

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

APPLICATION TO MOVE BETWEEN REGISTRATION CATEGORIES (2008)

This document, when completed and submitted by you, is relied upon in considering your request for movement between registration categories. 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.

Applicant Name: _____
Registration Number: _____
Current Registration Status: _____
Date Application Form Submitted: Day _____ Month _____ Year _____

A. REASON FOR APPLICATION

I wish to move from: Declaration B-1 or B-2 to Declaration A
(Limited Register [Non-Practicing/Out-of-Province] to Full Register)

Note: We require a minimum of 15 days' notice before your anticipated date of resuming practice in order to process your application.

Please complete the following:

(a) Date of anticipated return to practice: _____

(b) Description of intended activities in psychology: _____

(c) Area of Psychology in which I am competent to practice. Primary (1) and Secondary (2) area of practice may be selected.

___ Clinical Psychology ___ Forensic/Correctional Psychology ___ Rehabilitation Psychology
___ Clinical Neuropsychology ___ Health Psychology ___ School Psychology
___ Counselling Psychology ___ Industrial Organizational Psychology

(d) Is this a change in your declared area of practice? Yes No

Please describe: _____

(e) Are you on the Limited Register for medical reasons? Yes No

Please describe: _____

If you are on the Limited Register for medical reasons, you are required to provide documentation attesting to your readiness to resume the practice of psychology.

The following two items must accompany this application:

- Additional Fees for 2008 - \$600.00 (Total amount for Active Practice = \$1200.00)
- Additional supporting documentation if needed (please attach)

I wish to move from: Declaration A to Declaration B-1
 (Full Register to Limited Register - Non-Practicing)

Declaration B-1 is non-practice of psychology in the province of British Columbia or temporary suspension of practice of psychology in British Columbia (Limited Register) (e.g., medical leave, parental leave)

Describe the reason for your non-practice: _____

I wish to move from: Declaration A to Declaration B-2
 (Full Register to Limited Register - Out of Province)

Declaration B-2 is for registrants who are licensed /registered to practice in another jurisdiction. Proof of licensure/registration to practice psychology as a regulated profession must accompany this application.

Other jurisdiction: _____

The following item must accompany this application:

Photocopy of current license/registration to practice psychology as a regulated profession (please attach)

B. DECLARATION

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

do solemnly declare that the statements and all of the information provided by me in this application are complete and accurate and true.

I declare that I am and will remain in compliance with the *Health Professions Act*, its regulations, the bylaws, and any conditions and limitations placed on my practice.

I declare that I will notify the College if I have been charged or convicted of any criminal offense. I am aware that said notification will result in a new criminal record check with results to be returned to the College for investigation regarding my good character and fitness to practice psychology.

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

Signed this _____ day of _____
 In the year _____ (Declarant's Signature)

Please return your completed form, fees, and other documentation to:
The Registrar, College of Psychologists of British Columbia
#404 - 1755 West Broadway, Vancouver, B.C., Canada V6J 4S5