



# 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)

## Provisionally Licensed Members

### Application to take the Oral Examination Interview

Please complete the following and electronically return to the Saskatchewan College of Psychologists (SCP). Once submitted, the provisional member must take the first available exam offered [see Regulatory Bylaw 10(1)(c)].

Date of Application: \_\_\_\_\_

\_\_\_\_\_ SCP Registration #

\_\_\_\_\_  
Surname (Please Print)

\_\_\_\_\_  
Given name(s)

\_\_\_\_\_  
Surname (Please Print)

\_\_\_\_\_  
Given name(s)

**ONLY applicable for provisional members who have successfully completed 1500 hours of supervised practise (or successfully completed a CPA or APA accredited residency/internship) as approved by the Registration Committee, and, passed the EPPP.**

**I hereby** declare that I have successfully completed the 1500 hours of supervised practice, or a CPA or APA accredited residency/internship, as approved by the Registration Committee. I have also successfully passed the Examination for Professional Practice in Psychology (EPPP). Both have been completed as requirements toward achieving a full practise license with the SCP.

**I hereby** apply to take the first available oral examination to complete the requirements for a full practise license and am ready to submit oral exam documents/fees as required.

\_\_\_\_\_  
Signature of Provisional Member

\_\_\_\_\_  
Date

### Supervisor Attestation of Provisional Member:

**I hereby** attest to the professional readiness of \_\_\_\_\_  
to take the first available oral examination. Name of Provisional Member

\_\_\_\_\_  
Name of Primary Supervisor (Please Print)

\_\_\_\_\_  
Signature of Primary Supervisor

\_\_\_\_\_  
Date