COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

APPLICATION FOR REGISTRATION

REGULAR

March 2011

Applicant Name (see item 3.2*):
Date of Application (year / month / day):
Mailing Address: Please inform the College in writing of any changes within 30 days. _____
Phone Number and Email Address: All formal notices and communication from the College will be sent to applicants by mail to the mailing address above. However, there are times where it is expeditious for the College to contact applicants by phone, fax or email. Phone number(s): _____ Fax number: _____ Email address: _____

*The topical headings in this Application Form correspond to the headings in the Registration Requirements Booklet of the College (the "Booklet").

Terms and abbreviations used in this Application Form are as defined in the Booklet.

Please print in ink or type your information.

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1.0 MANDATE OF THE COLLEGE

The College's Registration Committee uses this Application Form and the materials to be provided with it to make decisions in granting registration, refusing registration, or making registration subject to limitations or conditions. When you complete and submit this document, the College will rely on the information you provide to decide on your application for registration. If you become registered, *this document will form part of your permanent record at the College*.

2.0 GENERAL INFORMATION

Please ensure you have the application package that corresponds to the registration category for which you are applying and that you are applying for the appropriate registration category (see document entitled "Registration Requirements Booklet" Section 2.1). It will be helpful to review the Registration Requirements document before filling out this Application Form. The College's rights in collecting, using and disclosing information; and its duty to maintain confidentiality are outlined in Section 3.2 of the "Registration Requirements" booklet.

Filling out this application form: Please read this entire Application Form before attempting to complete it. Follow all instructions and complete this document carefully and accurately. This document consists of individually numbered questions (e.g., "Question 10" or "Q.10") divided into topical sections ("Sections") corresponding to sections in the "Registration Requirements" booklet.

Supervision plan: Applicants providing psychological services in BC must be supervised by a registrant of the College. Applicants must submit a supervision plan as part of the application. This plan will be reviewed as part of the application process. The plan must designate an applicant-selected supervisor who has agreed to provide the required supervision and proposed arrangements (see Registration Requirements booklet Section 2.5.2).

Submitting documentation: This Application Form includes an Enclosure Checklist. Please attach all required documents and return the completed Application Form, with attachments, to the College at the following address:

The Registrar
College of Psychologists of British Columbia
404-1755 West Broadway
Vancouver, British Columbia
Canada V6J 4S5

There are required documents to be completed by third parties which must be submitted directly to the College. The College must receive all required documents, including all required professional and academic records and references, before this application will be reviewed. Applicants are solely responsible for ensuring all application documents are delivered to the College.

Delivery: Applicants are encouraged to submit all application documents by registered mail or by courier. The College accepts no responsibility for delays in its receipt of application materials.

Deadline for completion: Subject to any extensions granted by the College (see Registration Requirements Booklet Section 2.7), applicants have *24 months* from the Date of Application to complete all necessary steps for registration (the "Deadline"), after which the application will automatically expire.

Documents received by the College for which no application is on file will be kept for one year.

The status of your application: Applicants will be notified if application documents are insufficient or if any further information is required.

3.0 REGISTRATION REQUIREMENTS

3.1 Eligibility for Application Categories

Applicants must meet the eligibility requirements of the application category under which they apply (see Registration Requirements Booklet Section 2.1.).

3.2 Contact Information

1. **Names**. Under section 21 of the *Health Professions Act*, the College must maintain a register containing the name of every registrant (the "Register"). Registrants must provide their *full legal names* and also any *professional, business or trade names*, past or present, and spelled or punctuated as actually used. **N.B.** If this information changes, you must inform the College in writing within 30 days of the change.

Full Legal Name of Applicant:

Former legal names used, if any:

Professional Name(s): _____

Choose one of the above names as the single name you will use for the application process, the College Register at the point of registration, and all College correspondence: _____

_____

2. Date of Birth (year / month / day):
3. Gender (male / female):
4. Place of Birth (city / province or state / country): _____
5. Are you legally entitled to work in Canada (yes / no): _____

If *no*, please explain: _____

_____

_____

_____

3.3 Training and Competence Requirements

3.3.1 Education - *Institution (*3.3.1.1A)

6. Provide the information requested below beginning with your most recent education.

A1.Name of College or University : A2.Graduate or Undergraduate (circle one) A3.APA/CPA accredited: _____ (yes/no)	Exact name of department from which degree was received or in which work done:	Dates of attendance (from/to):
	Degree awarded:	Date of award:
	Major subject:	Minor Subject:
B1.Name of College or University : B2.Graduate or Undergraduate (circle one) B3.APA/CPA accredited: _____ (yes/no)	Exact name of department from which degree was received or in which work done:	Dates of attendance (from/to):
	Degree awarded:	Date of award:
	Major subject:	Minor Subject:
C1.Name of College or University: C2.Graduate or Undergraduate (circle one) C3.APA/CPA accredited: _____ (yes/no)	Exact name of department from which degree was received or in which work done:	Dates of attendance (from/to):
	Degree awarded:	Date of award:
	Major subject:	Minor Subject:
D1.Name of College or University : D2.Graduate or Undergraduate (circle one) D3.APA/CPA accredited: _____ (yes/no)	Exact name of department from which degree was received or in which work done:	Dates of attendance (from/to):
	Degree awarded:	Date of award:
	Major subject:	Minor Subject:
	APA/CPA accredited: (yes/no)	
E1.Name of College or University : E2.Graduate or Undergraduate (circle one) E3.APA/CPA accredited: _____ (yes/no)	Exact name of department from which degree was received or in which work done:	Dates of attendance (from/to):
	Degree awarded:	Date of award:
	Major subject:	Minor Subject:

❑ Applicants trained outside Canada and the United States must provide documentation showing their degrees have been reviewed by an international credentialing agency acceptable to the Registration Committee, and must provide documentation attesting to the foreign training being equivalent to a Canadian degree (see Registration Requirements Booklet Section 3.3.1.2).

7. Title of Doctoral Thesis: _____

_____

Reference (if published): _____

Name of Supervisor: _____

8. Title of Master's Thesis: _____

_____

Reference (if published): _____

Name of Supervisor: _____

Program Characteristics **(3.3.1.1 B)**

See the corresponding Registration Requirements booklet section and provide additional information if you have not graduated from a program with APA and/or CPA – accreditation. Applicants from APA- and/or CPA-accredited programs will be deemed to have met program requirements. The Registration Committee evaluates non-APA- and/or CPA-accredited programs by measuring program traits against the program characteristics outlined in Appendix A of the Registration Requirements document. Applicants from non-APA and/or CPA-accredited programs should submit a description of how their program meets *each* of the criteria outlined in Appendix A of the Registration Requirements document and attach this description to this application form.

Coursework Requirements **(3.3.1.1C)**

In completing this section, please refer to Section 3.3.1.1 C in the Registration Requirements Booklet.

9. **Category 1: Biological Bases of Behaviour.** Includes such courses as Physiological Psychology, Comparative Psychology, Neuropsychology, Sensation and Perception, and Psychopharmacology.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

10. **Category 2: CognitiveĸAffective Bases of Behaviour.** Includes such courses as Learning, Cognition, Motivation, and Emotion.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

11. **Category 3: Social Bases of Behaviour.** Includes such courses as Social Psychology, Group Processes, Community Psychology, Environmental Psychology, and Organizational and Systems Theory.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

12. **Category 4: Individual Differences.** Includes such courses as Personality Theory, Human Development, Abnormal and Psychopathology.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

13. **Category 5: Ethics and {űl·yŘl·ŇŘă ĭy Professional tăèŏK2f2Ǝè**

Course Title:

Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

14. **Category 6: Research Design and Methodology.** Includes such courses as Research Design, Experimental Procedures, and Laboratory Methods.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

15. **Category 7: Statistics.** Includes such courses as Statistics, and Multivariate Analysis.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

16. **Category 8: Psychometrics.** Includes such courses as Measurement, Test Construction and Validation.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

17. **Category 9: Professional Practice: Assessment.** Includes such courses as Application of Assessment Techniques.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

18. **Category 10: Professional Practice: Intervention.** Includes such courses as Application and Theory of Psychotherapy, Counselling, Behaviour Modification.

Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	
Course Title:	
Institution:	Brief Description of Course Contents :
Year Taken:	
Course No.:	
No. of Credits:	
Hours / week:	

3.3.1.4 ***Official Transcripts***

- ☐ Applicants MUST arrange for a complete OFFICIAL TRANSCRIPT of all courses and grades for graduate and undergraduate degrees to be sent from each educational institution concerned **directly** to the College (see Booklet Section 3.3.1.4).
- ☐ Applicants whose transcripts are not in English must submit translated and notarized copies of their transcripts, in addition to the original transcripts (see Booklet Section 3.3.1.2).

19. Please list below the institutions with which you have made arrangements for the College to receive transcripts:

1. _____
2. _____
3. _____
4. _____
5. _____

3.3.2 Supervised Training Requirements

A. Practica (prior to internship)

20. Provide details of all your training experience **prior to your internship**, such as practica, externships, clerkships and/or other supervised experience required as part of your professional training prior to completion of an internship. Refer to the areas of practice in Section 3.3.3.2 below when you describe your experience. Please start with the most recent and continue backwards.

(1) Title/Name of position held:

Start Date: (year/month)		End Date: (year/month)
Total Number of Hours of Practicum:		
Full-time or Part-time:		If Part-time, hours per week:
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:		Services offered by organization or institution:
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):		

Course Credit:	Course No.:	Year Taken:	Academic Institution:

(2) Title/Name of position held:			
Start Date: (year/month)		End Date: (year/month)	
Total number of Hours of Practicum:			
Full-time or Part-time:		If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):	
Name of organization or institution:			
Mailing address:		Services offered by organization or institution:	
Supervisor's name and profession:			
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):			
Course Credit:	Course No.:	Year Taken:	Academic Institution:

(3) Title/Name of position held:			
Start Date: (year/month)		End Date: (year/month)	
Total number of hours of Practicum:			
Full-time or Part-time:		If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):	
Name of organization or institution:			
Mailing address:		Services offered by organization or institution:	
Supervisor's name and profession:			
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):			
Course Credit:	Course No.:	Year Taken:	Academic Institution:

(4) Title/Name of position held:			
Start Date: (year/month)		End Date: (year/month)	
Total number of hours of Practicum:			
Full-time or Part-time:		If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):	
Name of organization or institution:			
Mailing address:		Services offered by organization or institution:	
Supervisor's name and profession:			
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):			
Course Credit:	Course No.:	Year Taken:	Academic Institution:

(5) Title/Name of position held:			
Start Date: (year/month)		End Date: (year/month)	
Total number of hours of Practicum:			
Full-time or Part-time:		If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):	
Name of organization or institution:			
Mailing address:		Services offered by organization or institution:	
Supervisor's name and profession:			
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):			
Course Credit:	Course No.:	Year Taken:	Academic Institution:

Please attach additional sheets if necessary.

B. Internship

21. Was your pre-doctoral internship accredited by or formally listed with any of the following organizations? (check all that apply)

☐CPA / ☐APA / ☐APPIC/ CAPIC

If your internship was accredited or listed, answer the next question. **N.B.** A copy of your internship description below will be forwarded to your internship director, along with a reference form.

If your internship was *not* accredited or listed, please refer to the Registration Requirements Booklet, Appendix B ("Evaluation of Internships"). Appendix B outlines the criteria by which the Registration Committee will evaluate all non-accredited internships. Please describe in a separate written submission how your internship experience meets *each* of the sixteen criteria.

22. Description of accredited or listed internship.

Start Date: (year/month)			End Date: (year/month)
Name of organization or institution:			
Mailing address:			Services offered by organization or institution:
Name of Internship Director:			
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):			
Course Credit:	Course No.:	Year Taken:	Academic Institution:

C. Additional Supervised Training Requirements for applicants without a doctoral degree (eg. Masters).

See the corresponding registration requirements booklet section [see Section 3.3.2.C] and provide additional information regarding your additional supervised training.

3.3.3 Assessment of Competencies, Knowledge and Areas of Practice

3.3.3.1 Assessment of Core Competencies and Foundational Knowledge

See the corresponding Booklet Section.(Section 3.3.3)

3.3.3.2 Declaration of Area of Practice

The criteria for declaring an area of practice are the same as the criteria for changing an area of practice once registered: a declaration of competence in an area of practice is a declaration by the applicant that he or she has the appropriate training, education and experience (i.e., the tripartite requirement) in that area of psychology to be able to offer the wide range of activities and services within that area.

23. By checking off **one** of the boxes below, you are self-declaring your area of practice in psychology. Please refer to sections 3.3.3.1, 3.3.3.2, and 3.3.3.3, and Appendix E in the Registration Requirements Booklet.

☐ A. **Clinical Psychology**

☐ B. **Counselling Psychology**

☐ C. **Forensic/Correctional Psychology**

☐ D. **Health Psychology**

☐ E. **Industrial/Organizational Psychology**

☐ F. **Neuropsychology**

☐ G. **Rehabilitation Psychology**

☐ H. **School Psychology**

3.3.3.2.C Declaration of Area of Practice

24. Identify below by which method your declaration of area of practice is supported:

☐ Program completed is clearly identified on the transcript of the highest degree (e.g., Clinical Psychology).

☐ A letter has been requested from my training director to be sent directly to the College attesting that a specific program was completed (e.g., Clinical Psychology).

If neither of these apply, applicants must complete Section 24A which follows.

24A. SELF - DECLARATION OF AREA OF PRACTICE: TO BE COMPLETED BY APPLICANTS BASING A DECLARATION OF AREA OF PRACTICE WITHOUT SUPPORTING DOCUMENTATION (A TRANSCRIPT DOCUMENTING THAT THE PROGRAM COMPLETED WAS IN A SPECIFIC AREA OF PRACTICE OR LETTER FROM THE DIRECTOR OF TRAINING WITH ATTESTATION THAT A PROGRAM WAS COMPLETED IN A SPECIFIC AREA OF PRACTICE):

1. Training. In the space below (or attached letter/documentation), provide a detailed description of your training to support your competence in the selected area of practice.

2. Education. In the space below (or in attached letter/documentation), provide a detailed description of your education to support your declaration of competence in your selected area of practice.

3. Experience

In the space below (or in attached letter/documentation), provide a detailed description of your experience (including supervised experience) to support your competence in your selected area of practice.

AS THIS FORM IS FORWARDED TO REFEREES, PLEASE WRITE YOUR NAME LEGIBLY IN THIS BLANK _____.

25. Please indicate your activities and services in your declared area of practice by ticking off the relevant sections in the table below.

N.B. Those applicants who identify that Clinical Psychology is their area of practice are expected to demonstrate competence in scoring, interpreting, and reporting on psychometric tests; and in formulating and communicating a diagnosis. A copy of this grid will also be forwarded to the referees that you indicate will be providing a reference on your behalf.

Activities and Services											
Declared Area of Practice	**Formulating and Communicating a Diagnosis**	**Scoring, Interpreting and Reporting on Psychometric Tests**	**Assessment**	**Psychotherapy**	**Counselling**	**Other Intervention / Treatment (specify)**	**Consulting**	**Teaching**	**Supervision**	**Research**	**Program Evaluation**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Ages of Clients: ☐ Children / ☐ Adolescents / ☐Adults / ☐ Elderly

Types of Clients: ☐ Individuals / ☐ Couples / ☐ Families / ☐ Groups / ☐ Organizations

Explanatory Notes: _____

_____

_____

_____

_____

3.3.3.3 Competence with Psychometric Tests and Diagnosis

Competence to Score, Interpret and Report on Psychometric Tests

Applicants identifying Clinical Psychology as their area of practice will be required to demonstrate competence in scoring, interpreting, and reporting on psychometric tests. Applicants who have not completed a CPA or APA accredited program in Clinical Psychology are required to provide additional information (see Booklet).

26. Do you consider yourself competent to score, interpret and report on psychometric tests? (yes/no) _____

27. If *yes*, please list the title of the psychometric tests on which you feel competent to score, interpret and report:

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Competence to formulate and communicate a diagnosis

Applicants identifying Clinical Psychology as their area of practice will be required to demonstrate competence in formulating and communicating a diagnosis. Applicants who have not completed a CPA or APA accredited program in Clinical Psychology are required to provide additional information (see Booklet).

28. Do you consider yourself competent to formulate and communicate a diagnosis? (yes/no) ___

29. For which diagnostic categories and client groups in your practice area do you consider yourself competent to formulate and communicate a diagnosis?

Diagnostic Categories	Client Groups
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

3.4 Good Character and Fitness Requirements **Please answer each of the questions below. A separate sheet explaining any "yes" answer is required.**

	Yes [attach sheet with full explanation]	**No**
30. Have supervisors or others ever raised questions with you about your suitability or competence to practice psychology, or your competence to carry out professional tasks or duties?	☐	☐
31. Have you ever been censured, reprimanded, dismissed, suspended, terminated, or asked to resign, or has any disciplinary action been taken against you during your education, training or employment as a mental health professional?	☐	☐
32. Have you ever been rejected or barred from applying for, or denied registration, certification or licensing as a psychology practitioner or any other profession in any jurisdiction?	☐	☐
33. Are you now, or have you ever been, disciplined, convicted, censured, reprimanded, sanctioned, suspended, disqualified, prohibited from practicing or penalized in any manner by any professional regulatory body at any level of membership or has your license to practice any profession been revoked or made subject to terms or conditions?	☐	☐
34. Have you ever voluntarily surrendered or relinquished a license to practice psychology or any other profession, or surrendered or allowed a license to practice psychology or any other profession lapse due to action pending or threatened?	☐	☐
35. Are you the subject of a current proceeding or outstanding/unresolved complaint against you for professional misconduct, incompetence, or incapacity in relation to the profession of psychology or other profession?	☐	☐
36. Have you ever been found to have committed professional malpractice by a court or tribunal?	☐	☐
37. Are you currently named as a defendant in any civil proceeding in which professional malpractice or negligence is alleged?	☐	☐
38. Do you have any pre-existing or current conditions of a disability, physical ailment, emotional disturbance or an addiction of any kind that might impair your ability to practice psychology, complete the application process (including written, computerized, oral examinations), interact with the College, clients, or the court?	☐	☐
39. Have you ever been convicted, plead guilty, or plead *nolo contendere* to any criminal offence? If yes, provide details on the following and include a statement on whether or not you consider this conviction relevant to the profession of psychology: Nature, date, place of conviction.	☐	☐
40. Has there ever been a finding of contempt of court made against you, or have you ever been found to have contravened or failed to comply with any order of any Court?	☐	☐
41. Are there any or have there ever been any restrictions or limitations on your license to practice psychology or any other profession?	☐	☐
42. Is there any event, circumstance, condition or matter touching on your conduct, character, or reputation which you believe might raise a significant material concern for you, a reasonable registrant, a reasonable member of the public, or your intended class of clients, respecting your registration as a psychology practitioner?	☐	☐

3.4.1 Certificate of Standing / Professional Record

43. Provide the following information regarding previous and current applications, as well as previous and current registration, certification, or licensure.

Name of professional regulatory body (1):	
Date of issuance of original professional license or certificate (year/month/day):	Professional license or certificate number:
Has registration been continuous? Yes/No. If no, please provide details.	
Title of registration (e.g., applicant, provisional; psychologist, psychological associate)	
Mailing address:	Telephone:
	Facsimile:

Name of professional regulatory body (2):	
Date of issuance of original professional license or certificate (year/month/day):	Professional license or certificate number:
Has registration been continuous? Yes/No. If no, please provide details.	
Title of registration (e.g., applicant, provisional; psychologist, psychological associate)	
Mailing address:	Telephone:
	Facsimile:

If you have additional licenses, certificates or registrations, which cannot be accommodated on this Application Form, please attach additional sheets providing this information.

☐ Applicants must arrange for verification of licensure to be sent by the regulatory body(ies) **directly** to the College. Copies of the required verification forms are available on the College website.

44. **ASPPB.** Do you hold a Certificate of Professional Qualification issued by the Association of State and Provincial Psychology Boards (the "ASPPB")? (yes/no) _____

If *yes*, please provide the following information:

Certificate No.:	Date of Issue:

If there have been any changes or breaks in status, please provide details: _____

_____

_____

❑ Applicants must arrange for verification of the Certificate of Professional Qualification to be sent by the ASPPB **directly** to the College.

45. **CRHSSP.** Are you, or have you ever been, listed with the Canadian Register of Health Service Providers in Psychology (the "CRHSPP")? (yes/no) _____

If *yes*, please provide the following information:

Listing No.:	Initial Listing Date (y/m/d):

If there have been any changes or breaks in listing status, please provide details: _____

_____

_____

☐ Applicants must arrange for confirmation of listing status to be sent by CRHSPP **directly** to the College.

46. **NRHSPP.** Are you, or have you ever been, listed with the National Register of Health Service Providers in Psychology (the "NRHSPP")? (yes/no) _____

If *yes*, please provide the following information:

Listing No.:	Date of Initial Listing (year/month/day):

If there have been any changes or breaks in listing status, please provide details: _____

_____

_____

☐ Applicants must arrange for confirmation of listing status to be sent by the NRHSPP **directly** to the College.

47. Please provide below the details of a complete record of your professional employment experience. Refer to the areas of practice in Section 3.3.3.2 above when you describe your experience. Please start with the most recent and continue backwards.

(**A**) Title/Name of position held:		
Start Date: (year/month)	End Date: (year/month)	
Full-time or Part-time:	If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:	Services offered by organization or institution:	
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):		

(**B**) Title/Name of position held:		
Start Date: (year/month)	End Date: (year/month)	
Full-time or Part-time:	If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:	Services offered by organization or institution:	
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):		

(**C**) Title/Name of position held:		
Start Date: (year/month)	End Date: (year/month)	
Full-time or Part-time:	If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:	Services offered by organization or institution:	
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):		

(**D**) Title/Name of position held:		
Start Date: (year/month)	End Date: (year/month)	
Full-time or Part-time:	If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:	Services offered by organization or institution:	
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):		

(**E**) Title/Name of position held:		
Start Date: (year/month)	End Date: (year/month)	
Full-time or Part-time:	If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:	Services offered by organization or institution:	
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):		

(**F**) Title/Name of position held:		
Start Date: (year/month)	End Date: (year/month)	
Full-time or Part-time:	If Part-time, hours per week:	
Direct client contact (hours per week):	Individual supervision (hours per week):	Group supervision (hours per week):
Name of organization or institution:		
Mailing address:	Services offered by organization or institution:	
Supervisor's name and profession:		
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, age of clients):		

Attach additional sheets if necessary.

3.4.2. Criminal Record and Police Checks

See section 3.4.2. of the Registration Requirements Booklet.

☐ Applicants must complete the authorized form for a Criminal Record Review and send it to the College together with the appropriate fee.

☐ Applicants must arrange for completed police check(s) to be sent to the College.

3.4.3. References (from Registered/Licensed Psychologists

48. Each applicant should identify three registered/licensed psychologists in good standing for the past two years, and who have supervised the applicant's work, one of whom is the internship director. See the corresponding section of the Booklet [section 3.4.3] for details.

49. Please list below the names, positions, and addresses of the three registered/licensed psychologists to whom we will forward:

1) the reference form,

2) a copy of your completed activities and services grid (QUESTION 25),

3) the completed "Supervision Information for Referees" form below, and

4) a copy of your internship description (QUESTION 22, or as otherwise submitted if your internship was non-accredited), which will be forwarded to the referee who was your internship director.

1.Name of Internship Director:	
Mailing address:	Telephone:
	Facsimile:
2. Name:	Position/Title:
Mailing address:	Telephone:
	Facsimile:
3. Name:	Position/Title:
Mailing address:	Telephone:
	Facsimile:

50. Complete the forms on the following three pages with respect to the supervised experience you received with each above-named referee. **N.B.** Each completed form will be forwarded **by the College** to the referee along with a reference form, and the materials outlined above.

SUPERVISION INFORMATION FOR REFEREES

Name of Applicant: _____

Name of Referee who is the Internship Director: _____

Title/Name of position held by Applicant at time of supervision:		
Start Date: (year/month)	End Date: (year/month)	
Direct client contact supervised by this referee (hours per week):	Individual supervision with this referee (hours per week):	Group supervision with this referee (hours per week):
Name of organization or institution:		
Please describe the professional training experiences provided under supervision with this referee. (i) Age range of clients: (ii) Presenting problems of clients: (iii) Types of assessments provided: (iv) Assessment instruments used: (v) Treatment interventions:		

SUPERVISION INFORMATION FOR REFEREES

Name of Applicant: _____

Name of Referee: _____

Title/Name of position held by Applicant at time of supervision:		
Start Date: (year/month)	End Date: (year/month)	
Direct client contact supervised by this referee (hours per week):	Individual supervision with this referee (hours per week):	Group supervision with this referee (hours per week):
Name of organization or institution:		
Please describe the professional training experiences provided under supervision with this referee. (i) Age range of clients: (ii) Presenting problems of clients: (iii) Types of assessments provided: (iv) Assessment instruments used: (v) Treatment interventions:		

SUPERVISION INFORMATION FOR REFEREES

Name of Applicant: _____

Name of Referee: _____

Title/Name of position held by Applicant at time of supervision:		
Start Date: (year/month)	End Date: (year/month)	
Direct client contact supervised by this referee (hours per week):	Individual supervision with this referee (hours per week):	Group supervision with this referee (hours per week):
Name of organization or institution:		

Please describe the professional training experiences provided under supervision with this referee.

(i) Age range of clients:

(ii) Presenting problems of clients:

(iii) Types of assessments provided:

(iv) Assessment instruments used:

(v) Treatment interventions:

3.5 Other Requirements

3.4.4. **Orientation Workshops .** See Booklet Section 3.5.1.

3.4.5. **Professional Liability Insurance.** Prior to registration, all applicants must attest to having professional liability insurance coverage in an amount not less than $1,000,000.

Enclosure Checklist

51. Prior to review of your application, the following documentation must be received by the College. Please confirm below that these documents have been submitted with your application or that you have arranged for them to be sent directly to the College.

	LIST OF REQUIRED DOCUMENTATION **Please review the documents below and confirm that all the required documents that pertain to your application for registration have been enclosed or requested.**	✓
1	Curriculum vitae is enclosed.	☐
2	2.5.2 Supervision plan is enclosed	☐
3	2.9 Completed application form is enclosed	☐
4	2.11 Application Fee is enclosed	☐
5	3.3.1.1 B Information about Program characteristics for graduates of non-APA or CPA-accredited programs is enclosed	☐
6	3.3.1.2 A Translated and notarized copies of transcripts which are not in English are enclosed	☐
7	3.3.1.2 B **For Applicants trained outside Canada and the United States:** documentation showing their degrees have been reviewed by an international credentialing agency as equivalent to a Canadian degree.	☐
8	3.3.1.4 A Transcripts for all undergraduate and graduate training.	☐
9	3.3.2.B Information about Internship characteristics for graduates of non-APPIC or CAPIC internships.	☐
10	3.4.1 A Requests have been submitted to all current or previous professional regulatory bodies to provide verification of registration to be mailed directly to the College of Psychologists of BC.	☐
11	3.4.2 A Completed authorization form for Criminal Record Review plus appropriate fee .**N.B.** In British Columbia, all applicants are required by the *Criminal Records Review Act* to provide this authorization. (See Booklet Section 3.4.2).	☐
12	3.4.2 B All required Police check(s).	☐

Statutory Declaration

52. _____I,
(full legal name) _____

of (full address) _____

DO SOLEMNLY DECLARE that the statements and all of the information provided by me in this application for registration are complete, accurate and true.

I ACKNOWLEDGE that the College of Psychologists of British Columbia (the "College") may request additional information concerning my application for registration, and I HEREBY AUTHORIZE the College to obtain any further information relevant to my application for registration from ANY PERSON, INCLUDING BUT NOT LIMITED TO persons or institutions referred to in my application documents.

I RELEASE all individuals and institutions, including those who provide a reference for me, from any liability which might arise from them providing information to the College.

I ACKNOWLEDGE that third persons may inquire of the College concerning my application status, and I HEREBY AUTHORIZE the College to provide information concerning the status of my application, including but not limited to completed and pending steps.

I ACKNOWLEDGE that it is an offence to apply to be registered as member of the College if I know that I am not qualified to be a registrant.

I UNDERTAKE to advise the College, while I am an applicant for registration or a registrant, of any changes to my legal or professional name(s), and any changes to my address information, within 30 days of any such change(s).

I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing 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 _____.) Declarant's Signature
)
Signed: _____)
A Commissioner for Oaths, Notary Public or)
Justice of the Peace in _____)
Printed name of Commissioner:_____)
Physical address: _____)
_____)
_____)
Phone: _____)
Other contact information: _____)