

NEWFOUNDLAND AND LABRADOR PSYCHOLOGY BOARD  
P.O. Box 5666, St. John's, NL Canada A1C 5W8

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: \_\_\_\_\_