



Saskatchewan College of Psychologists

1026 Winnipeg Street
Regina SK, S4R 8P8

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Fax: (306) 352-1697
Email: skcp@sasktel.net
www.skcp.ca

Application Form for SINP Review

Please print all answers in ink.

A. PERSONAL INFORMATION

1. Current name:

EFFECTIVE DATE

____/____/____
DD MM YYYY

Surname

Given name(s)

2. Former name(s):

EFFECTIVE DATE

Surname

Given name(s)

____/____/____
DD MM YYYY

Surname

Given name(s)

____/____/____
DD MM YYYY

Please attach verified¹ copies of any Change of Name and/or Marriage Certificate.

3. Current Mailing address:

Apt. number, Street address or Postal box number

Telephone number

Town/City/Country

Postal code

E-mail

Fax number

4. Date of Birth: ____/____/____
DD MM YYYY

5. Gender: M____ F____

- | | Yes | No | |
|----|-----|-----|---|
| 5. | ___ | ___ | Have you ever previously applied for registration with the Saskatchewan College of Psychologists? |
| 6. | ___ | ___ | Have you ever had your registration denied by the registration/licensing authority for psychologists in any other jurisdiction? |
| 7. | ___ | ___ | Do you currently have diagnostic privilege in your home jurisdiction (country)? |

(If you have answered **yes** to 5 or 6, please provide details on a separate sheet.)

¹"Verified": see definition on information sheet.

B. EDUCATION:

(Please have official transcripts from **all** post-secondary Master's and Doctoral education that fits the academic criteria of SCP, **sent directly from the institution to the SCP address.**)

Name of Institution/University and Location	Length of Program	Degree	Date Completed	Distance Education (Yes/No)

C. AREAS OF TRAINING INCLUDED IN YOUR MASTER’S OR DOCTORAL DEGREE PROGRAM

Please identify your competencies and targeted client group(s) on the *Declared Areas of Competency* form provided in the registration package.

D. EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP):

I wrote the EPPP on / /
DD MM YYYY

(Please have marks forwarded directly to the College by the Association of State and Provincial Psychology Boards)

E. Foundational Knowledge in Psychology

Applicants for SINP review are required to document that they meet the core academic coursework requirements called the **Foundational Knowledge requirements**. Applicants must demonstrate that they have taken a full year undergraduate Psychology course at the senior level (3rd or 4th year; 300 400 level) or one graduate Psychology course in each foundational area. Graduates with doctoral degrees from CPA/APA accredited graduate programs are deemed to have to meet these requirements as part of the accreditation requirements of their graduate programs. For these applicants it is sufficient to so indicate on their applications.

Course syllabi in English must be sent to support the claims of Foundational Knowledge.

FK Area 1. Knowledge in the biological bases of behaviour – *examples:*

- 1.1. Physiological psychology
- 1.2. Comparative psychology
- 1.3. Neuropsychology
- 1.4. Sensation and perception
- 1.5. Psychopharmacology

FK Area 2. Knowledge of the Cognitive-affective Bases of Behaviour – *examples:*

- 2.1. Learning
- 2.2. Cognition
- 2.3. Motivation
- 2.4. Emotion

FK Area 3. Knowledge of the Social Bases of Behaviour – *examples:*

- 3.1. Social psychology
- 3.2. Group processes
- 3.3. Community psychology
- 3.4. Environmental psychology
- 3.5. Organisational and systems theory
- 3.6. Cultural issues

FK Area 4. Knowledge of Psychology of the Individual – *examples:*

- 4.1. Personality theory
- 4.2. Human development
- 4.3. Psychopathology
- 4.4. Individual differences

COURSE DOCUMENTATION¹

FK Area 1. Knowledge in the biological bases of behaviour

Includes such courses as 1.1. *Physiological psychology*; 1.2. *Comparative psychology*; 1.3. *Neuropsychology*; 1.4. *Sensation and perception*; and 1.5. *Psychopharmacology*

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
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Hours per Week:		
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Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		

¹ Reproduced with thanks to and permission from The College of Psychologists of British Columbia - *Application for Registration*

Hours per Week:		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

FK Area 2. Knowledge of the Cognitive-affective Bases of Behaviour

Examples: 2.1. Learning; 2.2. Cognition; 2.3. Motivation; 2.4. Emotion

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Course Number		
No. of Credits:		
Hours per Week:		

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Hours per Week:		

COURSE TITLE:		
Institution		Brief Description Of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

FK Area 3. Knowledge of the Social Bases of Behaviour

Examples: 3.1. Social psychology; 3.2. Group processes; 3.3. Community psychology; 3.4. Environmental psychology; 3.5 Organizational and systems theory; 3.6. Cultural issues

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

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Institution		Brief Description Of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

FK Area 4. Knowledge of Psychology of the Individual

Examples: 4.1. Personality theory; 4.2. Human development; 4.3. Psychopathology; 4.4. Individual differences

COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
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Hours per Week:		

Formal Practicum / Internship as part of the training program in psychology (list)

Formal training in ethics of the profession as part of the training program in psychology (list course) _____

Section F is to be completed by applicants currently/formerly registered in another jurisdiction.

F. Registration Status and Post-Registration Work Experience In The Area Of Psychology:

1. I was registered initially as a psychologist in _____
Province or State, Country

2. The most recent jurisdiction in which I was registered as a psychologist is:

Province or State, Country

3. Have you at any time been officially reprimanded, suspended or expelled by the registration/licensing authority for psychologists in any other jurisdiction OR surrendered your license as a result of a complaint against you?

Yes _____ No _____

If **Yes** to E 3, give jurisdiction: _____
Province or State, Country

4. Employment:

Please record the total number of hours for each year (one year equals 1500 hours) you worked as a registered/licensed/chartered psychologist in the previous five years.

Year	Place of Primary Employment	Total hours practiced each year
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. I certify that the information provided on this Application form is true and correct and if admitted, I hereby agree to conform to the standards, codes and bylaws approved by the Saskatchewan College of Psychologists.

Signature

____/____/____
DD MM YYYY

This application will not be processed unless accompanied by the required non-refundable SINP Review Application Fee. Other information and documents may be requested at the discretion of the Saskatchewan College of Psychologists in order to determine your eligibility for an endorsement.