



# Saskatchewan College of Psychologists

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## Mutual Recognition Agreement Competency Reference Form – SINP Review

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](mailto: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: \_\_\_\_\_

I, \_\_\_\_\_ am applying for an eligibility endorsement by the *Saskatchewan College Of Psychologists* to support an immigration application to the province, and I am required to submit references from three referees. Your cooperation in supplying the information requested is appreciated.

(Name of Applicant - Please Print)

**Referee: Please return this form when completed to the Registrar at the address on the top of this first page.**

Date: \_\_\_\_\_ Applicant  
Signature: \_\_\_\_\_

<sup>1</sup>Modified with thanks to and the permission of the College of Psychologists of New Brunswick – College des psychologues du Nouveau-Brunswick, 238 St. George Suite 5, Moncton, New Brunswick E1C 1V9; Tel. (506)-382-1994 Fax (506) 857-9813 Email: [cpnb@nbnet.nb.ca](mailto:cpnb@nbnet.nb.ca). Modified from a form prepared by their Registration Committee.



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 applicant'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 applicant’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:

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- ii) select appropriate intervention methods:

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**4. Research.** Please comment on the applicant’s ability in terms of:

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

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- ii) ability to write professional reports:

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**5. Ethics and Standards.** Please comment on the applicant’s ability to:

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

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Name of Applicant: \_\_\_\_\_

ii) establish professional relationships within applicable constraints and standards:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes \_\_\_\_ No \_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Information regarding Referee:

I am currently:

Registered \_\_\_\_ Certified \_\_\_\_ Licensed \_\_\_\_ Chartered \_\_\_\_

in the Province, Territory, State, or Country of: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

My Name is (please print): \_\_\_\_\_

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: \_\_\_\_\_