

PEI Psychologists Registration Board  
P.O. Box 461  
Charlottetown, PE  
Canada C1A 7L1  
peiprb@gmail.com

### Application for Registration as a Psychological Associate Candidate

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:

#### PLEASE RETURN COMPLETED:

1. Application Form
2. Application Fee of \$575.00 (CDN)
3. Curriculum Vitae

TO:

[peiprb@gmail.com](mailto:peiprb@gmail.com)

E-transfer application fee to the email address above.  
Alternatively, mail to: PEI Psychologists Registration Board  
PO Box 461, Charlottetown, PE C1A 7L1

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.

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**Application for Registration**

**A. DEMOGRAPHIC INFORMATION**

1. Full Name of Applicant: \_\_\_\_\_  
Former legal names used, if any: \_\_\_\_\_
2. Date of birth: \_\_\_\_\_ (mm/dd/yyyy)
3. How do you identify your gender? \_\_\_\_\_
4. Place of birth City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
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 within 30 days of the change so that 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):

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ This location is: a home office  
\_\_\_\_\_ a business premise

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\_\_\_\_\_ commercial storage  
\_\_\_\_\_ other, please specify

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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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 form all notices from the Board.

REGISTER ADDRESS

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

PHONE	FACSIMILE	E-MAIL

**C. CERTIFICATION 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

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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

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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.

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Yes      No

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

A2 Date of issuance of original professional license or certificate: \_\_\_\_\_ (mm/dd/yyyy)

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: \_\_\_\_\_ (mm/dd/yyyy)

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

Yes      No

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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

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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

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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:

Authority 1: \_\_\_\_\_

Authority 2: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Yes      No      If no, please explain:

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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: \_\_\_\_\_  
(mm/dd/yyyy)

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: \_\_\_\_\_ (mm/dd/yyyy)

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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: \_\_\_\_\_ (mm/dd/yyyy)

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20. Do you carry professional liability insurance?

Yes      No      If yes, provide:

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

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

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**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. 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

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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

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

Yes      No

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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

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25. 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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26. 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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27. Have you ever been dismissed 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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28. Have you ever been convicted of a criminal offense?    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.

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31. Title of Master's Thesis: \_\_\_\_\_

Reference, if published: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

**F. OFFICIAL TRANSCRIPTS**

32. 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:

Institution 1: \_\_\_\_\_

Institution 2: \_\_\_\_\_

Institution 3: \_\_\_\_\_

Institution 4: \_\_\_\_\_

Institution 5: \_\_\_\_\_

**G. COURSE DOCUMENTATION**

**33. 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:
Year taken		
Course number		
Number of credits		
Hours per week		

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<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
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Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

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<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

**34. Category 2 – Cognitive and Affective Bases of Behaviour:** includes such courses as Learning, Cognition, Motivation and Emotion.

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Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

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<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
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Year taken		
Course number		
Number of credits		
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Institution		Brief description of course contents:
Year taken		
Course number		

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Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

**35. Category 3 – Social Basis of Behaviour:** includes courses such as Social, Group Processes, Organizations and Systems, Community, Environmental.

<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

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<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
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Number of credits		
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<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		



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Course number		
Number of credits		
Hours per week		

**36. Category 4 – Individual Differences:** includes such courses as Personality, Human Development, Abnormal and Psychopathology.

<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		

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Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

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**37. Category 5 – Ethics and Professional Standards:** includes courses and seminars devoted to professional issues and professional ethics

<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		

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Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		

**38. Category 6 – Research Design and Methodology:** includes courses such as Research Design, Experimental Procedures, and Laboratory Methods.

<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		

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Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		

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Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

**39. Category 7 – Statistics:** includes such courses as Statistics, Multivariate Analysis.

<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		

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Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		

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Course number		
Number of credits		
Hours per week		

**40. Category 8 - Psychometrics:** includes courses such as Measurement, Test Construction, Validation.

<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		



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Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

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**41. Category 9 – Professional Practice (Assessment):** includes courses regarding assessment techniques.

<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		

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Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		

**42. Category 10 – Professional Practice (Intervention):** includes courses such as Psychotherapy, Counselling, Behaviour Modification.

<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		

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Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
Course number		
Number of credits		
Hours per week		
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Institution		Brief description of course contents:
Year taken		

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Course number		
Number of credits		
Hours per week		
<b>COURSE TITLE:</b>		
Institution		Brief description of course contents:
Year taken		
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Hours per week		

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**H. PRACTICA, INTERNSHIPS AND SUPERVISED EXPERIENCE**

43. Provide below details of all your internships, practica, and if applicable, any post-degree supervised experience in psychology. Clearly identify internships and practica. 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: \_\_\_\_\_ (mm/dd/yyyy)

Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_

Mailing address:

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

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 number: \_\_\_\_\_ Year taken \_\_\_\_\_ Institution: \_\_\_\_\_

b) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

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P.O. Box 461  
Charlottetown, PE  
Canada C1A 7L1  
peiprb@gmail.com

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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):

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Course credit:

Course number: \_\_\_\_\_ Year taken \_\_\_\_\_ Institution: \_\_\_\_\_

c) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

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Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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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):

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d) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

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Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
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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):  
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Course credit:

Course number: \_\_\_\_\_ Year taken \_\_\_\_\_ Institution: \_\_\_\_\_

Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

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Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

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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):

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Course credit:

Course number: \_\_\_\_\_ Year taken \_\_\_\_\_ Institution: \_\_\_\_\_

e) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

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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):

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Course credit:  
Course number: \_\_\_\_\_ Year taken \_\_\_\_\_ Institution: \_\_\_\_\_

f) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)  
Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

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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):

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Course credit:  
Course number: \_\_\_\_\_ Year taken \_\_\_\_\_ Institution: \_\_\_\_\_

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**g)** Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

Part-time      Full-time      End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
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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):

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Course credit:

Course number: \_\_\_\_\_ Year taken \_\_\_\_\_ Institution: \_\_\_\_\_



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**J. PROFESSIONAL EMPLOYMENT EXPERIENCE**

45. Please provide below details of the complete record of your professional employment experience, starting with the most recent and continuing backward. 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: \_\_\_\_\_ (mm/dd/yyyy)

Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

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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):

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b) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_

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Mailing address:

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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):

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c) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)  
Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_  
Mailing address:

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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):

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d) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)  
Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

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Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

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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):

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e) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)  
Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

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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):

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f) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

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Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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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):

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g) Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

Part-time Full-time End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_



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Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

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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):

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**h)** Title/name of position held: \_\_\_\_\_ Start date: \_\_\_\_\_ (mm/dd/yyyy)

Part-time      Full-time      End date: \_\_\_\_\_ (mm/dd/yyyy)

If part-time, number of hours per week: \_\_\_\_\_ Direct client contact hours per week: \_\_\_\_\_

Individual supervision hours per week: \_\_\_\_\_ Group supervision hours per week: \_\_\_\_\_

Name of Organization/Institution: \_\_\_\_\_

Services offered by institution: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

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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

46. 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.

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**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.

47. 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								

**PRINCIPAL CLIENT GROUPS**

Ages of Clients:      Children      Adolescents      Adults      Elderly

Type of Client      Individuals      Couples      Families      Groups

Explanatory Note:

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48. Please describe briefly the professional work you intend to do if you are accepted for registration as a psychological associate candidate.

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49. Who are you proposing to serve as supervisor(s) of your practice while registered as a psychological associate candidate? Please provide name, mailing address, email and telephone number:

Name:	Position/Title:
Mailing Address:	Telephone:
	Email:

Name:	Position/Title:
Mailing Address:	Telephone:
	Email:

Name:	Position/Title:
Mailing Address:	Telephone:
	Email:

Name:	Position/Title:
Mailing Address:	Telephone:
	Email:

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

50. Do you consider yourself competent to interpret and report on psychometric tests (with supervision)?

Yes                      No

51. If yes, please list the psychometric tests on which you claim competence to interpret and report (with supervision):

- |     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 19. |
| 10. | 20. |

**M. COMPETENCE TO FORMULATE AND COMMUNICATE A DIAGNOSIS**

52. Do you consider yourself competent to formulate and communicate a diagnosis (with supervision)?

Yes                      No



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**0. ENCLOSURES**

55. I enclose with this application form the following:

Application fee (\$575)	Yes
Curriculum vitae	Yes

56. The following items have been requested to be forwarded directly to the Registrar:

Transcripts for all undergraduate and graduate training	Yes
A Criminal Record Check from my local RCMP	Yes

57. 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 exam	Yes	n/a
Proof of sufficient professional liability insurance	Yes	n/a
Certificate of Standing from all professional regulatory authorities	Yes	n/a
Complete information as specified in section 15 from previous jurisdictions	Yes	n/a



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**P. DECLARATIONS AND AUTHORIZATIONS**

I, \_\_\_\_\_ of \_\_\_\_\_  
(applicant name) (full address)

do solemnly declare that the statements and all 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 person 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 of applicant:

Date of signing: