

PEI Psychologists Registration Board  
P.O. Box 461  
Charlottetown, PE  
Canada C1A 7L1  
[peiprb@gmail.com](mailto:peiprb@gmail.com)

**Abbreviated Application for Registration by Persons Holding the CPQ**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ mm/dd/yyyy

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

From which jurisdiction are you currently registered for independent practice 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.

What is your CPQ certificate number? \_\_\_\_\_

**Please arrange for ASPPB to forward confirmation of your CPQ directly to the Registrar.**

Have 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.

YES NO

- A. Name of professional regulatory authority: \_\_\_\_\_  
Date of issuance of original professional license or certificate: \_\_\_\_\_  
Professional license or certificate number: \_\_\_\_\_  
Complete mailing address of professional regulatory authority: \_\_\_\_\_  
\_\_\_\_\_

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B. Name of professional regulatory authority: \_\_\_\_\_

Date of issuance of original professional  
license or certificate: \_\_\_\_\_

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

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

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Do you currently carry professional liability insurance? If yes, please provide details below. YES NO

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

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

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

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

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

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

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

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

Do you have any reason to believe that you would be unable to safely perform all of the essential functions of a psychologist in your area of practice with or without accommodation? 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? If yes, provide details below and state whether or not you consider this conviction relevant to your suitability to practice the profession of psychology. YES NO

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

Date of conviction: \_\_\_\_\_ mm/dd/yyyy

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

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By checking off *one* of the boxes below, please indicate your principal area of practice in psychology, in which you are prepared to demonstrate competence in the oral examination. Please note 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 Psychology

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.

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Please indicate your activities and services in your declared area of practice (mark with an "x").

		Area of Psychology Practice							
		Clinical	Clinical Neuropsychology	Counselling	Forensic /Correctional	Health	Industrial /Organizational	Rehabilitation	School
Activities and Services	Diagnosis								
	Assessment								
	Psychotherapy								
	Counselling								
	Other Intervention /Treatment (specify)								
	Consulting								
	Research								
	Program Evaluation								
	Teaching								

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### Principal Client Groups

Ages of clients:	children	adolescents	adults	elderly
Type of client:	individuals	couples	families	groups

Explanatory Note:

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

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Please sign the declaration on the following page.

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Statement of Declaration

PLEASE PRINT FULL NAME

I, \_\_\_\_\_, 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

\_\_\_\_\_  
*Signature*

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

Please forward this completed form and e-transfer \$575 application fee to [peiprb@gmail.com](mailto:peiprb@gmail.com).

Alternatively, mail to:  
Dr. Philip Smith, Registrar  
PEI Psychologists Registration Board  
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All required items from other agencies  
(regulatory boards, criminal record review, insurance confirmation)  
should also be sent to this address.