



Saskatchewan College of Psychologists

348 Albert Street
Regina SK S4R 2N7

Tel: (306) 352-1699
Fax: (306) 352-1697
Email: skcp@sasktel.net
www.skcp.ca

*** This form must be returned completed in full with your renewal fee. A renewal certificate and/or receipt of payment will not be issued without the completed form***

REGISTER RENEWAL INFORMATION – 2012

A) CONTACT ADDRESS: (published in register, available to public and where SCP sends correspondence):

NAME: _____

_____		_____
(Street address or postal box number)		(City/Town)
_____	_____	_____
(Province)	(Postal Code)	(Phone # - Home)
_____	_____	_____
(Phone # - Work)	(Fax No.)	(E-mail)

PLEASE NOTE: It is the responsibility of each registered psychologist to inform the Saskatchewan College of Psychologists office of any change in contact information. Correspondence sent to the office under a different address does not constitute notification.

EMPLOYER NAME: _____
(circle): Full-time Part-time On-leave Self-Employed

B) PLEASE COMPLETE THE FOLLOWING:

- I have met the Continuing Education Credits (CEC) requirement for 2011. CEC requirements are 20 hours: min. of 10 direct participatory, max. of 10 individual self-study. YES NO
- I have been the focus of a criminal investigation or charges in the 2011 year: YES NO
If answered in affirmative, please append detailed explanation.
- I have had my licence to practice psychology revoked/suspended in another jurisdiction: YES NO
- I have been formally disciplined by a regulatory body in another jurisdiction: YES NO
(If answered in affirmative, please append detailed explanation)
- I have been the focus of a formal complaint and/or an investigation by a psychology or other professional regulatory body in another jurisdiction: YES NO
(If answered in affirmative, please append detailed explanation)

Register Renewal Information 2012

- 6) The College policy “Professional Executor” outlines the requirement that all members who are practicing or who previously practiced and have client records/information in their possession must provide to the College the name and contact information for a Professional Executor (Council Motion 78-11-C, Sep 10/11). The name and address of my Executor is:

Members working for institutions may identify the organization as the Executor. In that event, the name of the person responsible should be identified. (If your Executor changes prior to the next renewal period please notify the College of the change as soon as possible).

Please note – fees are non-refundable. Partial or full refund of fees will not be provided.

I have read carefully all of the information above and to the best of my current understanding attest to its accuracy.

Date: _____

Signature: _____