

Prince Edward Island Psychologists Registration Board

c/o Dept. of Psychology, UPEI, 550 University Avenue, Charlottetown, PE C1A 4P3

Phone: 902-566-0540 smithp@upei.ca

<http://www.peipsychology.org/peiprb/>

Final Evaluation Form

PLEASE PRINT OR TYPE

Candidate: _____

Supervisor: _____

A **Final Evaluation Form** must be received by the Board prior to scheduling the Oral Examination. This form is **in addition to** the final Supervisor's Regular (six-month) Report.

Section 1: Ratings

Instructions: Please indicate whether the Candidate has attained the Goals of Supervision within designated areas of practice at a level expected of a Psychologist or Psychological Associate.

Rating Scale:

- E** - Exceeded the standard expected of a psychologist or psychological associate
- A** - Attained the standard expected of a psychologist or psychological associate
- D** - Did not attain the standard expected of a psychologist or psychological associate
- N** - Not assessed (Only for use with “As Applicable” portion of table)

Dimensions of the Candidate’s Competence	Supervisor’s Ratings of Candidate’s Current Functioning (See Rating Key Above)			
	D	A	E	
Mandatory				
A. Assessment & Evaluation				
B. Intervention and Consultation				
C. Interpersonal Relationships				
D. Application of Ethics and Standards				
Report Preparation/Record Management				
Analytical/Organizational Skills				
Knowledge of:				
PEI Psychologists Act				
PEIPRB Code of Conduct				
Canadian Code of Ethics for Psychologists				
PEIPRB Practice Guidelines				
Relevant Jurisprudence				
Awareness of Limits of Competence				
Maturity of Attitude and Behaviour				
Dimensions of the Candidate’s Competence	Supervisor’s Ratings of Candidate’s Current Functioning (See Rating Key Above)			
	N	D	A	E
As Applicable				
Research Skills				
Teaching Skills				
Dimensions of the Candidate’s Competence	Supervisor’s Ratings of Candidate’s Current Functioning (See Rating Key Above)			
	D	A	E	
Mandatory				
Use of judgment in the application of the above				
Diligence in the application of the above				

Section 2: Areas of concern:

Please attach a detailed explanation of any D rating. Please indicate your opinion regarding the level of remediation necessary to bring the candidate to an acceptable level for supervised practice.

Section 3: To your knowledge:

- a) Have questions ever been raised about the applicant's suitability or competence to practice psychology?
Yes No

- b) Have questions ever been raised about the applicant's competence to carry out professional tasks or duties?
Yes No

- c) Has disciplinary action ever been taken against the applicant during his or her education, training, or employment as a mental health professional?
Yes No

- d) Has the applicant ever been suspended, terminated, or asked to resign during his or her education, training, or employment as a mental health professional?
Yes No

- e) Is the applicant currently or has ever been, suspended or prohibited from practising as a psychologist?
Yes No

- f) Has the applicant ever voluntarily surrendered or relinquished a license to practice psychology?
Yes No

- g) Has the applicant ever had an application for registration as a professional rejected?
Yes No

- h) Has the applicant ever been barred from or denied registration as a professional?
Yes No

- i) Is the applicant now subject to being disciplined or has the applicant ever been disciplined by a professional regulatory body?
Yes No

j) Has the applicant ever been treated for a physical ailment, emotional disturbance or an addiction to alcohol or drugs that might impair his or her ability to practice psychology?

Yes No

k) Has the applicant ever been censured or reprimanded because of sexual harassment or sexual misconduct?

Yes No

l) Has the applicant ever been dismissed from or asked to resign from any employment or education or training institution due to fraud, negligence, professional misconduct or academic dishonesty?

Yes No

m) Do you have any reason to believe any information on the documents completed by the applicant which were sent to you along with this reference form contain any information that is incorrect or incomplete?

Yes No

n) To your knowledge, has the applicant ever been convicted of a criminal offense?

Yes No

If yes, please provide details below and state whether or not you consider this conviction relevant to the applicant's suitability to practice the profession of psychology.

o) Is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions touching upon the applicant's conduct, character, or reputation that might be an impediment to his or her registration as a psychologist?

Yes No

If yes, please provide details below.

Section 4: Other Comments

5. Certification of Final Evaluation Form

Supervisor's Signature

Candidate's Signature

Date Signed

Date Signed