



# Saskatchewan College of Psychologists

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## Employment Verification

**NOTE: This form must be completed for *each* employment position assumed during the provisional practice period.**

### Applicant

Name: \_\_\_\_\_  
Surname Given name Middle name

Address: \_\_\_\_\_  
Apt. number, Street address or Postal box number Telephone number

\_\_\_\_\_  
City Province Postal Code

Job Title: **For Provisional Applicants Only**

\_\_\_\_\_  
Current Title (Do not use provisional psychologist) Title to be Used Once Provisionally Registered

### For Provisional Members Only – when commencing new employment

\_\_\_\_\_  
Current Title

### Employer

Name: \_\_\_\_\_  
Surname Given name(s)

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Apt. number, Street address or Postal box number Telephone number

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Signature