



Saskatchewan College of Psychologists

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Declared Areas of Competence And Interventions

Health Service Providers

Clinical Psychology
Community Psychology
Counselling
Health
Educational/School
Clinical Neuropsychology
Rehabilitation-Mental Health
Rehabilitation-Physical Health
Developmental
Forensic
Geropsychology

Activity of Services

Assessment
Psychotherapy
Counselling
Consulting
Research
Program Evaluation
Teaching/Training
Other Intervention

Other

Applied Research
Teaching
Program Evaluation
Human Resource Mgmt.
Industrial/Organizational
Health System Evaluation

Principal Client Group

1. Children
2. Adolescents
3. Adults
4. Couples
5. Families
6. Elderly
7. Organizations

Please refer to the table on the following page. Please fill in that table by placing the number(s) corresponding to populations with whom you are competent to work in the appropriate boxes.

For example, if you are competent to provide assessment and treatment to children and adolescents in Clinical Psychology, please put (1,2) in the boxes under assessment and treatment corresponding to Clinical Psychology. If you are also competent to provide assessment in Rehabilitation, you will fill in (1,2) under assessment, corresponding to Rehabilitation.

Provisional Practise members will be examined in the oral exam on the competencies they have declared

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Declared/Intended Areas of Competency and Interventions

Activities or services →	Assessment	Psychotherapy	Counselling	Consulting	Research	Program Evaluation	Teaching/ Training	Other
Health Service Providers: ↓								
Clinical Psychology								
Community Psychology								
Counselling Psychology								
Health Psychology								
Educational/School								
Clinical Neuro-Psychology								
Rehabilitation: Physical Health								
Rehabilitation: Mental Health								
Developmental								
Forensic								
Geropsychology								
Others:								
Applied research								
Teaching								
Program Evaluation								
Human Resource Management								
Industrial/Organizational								
Health system Evaluation								
Other (please Specify)								

Provisional Practise members will be examined in the oral exam on the competencies they have declared

I, (please print) _____ affirm that I am :

a) _____ practising independently in the areas of practice indicated, above; OR

b) _____ intending to practise under supervision in the areas of practice indicated, above.

Signature: _____ Date: _____

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