

APPLICATION FOR AIT OR MOBILITY REGISTRATION

**For A.I.T. Applicants Registered in Canadian Jurisdictions and
Mobility Applicants Licensed in U.S. Jurisdictions**

Applicant Name :
Date of Application (year / month / day):
Mailing Address: Please inform the College in writing of any changes at the earliest opportunity within 30 days. _____ _____ _____
Phone Number and Email Address: Formal notices and communications from the College will typically 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: _____

Submitting your documents: This Application Form includes an Enclosure Checklist. Please attach all required documentation 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

Some of the required documentation must be sent to the College directly from third parties (e.g., verification of licensure, reference forms from supervisors, etc). The College must receive all necessary documents, including all required professional and academic records and references, before it will process this application. 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 does *not* accept photocopies and faxed material. The College accepts no responsibility for delays in its receipt of application materials.

Deadline for completion: Subject to any extensions granted by the College, 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 in writing if application documents are insufficient or if further information is required.

PERSONAL INFORMATION: The personal information requested in this form is collected for the purpose of assessing your eligibility for registration with the College. The College is authorized to collect this information under section 20 of the *Health Professions Act* and Part 4 of the College’s bylaws. If you have questions about the collection of your personal information, you may contact the College’s Registrar by telephone [604 – 736 – 6164], or in writing to:

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

A. Contact Information

1. Names

a. 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.

b. Full Legal Name of Applicant: _____

c. Former legal names used, if any: _____

d. Professional Names: _____

e. 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): _____

B. Training and Competence Requirements

Assessment of Competencies, Knowledge and Areas of Practice

Declaration of Area of Practice

1. 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 in that area of psychology practice to be able to offer the wide range of activities and services within that area.

By checking off **one** of the boxes in the right-hand column below, you are self-declaring your area of practice in psychology. Please refer to Schedule H.1 of the College bylaws for Areas of Psychology Practice descriptions. Clearly indicate if you are currently practicing in this area in the jurisdiction upon which you are basing your application.

Area(s) of Practice	Currently Practicing in this Area	Declared Area of Practice
Clinical Psychology		
Counselling Psychology		
Forensic Psychology		
Correctional Psychology		
Health Psychology		
Industrial/Organizational Psychology		
Clinical Neuropsychology		
Rehabilitation Psychology		
School Psychology		
Academic psychology		
Psychometry		
Behaviour Analysis		

2. If the declared area of practice identified above is **DIFFERENT** from your current primary area of practice in the jurisdiction upon which this application is based, please provide a detailed description of your training, education and experience in this area. Attach additional sheets if necessary.

C. Good Character and Fitness Requirements

Please answer each of the questions below. A separate sheet explaining any “yes” answer is required along with any supporting documents.

REMINDER: A separate sheet explaining any “yes” answer is required	Yes	No
1. 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?		
2. 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?		
3. 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?		
4. 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?		
5. 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?		
6. 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?		
7. Have you ever been found to have committed professional malpractice by a court or tribunal?		
8. Are you currently named as a defendant in any civil proceeding in which professional malpractice or negligence is alleged?		
9. 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?		
<p>10. Have you ever been convicted, plead guilty, or plead <i>nolo contendere</i> 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.</p> <p>Please also provide the following information: Nature, date, place of conviction:</p>		
11. 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?		
12. Are there any or have there ever been any restrictions or limitations on your license to practice psychology or any other profession?		
13. 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?		

D. Certificate of Standing / Professional Record

1. Verification of Licensure

Provide the following information regarding previous and current applications, as well as previous and current registration, certification, or licensure, as a psychologist or a member of any other health profession in any jurisdiction.

a. Name of professional regulatory body:	
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:

b. Name of professional regulatory body:	
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 a letter indicating the additional 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.

2. Practice of Psychology

Please provide below the details of a complete record of your practice of psychology for the last five years. 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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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:
Name of organization or institution:	
Mailing address:	Services offered by organization or institution:
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.

E. Verification of Status

1. **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 to 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.

2. **CRHSP.** Are you, or have you ever been, listed with the Canadian Register of Health Service Providers in Psychology (the “CRHSP”)? (yes/no)

If yes, please provide the following information:

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

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

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

3. **NRHSP.** Are you, or have you ever been, listed with the National Register of Health Service Psychologists (the “NRHSP”)? (yes/no)

If yes, please provide the following information:

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

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

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

F. Transcripts

1. Highest degree on which registration is based in the home jurisdiction is:
 - Master's Degree OR
 - Doctorate Degree

Name of College or University:	Exact name of department in which this degree was completed:	Dates of attendance (from/to):
	Degree awarded:	Date of award:
APA/CPA accredited: (yes/no)	Major subject:	Minor Subject:

- Applicants must submit an official transcript for the highest degree on which registration is based in the home jurisdiction. This may be a photocopy of the transcript.

G. Criminal Record and Police Checks

1. Criminal Record Review Program (CRRP)

Applicants must complete the authorization form for a Criminal Record Review and send it to the College together with the appropriate fee OR complete the process online through the Criminal Records Review Program (<http://www.pssg.gov.bc.ca/criminal-records-review/eservice/>). **N.B.** The College does not accept shared results of a criminal record check previously completed with the Criminal Records Review Program for another organization.

2. National Police Check(s)

Applicants must submit original documentation providing the results of a national police check or the equivalent for every jurisdiction in which the applicant resided during the five-year period immediately before the date of application, unless it is not reasonably practicable to obtain such documentation for the applicable jurisdiction.

For Canadian jurisdictions, the check must be completed by the police or RCMP. For US jurisdictions, the check must be completed by the FBI. For all other jurisdictions, a national check must be completed by the police or an equivalent authority. Each check must be the broadest check available in terms of coverage of records checked.

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

H. References (from Registered/Licensed Psychologists)

1. Provide below the name of three registered/licensed psychologists who have been in good standing for the past two years and who are familiar with your current clinical work (i.e., within the five year period immediately preceding the application). The referee may be a colleague.

Please list below the names, positions, and addresses of the three psychologists to whom we should forward the reference form.

Your referees will receive:

- 1) the reference form,
- 2) a copy of the statutory declaration signed as part of this application form, and
- 3) other supporting documents the College deems useful for the completion of the reference.

a. Name:	Title
Mailing address:	Telephone:
	Facsimile:
b. Name:	Position/Title:
Mailing address:	Telephone:
	Facsimile:
c. Name:	Position/Title:
Mailing address:	Telephone:
	Facsimile:

I. Other Requirements

1. **Professional Liability Insurance.** Prior to registration, all applicants must provide evidence satisfactory to the Registration Committee of professional liability insurance coverage in an amount not less than \$1,000,000 per occurrence.

J. Enclosure Checklist

Prior to review/processing your application, the following documentation must be received by the College.

LIST OF REQUIRED DOCUMENTATION		Initials
	Please review the documents below and confirm with your initials in the box to the right that all the required documents that pertain to your application for registration have been enclosed or have been requested.	
1.	Curriculum vitae is enclosed.	
2.	Completed application form is enclosed.	
3.	Application Fee is enclosed.	
4.	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.	
5.	Verification of a Certificate of Professional Qualification issued by the ASPPB has been requested.	
6.	Listing status with the CRHSPP has been requested.	
7.	Listing status with the National Register of Health Service Psychologists has been requested.	
8.	Transcript for highest degree on which licensure based in home jurisdiction (can be photocopy) is enclosed or has been requested.	
9.	Have completed authorization form for Criminal Record Review <u>plus</u> paid the appropriate fee OR completed online through the Criminal Records Review Program. N.B. In British Columbia, all applicants are required by the <i>Criminal Records Review Act</i> to provide this authorization.	
10.	Police check(s) have been requested.	

K. Statutory Declaration

I, (full legal name) _____,

of _____

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: _____)