



Saskatchewan College of Psychologists

1026 Winnipeg Street
Regina SK, S4R 8P8

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

Application Form for Initial Registration

Please print all answers in ink.
Please ensure all pages are completed.

A. PERSONAL INFORMATION

1. Current name:

EFFECTIVE DATE

____/____/____
DD MM YYYY

Surname

Given name(s)

2. Former name(s):

EFFECTIVE DATE

Surname

Given name(s)

____/____/____
DD MM YYYY

Surname

Given name(s)

____/____/____
DD MM YYYY

Please attach verified¹ copies of any Change of Name and/or Marriage Certificate.

3. Current Mailing address:

Apt. number, Street address or Postal box number

Telephone number

Town/City

Postal code

E-mail

Fax number

4. Date of Birth:

____/____/____
DD MM YYYY

5. Gender: M_____ F_____

5. Yes ___ No ___

Will you be applying for Authorized Practise Endorsement (APE)?

6. ___ ___

Have you ever previously applied for registration with the Saskatchewan Psychological Association or the SCP?

7. ___ ___

Have you ever had your registration denied by the registration/licensing authority for psychologists in any other jurisdiction?

¹"Verified": see definition on information sheet.

- | | | | |
|----|-----|-----|---|
| | Yes | No | |
| 8. | ___ | ___ | Have you ever been the subject of a complaint in another jurisdiction, whether founded or not? |
| 9. | ___ | ___ | Have you ever been the subject of a complaint under another professional regulator, whether founded or not. |

(If you answered **yes** to questions 6,7,8 or 9, please provide details on a separate sheet.)

B. EDUCATION:

(Please have official transcripts from **all** post-secondary masters and doctoral education related to registration criteria **sent directly from the institution to the SCP address.**)

Name of Institution/University and Location	Length of Program	Degree	Date Completed	Distance Education (Yes/No)

C. AREAS OF TRAINING INCLUDED IN YOUR MASTER’S OR DOCTORAL DEGREE PROGRAM

Please identify your competencies and targeted client group(s) on the *Declared Areas of Competency* form provided in the registration package.

D. EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP):

I wrote the EPPP on / /
DD MM YYYY

(Please have marks forwarded directly to the College by the Association of State and Provincial Psychology Boards)

OR

I plan to write the EPPP in .
YYYY

E. Foundational Knowledge in Psychology

Applicants applying after July 1, 2004 are required to document that they meet background requirements in *Foundational Knowledge* of psychology. The background knowledge or *Foundational Knowledge* requirements were added to the MRA by agreement in April 2004,

and declared a requirement for Saskatchewan applicants by SCP Council in June 2004. It was further agreed by the Council of SCP that demonstrating Foundational *Knowledge* meant taking one full year third or fourth year undergraduate course or one graduate program half-year course in psychology. This standard in each of the four areas of Foundational Knowledge would meet the Foundational Knowledge requirements. The four areas and possible courses to meet them are listed below. The following pages allow the applicant to document in detail how the courses on his/her transcripts, undergraduate and graduate, meet these requirements.

Some applicants are deemed to have established this required knowledge in other ways and need not complete these pages. The following course descriptions are not required from some applicants. It was agreed that graduates with doctoral degrees from CPA/APA accredited graduate programs are deemed to have to meet these requirements as part of the accreditation requirements of their graduate programs. For these applicants it is sufficient to so indicate on their applications.

Documenting courses also does not apply to certain other applicants. Those qualified with MRA by their current jurisdictions are exempt. Those who were full practising prior to July 1, 2003 in a signatory jurisdiction and have completed five years of full practice without disciplinary findings are exempt. Those who have a CPQ qualification from ASPPB are exempt. Those who are CRHSPP members are exempt.

All other applicants shall document the successful completion of *Foundational Knowledge* courses. To repeat, this means one or more year courses in their undergraduate curriculum in each of the four areas. Alternatively, it means successful completion or ½ year courses in their graduate curriculum for each of the following Foundational Knowledge Areas. One of the other of these options for each area is part of the applicant's obligation to establish educational qualifications acceptable to the College under The Psychologists Act 1997 – Section 20 (a) and related bylaws.

FK Area 1. Knowledge in the biological bases of behaviour – examples:

- 1.1. Physiological psychology
- 1.2. Comparative psychology
- 1.3. Neuropsychology
- 1.4. Sensation and perception
- 1.5. Psychopharmacology

FK Area 2. Knowledge of the Cognitive-affective Bases of Behaviour – examples:

- 2.1. Learning
- 2.2. Cognition
- 2.3. Motivation
- 2.4. Emotion

FK Area 3. Knowledge of the Social Bases of Behaviour – examples:

- 3.1. Social psychology
- 3.2. Group processes
- 3.3. Community psychology
- 3.4. Environmental psychology
- 3.5. Organisational and systems theory
- 3.6. Cultural issues

FK Area 4. Knowledge of Psychology of the Individual – *examples*:

- 4.1. Personality theory
- 4.2. Human development
- 4.3. Psychopathology
- 4.4. Individual differences

COURSE DOCUMENTATION¹

FK Area 1. Knowledge in the biological bases of behaviour

Includes such courses as 1.1. *Physiological psychology*; 1.2. *Comparative psychology*; 1.3. *Neuropsychology*; 1.4. *Sensation and perception*; and 1.5. *Psychopharmacology*

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

¹ Reproduced with thanks to and permission from **The College of Psychologists of British Columbia** - *Application for Registration*

FK Area 2. Knowledge of the Cognitive-affective Bases of Behaviour

Examples: 2.1. Learning; 2.2. Cognition; 2.3. Motivation; 2.4. Emotion

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number		
No. of Credits:		
Hours per Week:		

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number		
No. of Credits:		
Hours per Week:		

COURSE TITLE		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of credits:		
Hours per Week:		

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE:		
Institution		Brief Description Of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

FK Area 3. Knowledge of the Social Bases of Behaviour

Examples: 3.1. Social psychology; 3.2. Group processes; 3.3. Community psychology; 3.4. Environmental psychology; 3.5 Organizational and systems theory; 3.6. Cultural issues

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE:		
Institution		Brief Description Of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

FK Area 4. Knowledge of Psychology of the Individual

Examples: 4.1. Personality theory; 4.2. Human development; 4.3. Psychopathology; 4.4. Individual differences

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

COURSE TITLE		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

Section F is to be completed by applicants currently/formerly registered in another jurisdiction.

F. Registration Status and Post-Registration Work Experience In The Area Of Psychology:

1. I was registered initially as a psychologist in _____
Province or State, Country

2. The most recent jurisdiction in which I was registered as a psychologist is:

Province or State, Country

3. Have you at any time been officially reprimanded, suspended or expelled by the registration/licensing authority for psychologists in any other jurisdiction?
Yes _____ No _____

If **Yes** to E 3, give jurisdiction: _____
Province or State, Country

4. Have you ever resigned your membership to avoid a complaint in another jurisdiction? Yes _____ No _____

If **Yes** to E 4, give jurisdiction: _____
Province or State, Country

5. Employment:
Please record the total number of hours for each year (one year equals 1500 hours) you worked as a registered/licensed/chartered psychologist in the previous five years.

Year	Place of Primary Employment	Total hours practiced each year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- G. I certify that the information provided on this Application form is true and correct and if admitted, I hereby agree to conform to the standards, codes and bylaws approved by the Saskatchewan College of Psychologists.**

Signature

____/____/____
DD MM YYYY

PLEASE ENSURE ALL PAGES ARE COMPLETED

This application will not be processed unless accompanied by the required non-refundable Application Fee. Other information and documents may be requested at the discretion of the Saskatchewan College of Psychologists in order to determine your eligibility for registration as a psychologist in Saskatchewan. A registration / licensing fee is payable once eligibility for registration is determined.