



Saskatchewan College of Psychologists

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Emergency Tele-Psychology Practice Register

(Full Practice/Independent Licensed Psychologists Licensed in Another Canadian Jurisdiction - Practice Based on Home License)

IMPORTANT – Listing on the “Register” for emergency telepsychology practice does not mean that one is licensed or registered as a Psychologist with the Saskatchewan College of Psychologists. This emergency provision is intended only for those qualified, who are following an already established client into the province via telepsychology as a result of a declared emergency or who are working in university or college counselling centres and are providing telepsychology services to students of the institution, congruent with College Policy - OP 6.2. This is not intended to be expanded beyond the limits previously identified. Psychologists on the Emergency Register may provide services for four (4) months from their date of application to the College, after which time they must transition all clients located in Saskatchewan to a provider who is registered with the College or register for Full Practice membership with the Saskatchewan College of Psychologists. Applicants must meet all standards in place at the time of application. This provision may be cancelled by the College at any time.

Please print all answers.

A. PERSONAL INFORMATION

EFFECTIVE DATE

1. Current name:

_____/_____/_____
DD MM YYYY

Surname

Given name(s)

2. Former name(s):

Surname

Given name(s)

Surname

Given name(s)

3. Current Business Contact Information:

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. Jurisdiction Where Currently Licensed (must hold an active practice license):

Jurisdiction: _____ Date of Initial Licensure: _____/_____/_____
DD MM YYYY

License # _____ Date of Licence Expiration: _____/_____/_____
DD MM YYYY

6. Are you currently licenced in your home jurisdiction to provide diagnostic services? Yes: _____ No: _____

B. EDUCATION:

Name of Institution/University and Location	Degree	Date Completed

C. AREA(S) OF DECLARED PRACTICE COMPETENCE (E.G. CLINICAL, COUNSELLING) LIST:

D. Registration Status and Post-Registration Work Experience in Psychology:

1. 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” list jurisdiction: _____
Province or state, Country

2. Current Employment in Psychology (please list):

E. I hold professional liability insurance in the amount of \$ _____ with _____.

F. I attest that I have no history of criminal conviction, am not currently the subject of current criminal investigation, and am not currently involved in any actions/behavior which may be viewed as illegal or criminal in nature.

 Signature

_____/_____/_____
DD MM YYYY

G. I have no outstanding complaints against me in regard to my practice as a Psychologist, and no history of formal disciplinary action taken against me as a Psychologist or as a member of another regulated profession (if held/hold other professional licenses).

Signature DD MM YYYY

H. I agree that I will be providing services via tele-means to an already established client who has (clients who have) relocated to Saskatchewan because of a declared emergency or is unable to return to their home province due to a declared emergency **OR** I am employed by a university or college counselling center and will be providing services via tele-means to only students of the institution who are located in Saskatchewan due to a declared emergency. I understand that this Register was created to address the current state of emergency, and that I am responsible for transitioning clients to a provider who is registered with the Saskatchewan College if they require services for more than the four months granted under this Emergency Register. I agree that I will limit my practice in Saskatchewan as noted above and will not otherwise practice without licensure with the Saskatchewan College of Psychologists. Should I fail to do so, and this comes to the attention of the College this will be considered to be practicing in breach of *the Psychologists Act 1997*, and the matter will be reported as a complaint to my home jurisdiction.

Signature DD MM YYYY

I. I attest that the information provided on this form is true and correct.

Signature DD MM YYYY

J. Consent for Release of Information:

I hereby consent to the release by _____ (name of licensing jurisdiction) of any information concerning my licensure with them that may be relevant to my temporary emergency telepsychology practice in the province of Saskatchewan. In doing so I understand that the Saskatchewan College of Psychologists will only contact my home jurisdiction should there be a concern about my practice in Saskatchewan.

Signature: _____ Date: _____