



Saskatchewan College of Psychologists

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Application Form for Initial Registration CFTA (Canadian Free Trade Agreement)

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 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 ____

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

6. Yes ____ No ____

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

7. If you have answered yes to 6 or 7, please provide details on a separate sheet.

¹"Verified": see definition on information sheet.

B. EDUCATION:

(Require copies of official transcripts from **all** post-secondary masters and doctoral education related to registration criteria.)

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

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

E. 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. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. 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

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.