

**PRINCE EDWARD ISLAND  
PSYCHOLOGISTS REGISTRATION BOARD**

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**ABBREVIATED APPLICATION FOR REGISTRATION  
BY PERSONS HOLDING THE CPQ**

Full Name:

Date of Birth:

Mailing Address:

Telephone Number(s):

Email Address:

Please identify the university, degree, and department upon which your registration is based: \_\_\_\_\_

From which jurisdiction are you currently registered as a psychologist and making application for registration in Prince Edward Island?

**Please arrange for that jurisdiction to forward directly to the Registrar confirmation of your registration in that jurisdiction, the date on which you were initially registered there and whether there have been any interruptions in your registration, and a statement regarding any past or current disciplinary actions or outstanding complaints. Please also have that jurisdiction forward a copy of your doctoral transcript (or arrange to have one forwarded by the granting university).**

If you ever have been registered, certified or licensed as a psychologist by a regulatory authority in any additional province, state or country, please provide details below, indicating all licenses, certificates, or registrations as a psychologist. (Use additional pages if necessary.)

Yes

No

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

A2 Date of issuance of original professional license or certificate:

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

A4 Complete mailing address of professional regulatory authority:

\_\_\_\_\_

\_\_\_\_\_

B1 Name of professional regulatory authority: \_\_\_\_\_

B2 Date of issuance of original professional license or certificate:

B3 Professional license or certificate number:

B4. Complete mailing address of professional regulatory authority:

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

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

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

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

Are you now, or have you ever been, suspended or prohibited from practicing as a psychologist? If yes, provide details indicating for what reason, when and by which regulatory authority.

Yes  No

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

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**

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

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

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

Do you currently carry professional liability insurance?

Yes  No

If yes, please provide details below.

Name of Insurer:

Amount of professional liability insurance: \_\_\_\_\_

Please arrange for your insurer to forward confirmation of insurance directly to the Registrar. Insurance of no less than \$1,000,000 is required. If applicants have no insurance or insurance less than \$1,000,000, they have 30 days after having been accepted for registration to provide the Board with proof of sufficient liability insurance.

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

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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

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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

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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

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

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

Yes  No

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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

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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: \_\_\_\_\_

**Please arrange to have a Criminal Record Review Report forwarded by your local police or RCMP directly to the Registrar.** \_\_\_\_\_

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

Please indicate by checking off **one** of the boxes below your principal area of practice in psychology, in which you are prepared to demonstrate competence in the oral examination. The Research/Academic area is for those applicants who teach only.

**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.

Please indicate your activities and services in your declared area of practice.

ACTIVITIES AND SERVICES									
Area of Psychology Practice	Diagnosis	Assessment	Psychotherapy	Counselling	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:

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

I, \_\_\_\_\_  
(full name)

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: \_\_\_\_\_

Please forward this completed form and \$500 application fee to:

Dr. Philip Smith, Registrar, PEI Psychologists Registration Board  
c/o Department of Psychology, University of Prince Edward Island  
550 University Avenue, Charlottetown,  
PE C1A 4P3.

Materials from other agencies (regulatory boards, criminal record review, insurance confirmation) should also be sent to this address.