



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

Employment Verification

Applicant:

Name: _____
Surname Given name Middle

Address: _____
Apt. number, Street address or Postal box number Telephone number

City Province Postal Code

Applicant Job Title: _____

Supervisor:

Name: _____
Surname Given name(s)

Supervisor Job Title: _____

Employer: _____

Address: _____
Apt. number, Street address or Postal box number Telephone number

City Province Postal Code

Signature

The above named applicant is applying for membership in the Saskatchewan College of Psychologists. To ensure that he or she will be a competent member of the profession and meet the professional standards of the profession, the College is seeking an evaluation by his or her supervisor(s) who can attest to the applicant's competency in the following areas¹.

¹Applicants are to refer to the list of "Declared Areas of Competence and Interventions" found in the registration package and list those that apply in the space above.

The College requests that you give consideration to the following factors in your evaluation:

- Ethical conduct;
- Types of activities in which the applicant is engaged or has been engaged within the last six years;
- Amount of supervision provided;
- Level of competence (beginning, proficient, experienced, teaching/supervisory capacity).

To facilitate the applicant's registration, we would appreciate a timely response to this request. Please forward your evaluation directly to the:

Saskatchewan College of Psychologists
348 Albert Street
REGINA, SK. S4R 2N7

Thank you.

Karen Messer-Engel, M.A., R. Psych.
Registrar
Saskatchewan College of Psychologists