



Saskatchewan College of Psychologists

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www.skcp.ca

Application Form for Time-Limited Licensure (Full Practice/Independent Licensed Psychologists Only)

Please print all answers in ink.

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 provide 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. Jurisdiction Currently Licensed In (must hold an active practice license):

Jurisdiction: _____

Date of Initial Licensure: ____/____/____

DD MM YYYY

Yes No
___ ___

Have you ever previously applied for registration with the Saskatchewan Psychological Association or the Saskatchewan College of Psychologists?

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

2. 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 question E (2), list jurisdiction: _____
Province or state, Country

3. Employment in Psychology (please list):

Year	Place of Employment	Total hours practiced annually
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Proof of a minimum of \$1,000,000.00 of liability insurance (please append copy of certificate).

G. I attest that I have no history of criminal conviction, and am not the subject of current criminal investigation, and am not currently involved in any actions/behavior which may be viewed as illegal or criminal in nature.

 Signature _____/_____/_____
DD MM YYYY

H. I have no outstanding complaints against me in regard to my practice as a Psychologist, and no history of formal disciplinary action taken against me as a Psychologist or as a member of another regulated profession (if held/hold other professional licenses).

 Signature _____/_____/_____
DD MM YYYY

- I. I agree that should I wish to practice as a Psychologist within Saskatchewan for more than 14 days in a 365 day period from the date I have identified above in question “A (10)” I will notify the College of this intent and will apply for a full practice license. Should I fail to do so, and this comes to the attention of the College this will be considered to be practicing in breach of the Psychologists Act 1997, and the matter will be reported to my home jurisdiction, and will be forwarded to the Professional Conduct Committee of the College for investigation.

Signature _____/_____/_____
DD MM YYYY

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

Signature _____/_____/_____
DD MM YYYY

This application will not be processed unless accompanied by the required non-refundable Application Fee. If applying for the APE, the application fee and necessary documentation for the endorsement must be submitted with this application. 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.

Time-Limited licensure is subject to the approval of the Saskatchewan College of Psychologists and is not open to appeal.