough___.

During the period from _____ to _____, I was the applicant's _____
(employer, administrator, director, etc.).

The organization was _____

The applicant's position was _____

C. INSTRUCTIONS TO REFEREE:

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Acceptable

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- (c) (1) Direct involvement in the full sequence of designing, implementing, analyzing, interpreting and reporting of psychological research.

(2) Teaching with full responsibility for psychology classes or work shops.

Not Acceptable

- Administering and scoring tests
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	Satisfactory	Unsatisfactory	Unknown or Not Part of the Work
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(b) Interventions of a psychological nature to facilitate the functioning of individuals and groups. Such interventions may include psychological counselling, psychotherapy and consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Research or teaching in the area of psychology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Consultation related to (a), (b), or (c).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Programme development of services in the areas of (a), (b), (c), or (d).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Supervision of psychological services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Professional conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any unsatisfactory ratings here.

E. Signature: _____
Date: _____
Name: _____
Position: _____
Title: _____
Organization: _____
Address: _____
Telephone: _____