



# 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)

## Criminal Record Check and Vulnerable Sector Screening

Chief of Police, or NCO i/c RCMP \_\_\_\_\_, Saskatchewan

### A. Personal information to be completed by Applicant:

_____ Surname	_____ Given name(s)
_____ Former surname	_____ Given names(s)
_____ Apt. number, Street address or Postal box number	_____ Telephone number
_____ Town/City	_____ Province
_____ Signature	_____ Date
_____ Postal Code	

### B. Information to be completed by the Municipal Police or the R.C.M.P.:

A name check of police records reveals:

- (1) No criminal record \_\_\_\_\_; or
- (2) The following criminal convictions or outstanding criminal charges \_\_\_\_\_; or
- (3) A possible criminal record that is being verified by fingerprint submission \_\_\_\_\_; or
- (4) Pardoned sexual offences \_\_\_\_\_; or
- (5) Findings of not guilty by reason of mental disorder \_\_\_\_\_; or
- (6) Probation, prohibition and other judicial orders which are in effect \_\_\_\_\_; or
- (7) Convictions/pending charges under Child and Family Services Act \_\_\_\_\_.

Date: \_\_\_\_\_  
Signature, Name and Position \_\_\_\_\_

\_\_\_\_\_  
Collator/Dept. Stamp                      Police Department or RCMP Detachment

### C. Consent for the Police to Release Criminal Record Information (To be completed by the applicant having a criminal record).

I certify that I am the subject of the above listed or attached criminal convictions or outstanding criminal charges, that the record is accurate and I hereby authorize the police to disclose this record to the Saskatchewan College of Psychologists.

\_\_\_\_\_  
Date    Applicant's signature

**RETURN TO: SASKATCHEWAN COLLEGE OF PSYCHOLOGISTS**