

**PRINCE EDWARD ISLAND  
PSYCHOLOGISTS REGISTRATION BOARD**

---

**APPLICATION FOR REGISTRATION  
AS A PSYCHOLOGIST**

This document, when completed and submitted by you, is relied upon by the Board in deciding upon your application for registration. Please follow all instructions and complete this document carefully and accurately. If you become registered this document will form part of your permanent record at the Board. Please read the application form in its entirety before starting to complete it.

Applicants are solely responsible to ensure that all application documents are delivered to the Board. The Board accepts no responsibility for delays in receipt of application materials. Applicants are encouraged to submit all application documents by registered mail or courier (*faxed material will not be accepted*).

**Box 1**

Applicant Name: \_\_\_\_\_  
Date of Application: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Please return your completed:

- ▶ Application Form
- ▶ Application Fee of \$400
- ▶ Curriculum Vitae

to:

**Prince Edward Island Psychologists Registration Board**  
c/o Department of Psychology, University of PEI, 550 University Avenue,  
Charlottetown, PE, Canada C1A 4P3

**Please note that before an application for registration will be processed, the Board must be in receipt of all necessary documentation including all required professional and academic records and references. Applicants have 24 months from the date of application (see Box 1) to complete all necessary steps for registration. An application for registration will automatically expire 24 months after the date of the application. Documents received by the Board where there is no application on file will be kept for one year.**

# PRINCE EDWARD ISLAND PSYCHOLOGISTS REGISTRATION BOARD

## APPLICATION FOR REGISTRATION

*Please print or type:*

### A. DEMOGRAPHIC INFORMATION

1. Full Name of Applicant: \_\_\_\_\_  
[Former legal names used, if any]: \_\_\_\_\_
2. Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
3. Gender: Male  Female
4. Place of Birth: City \_\_\_\_\_ Province/State, etc. \_\_\_\_\_  
Country \_\_\_\_\_
5. Are you legally entitled to work in Canada? Yes  No  If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

### B. OFFICIAL CONTACT INFORMATION AND RECORD LOCATION

Please provide all information requested below. If there are changes to any of this information, you are required to inform the Board in writing within 30 days of the change so we may amend the Register.

6. Practice records are any records that relate to your provision of psychological services including: notes, reports, invoices, tests and test results, test protocols, interview notes, correspondence, and any other documents, and includes information that is stored on computer or tapes. If you are accepted for Registration, the Board will require the following information. The Board is primarily concerned about those records over which you have power and control and which you consider to be the records of your psychology practice. My practice records are kept and/or stored at the following location(s):

a) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
This location is:  a home office  
 a business premise  
 commercial storage  
 other, please specify: \_\_\_\_\_

b) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
This location is:  a home office  
 a business premise  
 commercial storage  
 other, please specify: \_\_\_\_\_

c) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
This location is:  a home office  
 a business premise  
 commercial storage  
 other, please specify: \_\_\_\_\_

d) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
This location is:  a home office  
 a business premise  
 commercial storage  
 other, please specify: \_\_\_\_\_

7. Please print below the information required for the register, if you are accepted for registration [become registered]. The information on the register is available to the public and will be used for all mailings and formal notices from the Board.

REGISTER ADDRESS		

8. Please indicate below your other contact information, for use by the Board.

PHONE	FACSIMILE	E-MAIL

### C. CERTIFICATE OF STANDING/PROFESSIONAL RECORD

9. Have you ever had an application for registration, certification or licensing as a psychologist or any other profession rejected? If yes, provide details indicating for what reason, when and by which regulatory authority.  
Yes  No

\_\_\_\_\_

\_\_\_\_\_

10. Have you ever been barred from or denied registration as a professional in any jurisdiction? If yes, provide details indicating for what reason, when and by which regulatory authority.  
Yes  No

\_\_\_\_\_

\_\_\_\_\_

11. Have you ever have been registered, certified or licensed as a psychologist, psychologist candidate, psychological associate, or psychological associate candidate by a regulatory authority in another province, state or country? If yes, please provide details below, indicating all licenses, certificates, or registrations as a psychologist.  
Yes  No

A1 Name of professional regulatory authority: \_\_\_\_\_

A2 Date of issuance of original professional license or certificate: Day \_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

A3 Professional license or certificate number: \_\_\_\_\_

A4 Complete mailing address of professional regulatory authority: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_

B1 Name of professional regulatory authority: \_\_\_\_\_  
B2 Date of issuance of original professional license or certificate: Day \_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
B3 Professional license or certificate number: \_\_\_\_\_

B4. Complete mailing address of professional regulatory authority:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_

If you answered yes to questions 9, 10 or 11 above, answer questions 12-14 below.

12. Are you now, or have you ever been, suspended or prohibited from practicing as a psychologist, psychologist candidate, psychological associate, or psychological associate candidate?

If yes, provide details indicating for what reason, when and by which regulatory authority.

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you ever voluntarily surrendered or relinquished a license to practice psychology beyond those listed on this application? If yes, please provide details below.

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are you now subject to being disciplined or have you ever been disciplined by a professional regulatory authority? If yes, provide details indicating for what reason, when and by which regulatory authority.

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Each applicant who is now or was registered, certified or licensed as a psychologist, psychologist candidate, psychological associate, or psychological associate candidate or has ever made application that was rejected, barred or denied, by a regulatory authority in another province, state or country must sign a consent form authorizing the regulatory authority, if any, administering the applicant's current or previous registration or application for registration in another jurisdiction, to make disclosure to the Board, and arrange that a Certificate of Standing and a complete copy of the file on all matters relating to the following to be sent directly to the Prince Edward Island Psychologists Registration Board from the regulatory authority concerned:

- i) any current or previous restrictions, terms or limitations on your right to practice psychology in that jurisdiction,
- ii) any unresolved complaints respecting you in that jurisdiction, and
- iii) your disciplinary history in that jurisdiction.
- iv) reasons for rejection, barring or denial of application.

I consent release of any and all information related to item 15 above to be directly released to the Prince Edward Island Psychologists Registration Board from the following regulatory authorities:

1. \_\_\_\_\_
2. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

16. If previously registered elsewhere, has your registration been continuous?

Yes  No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Do you hold a Certificate of Professional Qualification issued by the Association of State and Provincial Psychology Boards?

Yes  No

If yes, Certificate No. \_\_\_\_\_ Date of Issue: \_\_\_\_\_

18. Are you, or have you ever been, listed with the Canadian Register of Health Service Providers in Psychology?

Yes  No

If yes, please provide details below. Applicants are required to request confirmation of listing status to be sent directly to the Board. If there have been any changes or breaks in listing status, please provide details below.

Date of initial listing: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Listing No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Are you, or have you ever been listed with the National Register of Health Service Providers in Psychology?

Yes  No

If yes, please provide details below. Applicants are required to request confirmation of listing status to be sent directly to the Board. If there have been any changes or breaks in listing status, please provide details below.

Date of initial listing: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Listing No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS CONTINUE HERE:**

20. Do you carry professional liability insurance?

Yes  No

If yes, please provide details below.

Name of Insurer: \_\_\_\_\_

Amount of professional liability insurance (\$1,000,000 minimum required): \_\_\_\_\_

If applicants carry no insurance or insurance less than \$1,000,000, applicants have 30 days after having been accepted for registration to provide the Board with proof of sufficient liability insurance.

## D. GOOD CHARACTER AND FITNESS TO PRACTICE

21. Have questions ever been raised with you by supervisors or others about your suitability or competence to practice psychology? If yes, please provide details below.

Yes  No

---

---

---

---

22. To your knowledge, have questions ever been raised with your supervisors or others about your competence to carry out professional tasks or duties? If yes, please provide details below.

Yes  No

---

---

---

---

23. Has any disciplinary action been taken against you during your education, training, or employment as a mental health professional? If yes, provide details indicating for what reason, when and by whom or what institution.

Yes  No

---

---

---

---

24. Have you ever been suspended, terminated, or asked to resign during your education, training, or employment as a mental health professional? If yes, provide details indicating for what reason, when and by what organization.

Yes  No

---

---

---

---

25. Have you ever been treated for a physical ailment, emotional disturbance or an addiction to alcohol or drugs that might impair your ability to practice psychology? If yes, please provide details below.

Yes  No

---

---

---

---

26. Have you ever been censured or reprimanded because of sexual harassment or sexual misconduct? If yes, please provide details below.

Yes  No

---

---

---

---

27. Have you 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? If yes, please provide details below.

Yes  No

---

---

---

---

28. Have you ever been convicted of any criminal offence?

Yes  No

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

Nature of conviction: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Place of conviction: \_\_\_\_\_

Explanation: \_\_\_\_\_

---

---

---

29. Is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions touching upon your conduct, character, or reputation that might be an impediment to your registration as a psychologist? If yes, please provide details below.

Yes  No

---

---

---

---

---

---

---

---

---

---

**E. EDUCATION**

30. Provide the information requested below regarding your university and college education, beginning with the most recent.

COLLEGE OR UNIVERSITY	EXACT NAME OF DEPT. IN WHICH GRADUATE WORK DONE	DATES OF ATTENDANCE FROM/TO	DEGREE AWARDED	DATE OF AWARD	MAJOR SUBJECT	MINOR SUBJECT	CPA/APA APPROVED [Y/N]



31. Title of Doctoral Thesis: \_\_\_\_\_  
\_\_\_\_\_  
Reference, if published: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

32. Title of Master's Thesis: \_\_\_\_\_  
\_\_\_\_\_  
Reference, if published: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

**F. OFFICIAL TRANSCRIPTS**

33. Each applicant MUST arrange for a complete OFFICIAL TRANSCRIPT of all courses and grades for graduate and undergraduate degrees to be sent directly to the Prince Edward Island Psychologists Registration Board from the educational institution concerned.

I have made arrangements for the Board to receive transcripts from the following institutions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## G. COURSE DOCUMENTATION

N.B.:Include comprehensive exams where relevant.

### 34. Category 1 Biological Bases of Behaviour - Includes such courses as Physiological, Comparative, Neuropsychology, Sensation and Perception, and Psychopharmacology.

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**35. Category 2: Cognitive Affective Bases of Behaviour-** Includes such courses as Learning, Cognition, Motivation, and Emotion

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**36.** Category 3: Social Bases of Behaviour Includes such courses as Social, Group Processes, Organizations and Systems, Community, Environmental.

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**37. Category 4: Individual Differences-** Includes such courses as Personality, Human Development, Abnormal and Psychopathology.

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**38. Category 5: Ethics and Professional Standards-** Includes courses and seminars devoted to professional issues and professional ethics.

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**39. Category 6: Research Design and Methodology-** Includes such courses as Research Design, Experimental Procedures, and Laboratory Methods.

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**40. Category 7: Statistics** Includes such courses as Statistics, Multivariate Analysis

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		



**41. Category 8: Psychometrics** Includes courses such as measurement, test construction, validation

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**42. Category 8: Professional Practice: Assessment** Includes courses regarding assessment techniques.

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**43. Category 9: Professional Practice: Intervention** Includes courses such as psychotherapy, counselling, behaviour modification

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

## H. PRACTICA, INTERNSHIPS, AND SUPERVISED EXPERIENCE

44. Provide below details of all your supervised experience in psychology. Refer to the areas of practice in Section K when you describe your experience. Please start with the most recent and continue backwards.

A.	Title/Name of position held: _____	Start Date: (M)____ (Y) _____
	Full time: <input type="checkbox"/> Part time: <input type="checkbox"/>	End Date: (M)____ (Y) _____
	If part time, state number of hours per week: _____	Direct client contact hours per week: _____
	Individual supervision hours per week: _____	Group supervision hours per week: _____
	Name of organization or institution: _____	
	Mailing Address: _____	Services offered by institution: _____
	_____	_____
	_____	_____
	Supervisor's name and profession: _____	
	Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):	
	_____	
	_____	
	_____	
	_____	
	_____	
	Course Credit: Course No. _____	Year Taken: _____ Academic Institution: _____

B.	Title/Name of position held: _____	Start Date: (M)____ (Y) _____
	Full time: <input type="checkbox"/> Part time: <input type="checkbox"/>	End Date: (M)____ (Y) _____
	If part time, state number of hours per week: _____	Direct client contact hours per week: _____
	Individual supervision hours per week: _____	Group supervision hours per week: _____
	Name of organization or institution: _____	
	Mailing Address: _____	Services offered by institution: _____
	_____	_____
	_____	_____
	Supervisor's name and profession: _____	
	Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):	
	_____	
	_____	
	_____	
	_____	
	_____	
	Course Credit: Course No. _____	Year Taken: _____ Academic Institution: _____

C. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Course Credit: Course No. \_\_\_\_\_ Year Taken: \_\_\_\_\_ Academic Institution: \_\_\_\_\_

D. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Course Credit: Course No. \_\_\_\_\_ Year Taken: \_\_\_\_\_ Academic Institution: \_\_\_\_\_

E. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Course Credit: Course No. \_\_\_\_\_ Year Taken: \_\_\_\_\_ Academic Institution: \_\_\_\_\_

F. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Course Credit: Course No. \_\_\_\_\_ Year Taken: \_\_\_\_\_ Academic Institution: \_\_\_\_\_

G. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Course Credit: Course No. \_\_\_\_\_ Year Taken: \_\_\_\_\_ Academic Institution: \_\_\_\_\_

H. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Course Credit: Course No. \_\_\_\_\_ Year Taken: \_\_\_\_\_ Academic Institution: \_\_\_\_\_

**I. POST GRADUATE CONTINUING EDUCATION (WORKSHOPS, SEMINARS, ETC.)**

45. Provide information requested below regarding post-graduate education, beginning with the most recent.

<b>NAME OF SEMINAR WORKSHOP/PROGRAM</b>	<b>NAME AND PROFESSION OF PRESENTER</b>	<b>LENGTH (DAYS)</b>	<b>DATE</b>	<b>PLACE</b>



## J. PROFESSIONAL EMPLOYMENT EXPERIENCE

46. Please provide below details of the complete record of your professional employment experience, starting with current or most recent and continuing backwards. Please refer to the area of practice information (i.e., the definitions and the grid in Section K) when you describe your experience.

A. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
Individual supervision hours per week: \_\_\_\_\_  
Name of organization or institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor's name and profession: \_\_\_\_\_  
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
Individual supervision hours per week: \_\_\_\_\_  
Name of organization or institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor's name and profession: \_\_\_\_\_  
Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

G. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

H. Title/Name of position held: \_\_\_\_\_ Start Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 Full time:  Part time:  End Date: (M)\_\_\_\_ (Y) \_\_\_\_\_  
 If part time, state number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_  
 Individual supervision hours per week: \_\_\_\_\_  
 Name of organization or institution: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Services offered by institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and profession: \_\_\_\_\_  
 Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**K. AREA OF PRACTICE**

47. Please indicate by checking off one of the boxes below your principal area of practice in psychology, in which you will be prepared to demonstrate competence in the eventual oral examination for registration as a psychologist. The Research/Academic area is for those applicants who teach only. Please note that those identifying clinical as an area of practice will be expected to demonstrate competence in formulating and communicating a diagnosis in the oral examination.

**Clinical Psychology**

Clinical psychology is the application of knowledge about human behaviour and culture to the assessment, diagnosis, prevention, and/or treatment of individuals with disorders of behaviour, emotions and/or thought, to counselling and consultation with couples, families, and groups, and to the enhancement of psychological and physical well-being.

**Clinical Neuropsychology**

Clinical neuropsychology is the application of knowledge about brain-behaviour relationships to the assessment, diagnosis, treatment and rehabilitation of individuals with known or suspected central nervous system dysfunction, neurological disorders, traumatic brain injury, and learning difficulties.

**Counselling Psychology**

Counselling psychology is the application of psychological knowledge to the assessment, prevention, and treatment of individuals, couples, families, and groups in order to help people adjust to problematic events and accomplish life tasks within the major spheres of work, education, relationships, and family during the lifespan developmental process.

**Forensic/Correctional Psychology**

Forensic/correctional psychology is the application of knowledge about human behaviour to the understanding, assessment, diagnosis and/or treatment of individuals within the context of criminal and/or legal matters.

**Health Psychology**

Health psychology is the application of psychological knowledge and skills to the promotion and maintenance of health, the prevention and treatment of illness, helping individuals, couples, families, and groups cope with physical illness, and the identification of determinants of health and illness.

**Industrial/Organizational Psychology**

Industrial/organizational psychology is the field of psychological practice and research that aims to further the welfare of people and the effectiveness of organizations by: understanding the behaviour of individuals and organizations in the workplace; helping individuals pursue meaningful and enriching work; and assisting organizations in the effective management of their human resources.

**Rehabilitation Psychology**

Rehabilitation psychology is the application of psychological knowledge and skills to the assessment and treatment of individuals, couples, families, and groups, with impairments in their physical, emotional,

**cognitive, social, or occupational capacities as a result of injury, illness or trauma in order to promote maximum functioning and minimize disability.**

**Research/Academic**

**Research/academic psychology is the field of psychology that aims to expand and disseminate psychological knowledge through scientific inquiry, examination, investigation, and/or experimentation.**

**School Psychology**

**School psychology is the application of knowledge about human behaviour and development to the understanding and assessment of the developmental, social, emotional and learning needs of children, adolescents, and adults; to the protection, promotion, and creation of learning environments that facilitate learning and mental health.**

**48. Please indicate your activities and services in your declared area of practice. Please note that those identifying clinical as an area of practice will be expected to demonstrate competence in formulating and communicating a**

diagnosis in the oral examination. A copy of this grid will also be forwarded to the referees that you indicate will be providing a reference on your behalf.

ACTIVITIES AND SERVICES									
Area of Psychology Practice	Diagnosis	Assessment	Psychotherapy	Counseling	Other Intervention/Treatment (specify)	Consulting	Research	Program Evaluation	Teaching
A. Clinical									
B. Clinical Neuropsychology									
C. Counselling									
D. Forensic/Correctional									
E. Health									
F. Industrial/Organizational									
G. Rehabilitation									
H. School									

**PRINCIPAL CLIENT GROUPS**

**Ages of Clients**       Children       Adolescents       Adults       Elderly

**Type of Client**       Individuals       Couples       Families       Groups

**Explanatory Note:**

49. Please describe briefly the professional work you intend to do if you are accepted for registration.

---



---



---



---



---



---

---

---

---

**L. COMPETENCE TO INTERPRET AND REPORT ON PSYCHOMETRIC TESTS**

**50. Do you consider yourself competent to interpret and report on psychometric tests?**

- Yes**       **No**

**51. If yes, please list the title of the psychometric tests on which you claim competence to interpret and report:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_  
10. \_\_\_\_\_

11. \_\_\_\_\_  
12. \_\_\_\_\_  
13. \_\_\_\_\_  
14. \_\_\_\_\_  
15. \_\_\_\_\_  
16. \_\_\_\_\_  
17. \_\_\_\_\_  
18. \_\_\_\_\_  
19. \_\_\_\_\_  
20. \_\_\_\_\_



## M. COMPETENCE TO FORMULATE AND COMMUNICATE A DIAGNOSIS

52. Do you consider yourself competent to formulate and communicate a diagnosis?

- Yes                       No

53. For which services and activities in your practice area do you consider yourself competent to formulate and communicate a diagnosis? Please note those identifying clinical as an area of practice will be required to demonstrate competence in formulating and communicating a diagnosis.

SERVICE AND ACTIVITY IN PRACTICE AREA	CLIENT GROUP

## N. PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS

54. List all professional and scientific associations of which you are a member and indicate your present membership status and date of initial membership.

ASSOCIATION	MEMBERSHIP STATUS	MEMBER SINCE MONTH/YEAR

--	--	--

**O. REPORTS OF SUPERVISION**

55. Reports of supervision must be submitted by registered psychologists who have had supervisory responsibility for your work. Reports from all supervisors combined must cover two-years full-time (or equivalent) practice post-Master's degree. Please list below the name(s), position(s), and address(es) of the psychologist(s) to whom you will forward the report of supervision form

<p>1. Name: _____ Mailing Address: _____ _____ _____</p>	<p>Position/Title: _____ Telephone: _____ Facsimile: _____</p>
<p>2. Name: _____ Mailing Address: _____ _____ _____</p>	<p>Position/Title: _____ Telephone: _____ F a c s i m i l e : _____ _____</p>
<p>3. Name: _____ Mailing Address: _____ _____ _____</p>	<p>Position/Title: _____ Telephone: _____ Facsimile: _____</p>

**P. ENCLOSURES**

56. I enclose with this application form the following:

Application Fee (\$500)	Yes	<input type="checkbox"/>
Curriculum Vitae	Yes	<input type="checkbox"/>

57. The following items have been requested to be forwarded directly to the Board:

Transcripts for all undergraduate and graduate training	Yes	<input type="checkbox"/>
A Crminal Record Review Report from my local police or RCMP	Yes	<input type="checkbox"/>

58. The following items have been requested to be forwarded directly to the Board, as applicable:

Evidence of results of any previous Examination for Professional Practice of Psychology, including date and place of examination	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Proof of sufficient professional liability insurance	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Certificate of Standing from all professional regulatory authorities	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Complete information as specified in Item 15 from previous jurisdiction(s)	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Listing status with the Canadian Register of Health				
Service Providers in Psychology	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Listing status with the National Register of Health				
Service Providers in Psychology	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Confirmation of Certificate of Professional Qualification from				
Association of State and Provincial Psychology Boards	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>

**R. DECLARATION and AUTHORIZATIONS**

59. I, \_\_\_\_\_

(full name) of

\_\_\_\_\_

(full address)

do solemnly declare that the statements and all of the information provided by me in this application for registration are complete and accurate and true. I understand that a false statement may disqualify me from registration or be cause for revocation of registration which may have been granted to me.

I acknowledge that the Prince Edward Island Psychologists Registration Board may request additional information concerning my application for registration and I hereby authorize the Board to obtain any further information relevant to my application for registration from persons or institutions referred to in my application documents. I agree to save harmless all officers, directors, employees, servants and agents of the Prince Edward Island Psychologists Registration Board and those granting information regarding my application for registration at the request of the Prince Edward Island Psychologists Registration Board and hereby consent to the requesting and granting of any and all such information.

I also authorize and consent to the release of any information obtained by the Prince Edward Island Psychologists Registration Board in the course of reviewing my application for registration at the request of any other professional body to whom I make application for registration, certification, or licensing.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_