



Saskatchewan College of Psychologists

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Mutual Recognition Agreement Competency Reference Form

Please complete the first page yourself and then forward a copy of this entire form to three referees. Please ask them to return it directly to the Saskatchewan College of Psychologists at the address above.

PLEASE PRINT OR TYPE

A. Name of Referee: _____

Street Address: _____

City/Province/Country: _____

Postal Code: _____ Telephone: (____) _____

Fax: (____) _____ E-mail: _____

B. Name of Applicant: _____

Street Address: _____

City/Province/Country: _____

Postal Code: _____ Telephone: _____

Fax: _____ E-mail: _____

I, _____ am applying for registration as a member of the *Saskatchewan*
(Name of Applicant - Please Print)
College Of Psychologists, and I am required to submit references from three referees, two of whom shall be licensed or certified psychologists who know my work and me. Your cooperation in supplying the information requested will be appreciated.

Referee: Please return this form when completed to the Registrar at the address on the top of this first page.

Date: _____ Applicant
Signature: _____

¹Modified with thanks to and the permission of the College of Psychologists of New Brunswick – College des psychologues du Nouveau-Brunswick, 238 St. George Suite 5, Moncton, New Brunswick E1C 1V9; Tel. (506)-382-1994 Fax (506) 857-9813 Email: cpnb@nbnet.nb.ca. Modified from a form prepared by their Registration Committee.

Name of Applicant: _____

(To be completed by the Referee)

IMPORTANT

Unless otherwise specified by the referee, information provided to the Registration Committee can be made available to applicants.

- Please circle one:**
- Completed reference form to remain confidential
 - Completed reference form may be made available

C. Applicant has been known to me for _____ years, from _____
 (month/year)
 to _____
 (month/year)

Relationship to applicant (Supervisor, Co-worker, Department Head, etc.):

The applicant spent _____ percent of this time in psychological activities.

Other responsibilities were:

_____ Percent of time

_____ Percent of time

D. Name of institution or firm and applicant's position:

Institution or Firm	Position

E. Comment on applicant's ability with respect to the five following core competencies:

1. Interpersonal relationships. Please comment on the candidate's ability to:

i) communicate effectively with:

Clientele: _____

Colleagues: _____

Supervisors: _____

Name of Applicant: _____

ii) establish and maintain rapport with:

Clientele: _____

Colleagues: _____

Supervisors: _____

iii) establish trust and respect within the professional relationship:

iv) have positive relationships with colleagues and peers as well as appropriate interdisciplinary relationships with colleagues:

v) establish and maintain professional relationships with clients from all populations served:

2. Assessment and Evaluation: Please comment on the candidate's ability in terms of:

i) knowledge of assessment and evaluation:

ii) demonstration of an understanding which leads to a practical plan of action:

iii) diagnostic classification or identification of strengths or competencies:

Name of Applicant: _____

3. Intervention and Consultation. Please comment on the candidate's ability to:

- i) offer psychological interventions that promote, restore, or enhance a positive functioning and a sense of well-being in clients through preventive, developmental and/or remedial services:

- ii) select appropriate intervention methods:

4. Research. Please comment on the candidate's ability in terms of:

- i) research methods and the applications of scientific research:

- ii) ability to write professional reports:

5. Ethics and Standards. Please comment on the candidate's ability to:

- i) accept her/his obligations, be sensitive to others and conduct herself/himself in an ethical manner:

Name of Applicant: _____

ii) establish professional relationships within applicable constraints and standards:

F. Would you be willing to employ this applicant within your organization?

Yes ____ No ____

If no, please explain: _____

G. Information regarding Referee:

I am currently:

Registered ____ Certified ____ Licensed ____ Chartered ____

in the Province, Territory, or State of: _____

Membership Number: _____ Effective Date: _____

My Name is: _____

My Position and/or Title is: _____

Institution or Firm: _____

I am a member of the following Professional Association(s): _____

Date/referee completed this form: _____

Referee's
Signature: _____