



# *Saskatchewan College of Psychologists*

348 Albert Street  
Regina SK, S4R 2N7

Tel: (306) 352-1699  
Fax: (306) 352-1697  
Email: [skcp@sasktel.net](mailto:skcp@sasktel.net)  
[www.skcp.ca](http://www.skcp.ca)

## 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

### Other

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

### Activity of Services

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

### 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.

# *Saskatchewan College of Psychologists*

## Declared/Intended Areas of Competency and Interventions

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

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: \_\_\_\_\_