

Dr./Mr./Ms. First Name, Last Name

Registration Number: 0000

Class of Registration:

Category	Current Information	Updated Information
<b>A. Register Address</b>		
	<i>Last Name:</i>	
	<i>First/Middle Name:</i>	
	<i>Company/Institute:</i>	
	<i>Department:</i>	
	<i>Address Line 1:</i>	
	<i>Address Line 2:</i>	
	<i>City:</i>	
	<i>Prov/State:</i>	
	<i>Country:</i>	
	<i>Postal Code:</i>	
<b>B. Contact Numbers (for College use only)</b>		
	<i>Work Phone #:</i>	
	<i>Fax #:</i>	
	<i>Home Phone #:</i>	
	<i>Other # (Please specify):</i>	
	<i>E-Mail Address:</i>	
<b>C. Practice Records</b>		
<b>Practice Records Location 1</b>		
	<i>Address Line 1:</i>	
	<i>Address Line 2:</i>	
	<i>City:</i>	
	<i>Prov/State:</i>	
	<i>Postal Code:</i>	
	<i>Phone Number:</i>	
	<i>Location Category:</i>	
<b>Practice Records Location 2</b>		
	<i>Address Line 1:</i>	
	<i>Address Line 2:</i>	
	<i>City:</i>	
	<i>Prov/State:</i>	
	<i>Postal Code:</i>	
	<i>Phone Number:</i>	
	<i>Location Category:</i>	
<b>D. Registration/License in Jurisdictions in Addition to B.C.</b>		
	<i>Provinces/States/Countries:</i>	

**Category**

**Current Information**

**Updated Information**

**E. Description of Practice**

*Primary Location:*

*Primary Setting:*

*Main Activity:*

*Age Group:*

*Total Hrs. of Work/Week:*

**F. Directory Address Information for College Website (Complete Section 1 or 2)**

**1. No Directory Address**

I would like to list ONLY my name and registration number in the directory.

**2. Directory Address**

**Directory Address 1**

*Company/Institution:*

*Department:*

*Address Line 1:*

*Address Line 2:*

*City:*

*Prov/State:*

*Postal Code:*

*Phone Number:*

*Fax Number:*

*Directory 1 E-mail address:*

**Directory Address 2**

*Company/Institution:*

*Department:*

*Address Line 1:*

*Address Line 2:*

*City:*

*Prov/State:*

*Postal Code:*

*Phone Number:*

*Fax Number:*

*Directory 2 E-mail address:*

**Directory Address 3**

*Company/Institution:*

*Department:*

*Address Line 1:*

*Address Line 2:*

*City:*

*Prov/State:*

*Postal Code:*

*Phone Number:*

*Fax Number:*

*Directory 3 E-mail address:*

**G. Declaration - Sign ONE of the declarations below as appropriate.****A. Active Practice (Registered Psychologist, Grandparented Psychologist, Supervised Psychologist, Associate Psychologist (Corrections) and Psychology Assistant) in the year 2015.**

I 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 practise psychology in my declared area(s) of practice. 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 am in compliance with the Continuing Competency Program. 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 declare that I have appointed and so informed the College of the name of a professional executor for practice records under my primary control and/or the name of an institutional contact for my practice records located in an institution. I understand that the information I have voluntarily provided for publication in the College directory will be placed on the College website. 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 registration. I make this solemn Declaration conscientiously believing it to be true.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2014 \_\_\_\_\_

(Declarant's Signature)

**B-1. "Non-Practising" (for Registrants who, as of January 1, 2015 will not practise psychology, or are on or are commencing parental leave, sabbatical or medical leave).**

I 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 my registration in this class does not entitle me to practise psychology in B.C. as per the *Psychologists Regulation*. I agree that if I plan to resume active practice in B. C., I will inform the College and submit the appropriate application form and payment. I further understand that I may be required to provide further information in order to return to active practice. 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 practise psychology in my declared area(s) of practice. 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 am in compliance with the Continuing Competency Program. 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 declare that I have appointed and so informed the College of the name of a professional executor for practice records under my primary control and/or the name of an institutional contact for my practice records located in an institution. 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 registration. I understand that the information I have voluntarily provided for publication in the College directory will be placed on the College website.

I will not practise psychology in British Columbia for the period \_\_\_\_\_ to \_\_\_\_\_ 2015 for the following reason:

\_\_\_\_\_

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

Signed this \_\_\_\_ day of \_\_\_\_\_, 2014 \_\_\_\_\_

(Declarant's Signature)

**B-2. Non-Practising “Out of Province” (For registrants actively practising psychology outside of BC)**

I 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 my registration in this class does not entitle me to practise psychology in B.C. as per the *Psychologists Regulation*. 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 practise psychology in my declared area(s) of practice. 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 am in compliance with the Continuing Competency Program. 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 declare that I have appointed and so informed the College of the name of a professional executor for practice records under my primary control and/or the name of an institutional contact for my practice records located in an institution. 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 registration. I understand that the information I have voluntarily provided for publication in the College directory will be placed on the College website. I agree that I will not practise psychology as per the *Psychologists Regulation* in B.C. for the 2015 year. I agree that if I plan to resume active practice in B. C., I will inform the College and submit the appropriate application form and payment. I agree as part of renewal 2015 to provide a copy of my current license/registration to practise psychology in the jurisdiction in which I am actively practising by the December 31, 2014 deadline. I make this solemn Declaration conscientiously believing it to be true.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2014 \_\_\_\_\_  
 (Declarant’s Signature)

**C. Non-Practising “Retired” (For registrants who are retired or who will be retiring on or before January 1, 2015 but wish to remain on the Register as “Retired” )**

I 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 my registration in this class does not entitle me to practise psychology in B.C. as per the *Psychologists Regulation*. I declare that I will only use a title to describe my registration status as per the Bylaws and *Code of Conduct*. 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 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 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 professional liability insurance in compliance with Bylaw 61. I declare that I have appointed and so informed the College of the name of a professional executor for practice records under my primary control and/or the name of an institutional contact for my practice records located in an institution. I understand that the information I have voluntarily provided for publication in the College directory will be placed on the College website. 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 registration. I declare that I am already retired from the practice of psychology or, as of January 1, 2015, I will no longer practise psychology in B.C. I make this solemn Declaration conscientiously believing it to be true.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2014 \_\_\_\_\_  
 (Declarant’s Signature)