

**APPLICATION FOR  
TEMPORARY (VISITOR) REGISTRATION**

<b>Applicant Name:</b>
<b>Date of Application</b> (year / month / day):
<b>Mailing Address:</b>
<p><b>Phone Number and Email Address:</b> Formal notices and communications from the College will be 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.</p> <p>Phone number(s): _____</p> <p>Fax number: _____</p> <p>Email address: _____</p>

**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

**1. Verification of Licensure**

Provide the following information regarding current registration, certification, or licensure. Please arrange to have verification sent from the regulatory body directly to the College.

Name of professional regulatory body:	
Date of issuance of original professional license or certificate (year/month/day):	Professional license or certificate number:
Highest degree on which registration/licensure is based:	
Has registration been continuous? Yes/No. If no, please provide details.	
Title of registration (e.g., psychologist):	
Mailing address:	Telephone:
	Facsimile:



## 5. Good Character and Fitness Requirements

- A. Please answer each of the questions below. A separate sheet explaining any “yes” answer is required.

<b>REMINDER: A separate sheet explaining any “yes” answer is required</b>	<b>Yes</b>	<b>No</b>
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?		
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 <b>and</b> include a statement on whether or not you consider this conviction relevant to the profession of psychology.  Please also provide the following information: Nature, date, place of conviction:		
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?		

**6. Declaration**

I, \_\_\_\_\_, do solemnly declare that I am a registrant (or equivalent) of the (Name of psychology regulatory body) \_\_\_\_\_, that my registration status in my home jurisdiction(s) is in good standing, that my license(s) to practice psychology has/have never been cancelled or revoked, that there are no limitations or restrictions on any of my licenses, and that I am not the subject of any outstanding disciplinary matters that may affect my right to practise psychology in any jurisdiction.

I further declare that all of the statements and all of the information that I have provided to the College of Psychologists of BC in support of my application for temporary (visitor) registration in British Columbia are complete and accurate and true.

I acknowledge that it is an offence to apply to be registered with 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 my temporary (visitor) registration. I declare that I have disclosed in writing to the College any criminal convictions or criminal charges. 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 for my practice of psychology in BC as a temporary (visitor) registrant.

I declare that I have liability insurance covering my professional activities in compliance with Bylaw 61, which states that “all registrants must maintain or be included in coverage under professional liability insurance in an amount not less than \$1,000,000 per occurrence.”

I make this solemn declaration conscientiously believing it to be true and know that it has the same force and effect as if made under oath.

Declared before me at \_\_\_\_\_, the Province/State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_.

Declarant’s signature: \_\_\_\_\_

Name of Commissioner for Oaths, Notary Public, Justice of the Peace, or Registrar of the above psychology regulatory body: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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Please submit this form, along with application fee to:

**Registrar**  
**College of Psychologists of British Columbia**  
**1755 West Broadway, Suite 404**  
**Vancouver, BC V6J 4S5**