



# Saskatchewan College of Psychologists

1026 Winnipeg Street  
Regina SK, S4R 8P8

Tel: (306) 352-1699  
Fax: (306) 352-1697  
Email: [skcp@sasktel.net](mailto:skcp@sasktel.net)  
[www.skcp.ca](http://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 areas<sup>1</sup>.

<sup>1</sup>Applicants 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  
1026 Winnipeg Street  
REGINA, SK. S4R 8P8

Thank you.

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