

BYLAWS SCHEDULE D

College of Psychologists of B.C. - Renewal Form "A" - Due December 31, 20XX

Category

Current Information

Updated Information

**A. Register Address**

*Last Name:*

*First and Middle Name:*

*Company/Institute:*

*Department:*

*Address Line 1:*

*Address Line 2:*

*City:*

*Prov/State:*

*Country:*

*Postal Code:*

*Former Name:*

**B. Contact Numbers (for College use only)**

*Work Phone #:*

*Fax #:*

*Home Phone #:*

*Other # (Please specify):*

*E-Mail Address:*

**C. Practice Records**

**Practice Records are kept at:**

**Practice Records Location 1**

*Address Line 1:*

*Address Line 2:*

*City:*

*Prov/State:*

*Country:*

*Postal Code:*

*Phone Number:*

*Location Category:*

**Practice Records Location 2**

*Address Line 1:*

*Address Line 2:*

*City:*

*Prov/State:*

*Country:*

*Postal Code:*

*Phone Number:*

*Location Category:*

**D. Registration/License in Jurisdictions in Addition to B.C.**

*Provinces/States/Countries:*

**E. Areas of Practice**

*Primary Area:*

*Secondary Area:*

**F. Description of Practice***Primary Location:**Primary Setting:**Main Activity:**Age Group:**Total Hrs. of Work/Week:***G. Directory Address Information (Complete 1 or 2)****1. Directory Address (If no address requested, skip to 2)***Directory E-Mail Address:***Directory Address 1***Company/Institution:**Department:**Address Line 1:**Address Line 2:**City:**Prov/State:**Country:**Postal Code:**Phone Number:**Fax Number:***Directory Address 2***Company/Institution:**Department:**Address Line 1:**Address Line 2:**City:**Prov/State:**Country:**Postal Code:**Phone Number:**Fax Number:***Directory Address 3***Company/Institution:**Department:**Address Line 1:**Address Line 2:**City:**Prov/State:**Country:**Postal Code:**Phone Number:**Fax Number:***2. No Directory Address** **I would like to list ONLY my name and registration number in the directory.****H. Name of Registrant who has agreed to be my Professional Executor (Optional for 2008)***Name:**Registration Number:*

**I. Declaration - Sign ONE of the declarations below as appropriate.**

**A. For registrants continuing in active practice (Register, Limited Register-Registration Committee, or Limited Register-Inquiry Committee) or beginning an active practice in the year 2008.**

I, \_\_\_\_\_  
(full name)  
do solemnly declare that the statements and all of the information provided by me in this renewal of registration form are complete and accurate and true. I acknowledge that it is an offence to apply to renew registration as a registrant of the College if I know that I am not qualified to be a registrant. I declare myself to be competent to practice in the areas I have indicated in Section E. I am not aware of any matter or circumstance that is an impediment to the renewal of my registration. I declare that I have disclosed in writing to the College any criminal convictions or criminal charges laid against me during the past year. I declare that I have completed and signed the Continuing Competency Compliance Declaration Form (FORM B) which is enclosed. I declare that I am and will remain in compliance with the *Health Professions Act*, its regulations, the bylaws, the *Code of Conduct*, and any conditions and limitations of registration. I have liability insurance covering my professional activities in compliance with Bylaw 61. I have disclosed to the College in writing any changes to my registration status over the past year in any jurisdiction in which I am registered including any limitations, terms or conditions placed on my license. If I have named a professional executor in Section H, I have obtained this person's consent. I make this solemn Declaration conscientiously believing it to be true.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2007. \_\_\_\_\_  
(Declarant's Signature)

**B-1. For Registrants who are not practicing psychology or are temporarily suspending their practice of psychology (e.g., parental leave, sabbatical, medical leave) in British Columbia (Limited Register -Non-Practicing).**

The time period that may be requested on this renewal form is a period not to exceed December 31, 2008. Registrants may request placement on the Limited Register-Non-Practicing on the basis of inactive status for a total consecutive period not to exceed two years. This category is not available to registrants who are employed in British Columbia or the Yukon.

I, \_\_\_\_\_  
(full name)  
do solemnly declare that the statements and all of the information provided by me in this renewal of registration form are complete and accurate and true. I acknowledge that it is an offence to apply to renew registration as a registrant of the College if I know that I am not qualified to be a registrant. I am not aware of any matter or circumstance that is an impediment to the renewal of my registration. I declare that I have disclosed in writing to the College any criminal convictions or criminal charges laid against me during the past year. I declare that I have completed and signed the Continuing Competency Program Compliance Form (FORM B) which is enclosed. I declare that I am and will remain in compliance with the *Health Professions Act*, its regulations, the bylaws, the *Code of Conduct* and any conditions and limitations of registration. I have liability insurance covering my professional activities in compliance with Bylaw 61. I have disclosed to the College in writing any changes to my registration status over the past year in any jurisdiction in which I am registered including any limitations, terms or conditions placed on my license. If I have named a professional executor in Section H, I have obtained this person's consent.

I will not practice psychology in British Columbia for the period \_\_\_\_\_ to \_\_\_\_\_ 2008  
for the following reason :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I make this solemn Declaration conscientiously believing it to be true.  
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2007 \_\_\_\_\_  
(Declarant's Signature)

**B-2. Out of Province- For registrants who are actively practicing psychology in another jurisdiction (*Limited Register - Out of Province*)**

I, \_\_\_\_\_  
(full name)  
do solemnly declare that the statements and all of the information provided by me in this renewal of registration form are complete and accurate and true. I acknowledge that it is an offence to apply to renew registration as a registrant of the College if I know that I am not qualified to be a registrant. I am not aware of any matter or circumstance that is an impediment to the renewal of my registration. I declare that I have disclosed in writing to the College any criminal convictions or criminal charges laid against me during the past year. I declare myself to be competent to practice in the areas I have indicated in Section E. I declare that I have completed and signed the Continuing Competency Program Compliance Form (FORM B) which is enclosed. I declare that I am and will remain in compliance with the *Health Professions Act*, its regulations, the bylaws, the *Code of Conduct* and any conditions and limitations of registration. I have liability insurance covering my professional activities in compliance with Bylaw 61. I have disclosed to the College in writing any changes to my registration status over the past year in any jurisdiction in which I am registered including any limitations, terms or conditions placed on my license. I agree that I will not practice psychology in B.C. for the 2008 year. I agree that if I plan to resume active practice in B. C. I will submit the *Movement Between Categories form* and inform the College. I enclose a copy of my license/registration to practice psychology in any other jurisdiction (s) in which I am licensed. If I have named a professional executor in Section H, I have obtained this person's consent. I make this solemn Declaration conscientiously believing it to be true.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
(Declarant's Signature)

---

---

**C. For registrants who are *retiring on or before January 1, 2008 (Limited Register - Retired)*.**

Retired status means that you will no longer practice psychology as of January 1, 2008. Registrants who are unsure about future practice in psychology are encouraged to select declaration B1 (Limited Register - Non-Practicing).

I, \_\_\_\_\_  
(full name) do solemnly declare that the statements and all of the information provided by me in this renewal of registration form are complete and accurate and true. I acknowledge that it is an offence to apply to renew registration as a registrant of the College if I know that I am not qualified to be a registrant. I agree that I am retiring from the practice of psychology on or before January 1, 2008 and wish to maintain the title of "psychologist" or "psychological associate" (Limited Register - Retired). I declare that I have disclosed in writing to the College any criminal convictions or criminal charges laid against me during the past year. I declare that I have completed and signed the Continuing Competency Program Compliance Form (FORM B) which is enclosed. I declare that I am and will remain in compliance with the *Health Professions Act*, its regulations, the bylaws and any conditions and limitations of registration. I have professional liability insurance in compliance with Bylaw 61. I have disclosed to the College in writing any changes to my registration status over the past year in any jurisdiction in which I am registered including any limitations, terms or conditions placed on my license. I declare that I am no longer entitled to practice psychology as per the Psychologist's Regulation in British Columbia. If I have named a professional executor in Section H, I have obtained this person's consent. I make this solemn Declaration conscientiously believing it to be true.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
(Declarant's Signature)

---

---

**D. For registrants who wish to be removed from the Register or Limited Register.**

This declaration is for registrants who wish to be removed from the Register or Limited Register and are completely retiring from the practice of psychology in British Columbia.

I, \_\_\_\_\_  
(full name) do solemnly declare that the statements and all of the information provided by me in this renewal of registration form are complete and accurate and true. I understand that by signing this declaration I will no longer be a registrant of the College and will be in compliance with Section 3.1 of the *Psychologist's Regulation* under the *Health Professions Act*: "**No person other than a registrant may use the title "registered psychological associate", "psychological associate", "registered psychologist", "psychologist", a title, description or words incorporating the word "psychology", "psychological" or "psychologist", or other terms implying training, experience or expertise as a psychologist.**" I declare that I am no longer entitled to practice psychology as per the *Psychologist's Regulation* in British Columbia. I understand that a request to resume the practice of psychology in B.C. requires making an application as a new applicant. I make this solemn Declaration conscientiously believing it to be true.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
(Declarant's Signature)