



Saskatchewan College of Psychologists

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Application Form for Authorized Practice Endorsement (APE)

A. Personal Information

1. Name:

Surname

First Name

Middle Name

2. SCP Registration Number: _____

3. Date of Registration with SCP: _____

4. Contact Information:

E-mail Address: _____

Fax Number: _____

Any special requirements for fax contact: _____

Telephone Number Work: _____

Telephone Number Home: _____

Preferred Mailing Address (please circle one): (w) OR (h)

Name of Place of Employment (if relevant for mailing)

Apt #, Street or Postal Box

Town or City

Province

Postal Code

B. Assessing Psychologist’s Appraisal

Assessing Psychologists shall be Full Practise members with SCP, in good standing and not currently subject to disciplinary investigation or conditions. They shall also have themselves an APE endorsement with the SCP. They shall be or will make themselves familiar with the knowledge, skills and abilities of the applicant psychologist seeking APE endorsement, and their background and experience in providing diagnosis. The psychologist being assessed for APE shall be a Full Practise or Provisional Practice member (under direct supervision) of the SCP. The Assessing Psychologist attests that he or she is aware of the APE policy and procedure guidelines of the College (attached).

Assessing Psychologist’s Attestation

I, _____
(Assessing psychologist’s name, please print)

Affirm that:

- a) I am a Full Practice registered psychologist in good standing with the Saskatchewan College of Psychologists;
- b) I have an APE endorsement and practice the area(s) of competence declared by this applicant and am therefore eligible to assess the application of the following Psychologist for APE endorsement:

Name and Registration Number of the Applicant Seeking APE

I further affirm I have studied the APE Policy and Procedure Guidelines attached and am of the opinion that the above named applicant psychologist (please circle one of the next two lines below to signify that it applies):

Is capable of performing competently

OR

Is performing and has performed under my supervision

The Authorised Practice is in accordance with the description given in the APE Policy and Procedures Guidelines. It is my considered judgement that the applicant is capable of practicing the Authorised Practice competently and independently.

Signature of Assessing Psychologist

Registration No.

Date