



# 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)

## OUT OF PROVINCE EXCHANGE OF INFORMATION

(To be completed by the applicant's home jurisdiction and sent from the source.)

Registrant Full Name: \_\_\_\_\_

Registration/Certificate Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Registration/Certification Status (i.e., full, provisional, etc.): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Is the applicant currently in "good standing" in your jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any limitations, restrictions, or conditions on the registrant's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the limitation(s) and the reason(s): \_\_\_\_\_  
\_\_\_\_\_

Areas of practice competency the applicant is licensed under: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have a history of formal discipline either in your jurisdiction or another jurisdiction in which they were or are licensed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any outstanding complaints against this applicant, for which investigations have not been completed? \_\_\_\_\_ Yes \_\_\_\_\_ No

To your knowledge, has the applicant been investigated for or convicted of a criminal code violation/offense? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain): \_\_\_\_\_  
\_\_\_\_\_

Has the applicant passed the EPPP examination? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Taken: \_\_\_\_\_ Score \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Signature of Official Province/State

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Regulatory Board

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

(Board Seal)