

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

APPLICATION FOR REINSTATEMENT FORM

Applying for Reinstatement within 6 months of Last Registration

This document, when completed and submitted by you, is relied upon by the College in considering your request for reinstatement of your registration. You will be informed by the College if other documentation is required. Please follow all instructions and complete this document carefully and accurately. This document will form part of your record at the College.

Applicant Name: _____
Former Registration Number: _____
Date Application Form Submitted: Day _____ Month _____ Year _____
Date Registration Cancelled: Day _____ Month _____ Year _____

A. REASON FOR REINSTATEMENT

I am making an application for reinstatement due to:

- Voluntary cancellation of registration.
Failure to pay a fee for renewal of registration or another fee within the required time and/or failure to submit registration documents within the required time as per Section 21(3) of the Health Professions Act.
Registration being cancelled under section 39 (1) (e) of the Health Professions Act.

B. ENCLOSURES

I have enclosed with this application form the following:

- 1. Reinstatement Fee (35% of Annual Registration Renewal Fee)
2. Signed Declaration (below)

Reinstatement Fees

Table with 4 columns: Registration Status, Renewal Fee, Reinstatement Fee, Total Payable. Rows include Full Register, Limitations: Out of Province or Non-Practicing, and Retired.

C. DECLARATION

I, _____ (full name) of _____ (full address),

do solemnly declare that the statements and all of the information provided by me in this application for reinstatement of registration form are complete and accurate and true and I have professional liability insurance as per Bylaw 61.

I acknowledge that it is an offence to apply to reinstate my registration as a registrant of the College if I know that I am not qualified to be a registrant.

I declare that I am and will remain in compliance with the Health Professions Act, the Psychologist's Regulation, the College Bylaws, the Code of Conduct and any conditions and limitations of registration.

I make this solemn Declaration conscientiously believing it to be true.

Signed this _____ day of _____, 2011 _____ (Declarant's Signature)

Please return your completed form and fees to:
The Registrar, College of Psychologists of British Columbia
404 - 1755 West Broadway, Vancouver, B.C., Canada V6J 4S5