



Saskatchewan College of Psychologists

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Mutual Recognition Agreement Competency Reference Form

Practice of Psychology in the Five Core Competency Areas

Directions for APPLICANTS:

- Please complete the first page of each of the three referee forms.
- Once completed, please forward the completed forms to your three referees.
- **NOTE:** Two referees **must** be registered psychologists. One referee may be a professional with a graduate degree in another health-related profession and a member of that regulated profession.

Directions for REFEREES:

- Please provide a reference regarding the applicant's knowledge and skill in the practice of psychology within the five core MRA competency areas.
- Please ensure that you can adequately speak to **each of the core psychological competencies**.
- Please return the completed form directly to *Saskatchewan College of Psychologists* at skcp@sasktel.net.

PLEASE PRINT OR TYPE

A. Name of Referee: _____

Street Address: _____

City/Province/Country: _____

Postal Code: _____ Telephone: (____) _____

Fax: (____) _____ E-mail: _____

B. Name of Applicant: _____

Street Address: _____

City/Province/Country: _____

Postal Code: _____ Telephone: _____

Fax: _____ E-mail: _____

Date: _____

Applicant Signature: _____

Name of Applicant: _____

(To be completed by the Referee)

IMPORTANT

Unless otherwise specified by the referee, information provided to the Registration Committee can be made available to applicants.

- Please circle one:**
- Completed reference form to remain confidential
 - Completed reference form may be made available

A. Applicant has been known to me for _____ years, from _____
 (month/year)
 to _____
 (month/year)

Relationship to applicant (Supervisor, Co-worker, Department Head, etc.):

The applicant spent _____ percent of this time in psychological activities.

Other responsibilities were:

_____ Percent of time

_____ Percent of time

B. Name of institution or firm and applicant's position:

Institution or Firm	Position

C. Comment on applicant's ability with respect to the five following core competencies:

1. Interpersonal relationships. Please comment on the candidate's ability to:

i) communicate effectively with:

Clientele: _____

Colleagues: _____

Supervisors: _____

Name of Applicant: _____

ii) establish and maintain rapport with:

Clientele: _____

Colleagues: _____

Supervisors: _____

iii) establish trust and respect within the professional relationship:

iv) have positive relationships with colleagues and peers as well as appropriate interdisciplinary relationships with colleagues:

v) establish and maintain professional relationships with clients from all populations served:

2. **Assessment and Evaluation:** Please comment on the candidate's ability in terms of:

i) knowledge of assessment and evaluation:

ii) demonstration of an understanding which leads to a practical plan of action:

iii) diagnostic classification or identification of strengths or competencies:

Name of Applicant: _____

3. Intervention and Consultation. Please comment on the candidate's ability to:

- i) offer psychological interventions that promote, restore, or enhance a positive functioning and a sense of well-being in clients through preventive, developmental and/or remedial services:

- ii) select appropriate intervention methods:

4. Research. Please comment on the candidate's ability in terms of:

- i) research methods and the applications of scientific research:

- ii) ability to write professional reports:

5. Ethics and Standards. Please comment on the candidate's ability to:

- i) accept her/his obligations, be sensitive to others and conduct herself/himself in an ethical manner:

Name of Applicant: _____

ii) establish professional relationships within applicable constraints and standards:

D. Would you be willing to employ this applicant within your organization?

Yes _____ No _____

If no, please explain: _____

E. Information regarding Referee:

I am currently:

Registered _____ Certified _____ Licensed _____ Chartered _____

in the Province, Territory, or State of: _____

Membership Number: _____ Effective Date: _____

My Name is: _____

My Position and/or Title is: _____

Institution or Firm: _____

I am a member of the following Professional Association(s): _____

Date/referee completed this form: _____

Referee's
Signature: _____