

APPLICATION FOR CHANGING CLASS OF REGISTRATION

TO OR FROM “NON-PRACTISING” REGISTRATION

This document, when completed and submitted by you, is relied upon in considering your request to move into (OPTIONS 1 OR 2) or from (OPTION 3) the non-practising registration class (which includes “non-practising”, “Out of Province” and “Retired”). Other documentation may also be requested from you by the Registration Committee. If your application is accepted by the Registration Committee, you will be notified in writing. Please follow all instructions and complete this document carefully and accurately. This document will form part of your record at the College.

Name:
Registration Number:
Current Registration Class:
Date Application Form Submitted:

A. Reason for Application (complete one of the following 3 options and sign the corresponding declaration):

- **OPTION 1. I wish to move into Non-Practising Registration (“Non-Practising” or “Retired”).**
(Declaration B1.)

Describe the reason for your non-practise:

- **OPTION 2. I wish to move into Non-Practising Registration (“Out of Province”).(Declaration B1)**

Name of other jurisdiction in which I will be practising: _____

The following item must accompany this application:

- Photocopy of current license/registration as a regulated psychology professional in the other jurisdiction (please attach)

- **OPTION 3. I wish to move from Non-Practising Registration (“Non-Practising”, “Out of Province” or “Retired”) into the registration class for which I previously qualified (check one): (Declaration B2):**

- Registered Psychologist
 Associate Psychologist (Corrections)
 Psychology Assistant

Complete the following:

a) Date of anticipated return to practice: _____

b) Description of intended activities in psychology: _____

OPTION 3 (Declaration B2) Continued:

c) Area of psychology in which you are competent to practise:

- | | |
|---|--|
| <input type="checkbox"/> Clinical Psychology | <input type="checkbox"/> Clinical Neuropsychology |
| <input type="checkbox"/> Counselling Psychology | <input type="checkbox"/> Rehabilitation Psychology |
| <input type="checkbox"/> Forensic Psychology | <input type="checkbox"/> School Psychology |
| <input type="checkbox"/> Correctional Psychology | <input type="checkbox"/> Academic psychology |
| <input type="checkbox"/> Health Psychology | <input type="checkbox"/> Psychometry |
| <input type="checkbox"/> Industrial/Organizational Psychology | <input type="checkbox"/> Behaviour Analysis |

d) Is this a change in your previously declared area of practice? y/n Please describe:

e) Are you in the non-practising class for medical reasons? y/n Please describe:

f) If 'yes', documentation to the College attesting to your readiness to resume the practice of psychology from a physician is required and should be submitted directly to the College.

Fee required to return to active practice: In order to resume practice, you must pay the full renewal fee for your registration class. At renewal you paid 50% of the renewal fee for the current year (or the current full fee for "Retired"). Please see the Fee Schedule for the amount required and include payment with this application.

DECLARATIONS: Sign ONE of the Declarations below:

B1. Declaration for movement into Non-Practising Registration.

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

do solemnly declare that the statements and all of the information provided by me in this form are complete and accurate and true and I have professional liability insurance as per Bylaw 61. I declare that I am and will remain in compliance with the *Health Professions Act*, the *Psychologists Regulation*, the College bylaws, the *Code of Conduct* and any conditions and limitations of registration. I declare that I have disclosed in writing to the College any criminal convictions or criminal charges. I declare that I will not provide any services included in the practice of psychology, as defined in the *Psychologists Regulation*, in British Columbia while registered in the Non-Practising Registration class. I make this solemn Declaration conscientiously believing it to be true.

Signed this _____ day of _____, 20____. _____
(Declarant's Signature)

B2. Declaration for movement out of Non-Practising Registration into previous registration class.

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

do solemnly declare that the statements and all of the information provided by me in this form are complete and accurate and true and I have professional liability insurance as per Bylaw 61. I declare that I am and will remain in compliance with the *Health Professions Act*, the *Psychologists Regulation*, the College bylaws, the *Code of Conduct* and any conditions and limitations of registration. I declare that I have disclosed in writing to the College any criminal convictions or criminal charges. I make this solemn Declaration conscientiously believing it to be true.

Signed this _____ day of _____, 20____. _____
(Declarant's Signature)