



# 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)

## APPLICATION FORM FOR LIMITED LIABILITY PARTNERSHIPS

*Each member must be in good standing with the Saskatchewan College of Psychologists to apply for a Limited Liability Partnership.*

*Members are strongly advised to seek legal and financial counsel to establish costs and/or benefits before applying for Limited Liability Partnerships. Familiarity with the Partnership Act is necessary.*

### I. PARTNERSHIP INFORMATION

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

**Fees: \$200.00** due upon  
submission of application

Name of Designated Representative: \_\_\_\_\_

Residential address of Designated Representative: \_\_\_\_\_

\_\_\_\_\_

Name of Limited Liability Partnership (LLP must appear in the name):

\_\_\_\_\_

Address of Partnership: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**II. PARTNERS OF THE LIMITED LIABILITY PARTNERSHIP**

1. List partners of this Partnership who are members of Saskatchewan College of Psychologists:

Name	Address	Full or Provisional	SCP No.

**III. AMENDMENTS**

1. Have there been any partnership amendments since the original application? \_\_\_\_\_

Describe amendments and dates of effect: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have any of the psychologists named in the Partnership been disciplined for professional misconduct or incompetence under the Psychologist's Act 1997?      Yes      No  
If so, describe briefly:

Name	Date
_____	_____
_____	_____

3. Have any of the named psychologists in the Partnership been penalized under the Partnership Act?      Yes      No  
If so, describe briefly:

Name	Date
_____	_____
_____	_____

#### IV. LIABILITY INSURANCE

All partners of the partnership must carry personal liability insurance and must submit evidence of it to SCP. List each partner and details of their insurance coverage:

Name	Insurer Name	Insurer Address	Policy	Liability coverage

***attach a copy of the first page of insurance policy of each member***

#### V. FEES

The fee for registration is **\$200.00** for a partnership. There is no renewal fee; however any amendments in the partnership name or structure must be reported to Saskatchewan College of Psychologists (sec. 92).

Receipt of the amendment will necessitate a new Consent Form issued by the Registrar naming new partners.

A new registration fee of **\$200.00** will be levied if and when the members of the partnership change.

**VI. CERTIFICATION:**

**The following certification must be signed by each partner of the Limited Liability Partnership:**

I/We certify that I/we have read this information and:

1. verify each statement in the application is true.
2. are familiar with the provisions of Limited Liability Partnerships as defined by the Partnership Act as well as the Saskatchewan College of Psychologists policy and the bylaws relating to liability coverage.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

As designated representative of the \_\_\_\_\_ LLP,  
I certify this information is accurate and correct.

Designated Representative: \_\_\_\_\_

Saskatchewan residential address of Representative: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_



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## Certificate of Entitlement to Practice in Saskatchewan as a Limited Liability Partnership

It is hereby certified that the following persons are eligible to practice psychology in the Province of Saskatchewan in a Limited Liability Partnership under the name of

\_\_\_\_\_ LLP

Names of Psychologists in the Limited Liability Partnership:

Name	Address	Full or Provisional	SCP No.

Name of Designated Representative of the Limited Liability Partnership:

\_\_\_\_\_ (name) \_\_\_\_\_ (residential address)

These partners, to the best of my knowledge, meet all eligibility requirements to practice as a Limited Liability Partnership as defined under The Partnership Act.

Dated in Regina, in the Province of Saskatchewan, this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Carmel Kleisinger, M.A, R. Psych.  
Registrar

## OVERVIEW OF THE PROCESS FOR LIMITED LIABILITY PARTNERSHIPS

To begin the process of applying for Limited Liability Partnership with SCP, first apply to Information Services Corporation. Information is available at [www.isc.ca](http://www.isc.ca)

or from: Corporate Registry  
1301-1<sup>st</sup> Avenue  
Regina, SK S4R 8H2

Phone: 1-866-275-4721  
Fax: (306) 787-8999

Forms required by ISC:

- Request for Name Search and Reservation
- Application for Registration
- Certificate of Entitlement Form from SCP

Fees required by Corporations Branch

- Name search \$60.00 plus taxes
- Registration (paper) \$255.00 plus taxes

### I. PARTNERSHIP INFORMATION

1. Complete information package from ISC
2. Provide details of partnership information on SCP form. **LLP** must appear in the name.

### II. PARTNERS OF THE LIMITED LIABILITY PARTNERSHIP

1. Include names, addresses, and SCP registration number of SCP partners who are included in the partnership. Indicate whether these partners are provisional or full registered members.

### III. AMENDMENTS

1. Submit a copy of the ISC LLP Amendment form, to the SCP when a name change or designated representative changes and ISC is notified.
2. Record names of members who may have been disciplined by Saskatchewan College of Psychologists and the date of the action.
3. Record names and dates of any psychologists penalized under the Business Corporation Act (amended 2018).

### IV. LIABILITY INSURANCE

1. Identify each member and their Insurer by name, address and the policy with the liability coverage.
2. Attach a copy of the first page of each member's insurance policy.

### V. FEES

1. Include fee of \$200.00 with the application to Saskatchewan College of Psychologists.
2. Forward amendment form and \$200.00 each time the members of the partnership change.

## **VI. CERTIFICATION**

1. Record the signature of each partner.
2. Designate one partner as Partnership Representative for matters relating to the partnership. Provide name, residential address, and his/her signature on the application form.

## **VII. CONSENT FORM**

1. Forward the application with fees to the Saskatchewan College of Psychologists.
2. Review and approval by the Registrar of Saskatchewan College of Psychologists will be made if the partners are SCP members, in good standing (all fees paid, no disciplinary actions against them).
3. Consent and application form will be returned to the Designated Representative at the partnership address.
4. Submit SCP Consent, LLP registration form (Form H), and Name Search and Reservation (Form G) with fees to:

Corporation Branch  
2<sup>nd</sup> Floor, 1871 Smith Street  
Regina, SK S4P 4W5

## **VIII. CERTIFICATES**

1. Certificate of Registration of the Limited Liability Partnership will be mailed from the Corporation Branch to the Partnership.
2. Forward a copy of this certificate to Saskatchewan College of Psychologists for the Registry file.
3. The Registrar of Saskatchewan College of Psychologists will forward a SCP LLP certificate of registration to the Partnership.
4. Mail a copy of the annual Letter of Renewal of the registration at the Corporation Branch to the Saskatchewan College of Psychologists Registry each year thereafter.

In the event of a complaint against the partnership, the Saskatchewan College of Psychologists member and partnership files may be requested and/or subpoenaed by the Professional Conduct Committee and the Discipline Committee.

Members removed from the Limited Liability Partnership Register may reapply for registration after meeting the following conditions:

- (a) payment of fines.
- (b) necessary documentation submitted.
- (c) any restrictions imposed through the disciplinary process lifted.