

## **Application for Limited Telepsychology Practice into Prince Edward Island**

Name:

Email address:

Postal address:

Telephone number(s):

Home jurisdiction (where applicant is registered, resides, and primarily practices):

Home jurisdiction registration number:

Degree upon which home jurisdiction registration is based:

I request Limited Telepsychology Practice authorization into Prince Edward Island.

I request Limited Telepsychology Practice authorization for the following category of practice:

Continuity of care for a client who has moved to a different jurisdiction

Continuity of care for a client who initially received service in person at an out-of-jurisdiction public setting (e.g., regional referral hospital) and is receiving follow-up services at home

Services, new or ongoing, from a regional public-service setting, e.g., regional referral hospital, Critical Stress Injury Clinic

New or ongoing family services where some family members live in a different jurisdiction

Expert witness testimony

College and university students receiving new and ongoing services from their educational institution that would have been freely available to them were they on campus

New or ongoing services to a College/Board registrant or to a psychology graduate student (for whom access to local services may be problematic given permeability of local professional boundaries)

Services to a single new client (in none of the above categories) in a year

For psychologists registered in and practicing from an Atlantic province only, services to five or fewer private practice clients in a year.

Practice carried out as part of a research project approved by the Research Ethics Board of a University or other public agency, or in accordance with any governing legislation.

Supervising a student or candidate/provisional psychologist or other supervisee who will be engaged in the category of practice indicated above.

More specifically, the nature of the work I intend to do within this category is:

In Prince Edward Island, the duration of a Limited Telepsychology Practice authorization is one year.

I acknowledge that more extensive telepsychology practice into the jurisdiction than permitted by Limited Telepsychology Practice authorization would require full registration in the jurisdiction.

I acknowledge that my authorization for Limited Telepsychology Practice is in effect only when I am located within my home jurisdiction.

I attest that I carry professional liability insurance.

I attest that I will restrict my Limited Telepsychology practice to work with those populations and such activities as I am permitted to carry out in my home jurisdiction.

I attest that I am in compliance with any continuing education and quality assurance requirements of my home jurisdiction.

I attest that I will abide by the Association of Canadian Psychology Regulatory Organization's (ACPRO's) Model Telepsychology Standards, by the standards and jurisprudence of the jurisdiction into which telepsychology services will be provided, and by the restrictions of my certificate of registration.

I acknowledge that both my home jurisdiction and the jurisdiction into which I am practicing telepsychology may share regulatory information and will share information relevant to complaints arising from my Limited Telepsychology Practice and will determine between them how to proceed with any collaborative, joint, simultaneous, or sequential independent investigations.

I acknowledge that approval for this authorization is contingent upon receipt of a completed Verification of Good Standing form, the bottom portion of which will be completed by an authorized official of the Regulatory Body in my home jurisdiction and submitted by them directly to the PEIPRB.

## SIGNATURE

## DATE

**This form is to be submitted electronically to [peiprb@gmail.com](mailto:peiprb@gmail.com).**

**Fees are to be submitted via e-transfer to [peiprb@gmail.com](mailto:peiprb@gmail.com).**

### Fees:

Continuity of care for a client who has moved to a different jurisdiction: \$125; fee waived for psychologists registered in and practicing from an Atlantic province.

Continuity of care for a client who initially received service in person at an out-of-jurisdiction public setting (e.g., regional referral hospital) and is receiving follow-up services at home: \$0

Services, new or ongoing, from a regional public-service setting, e.g., regional referral hospital, Critical Stress Injury Clinic: \$0

New or ongoing family services where some family members live in a different jurisdiction: \$125; fee waived for psychologists registered in and practicing from an Atlantic province.

Expert witness testimony: \$125; fee waived for psychologists registered in and practicing from an Atlantic province.

College and university students receiving new and ongoing services from their educational institution that would have been freely available to them were they on campus: \$0

New or ongoing services to a College/Board registrant or to a psychology graduate student (for whom access to local services may be problematic given permeability of local professional boundaries): \$125; fee waived for psychologists registered in and practicing from an Atlantic province.

Services to a single new client (in none of the above categories) in a year: \$125

For psychologists registered in and practicing from an Atlantic province only, services to five or fewer private practice clients in a year: \$0

Practice carried out as part of a research project approved by the Research Ethics Board of a University or other public agency, or in accordance with any governing legislation: \$0

Supervising a student or candidate/provisional psychologist or other supervisee who will be engaged in the category of practice indicated above: \$125 if a fee is associated with the category of practice indicated above (private practice) and \$0 if practice is in a public setting; fee waived for psychologists registered in and practicing from an Atlantic province.