



REGISTRATION COMMITTEE

College of Psychologists of New Brunswick
236 St-George Street Suite 435, Moncton, New Brunswick E1C 1W1
Telephone: (506) 382-1994 Fax: (506) 857-9813 Email: admin@cpcb.ca

REFERENCE FORM – CFTA APPLICATION

Please complete the first page and forward the form to your Referee.

PLEASE PRINT

I Name of referee: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Telephone: _____
Fax: _____ E-mail: _____

II Name of applicant: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Telephone: _____
Fax: _____ E-mail: _____

I, _____, am applying for registration as a member of the *College of Psychologists of New Brunswick*, and I am required to submit references from three referees, two of whom shall be licensed or certified psychologists who know me and my work. Your cooperation in supplying the information requested will be appreciated.

Signature of the applicant: _____ Date: _____

Reference Form

Name of Applicant: _____

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE REFEREE

IMPORTANT - PLEASE NOTE:

The information provided to the Registration Committee can be made available to the applicant.

A. Applicant has been known to me for _____ years;

From _____ to _____.
(mm/yyyy) (mm/yyyy)

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

Name of Applicant: _____

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

1. **Interpersonal relationships**. Please comment on the applicant’s ability to:

i) communicate effectively : _____

ii) establish and maintain rapport : _____

iii) establish trust and respect within the professional relationship:

iv) maintain appropriate relationships with colleagues and peers:

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

vi) respond appropriately to feedback: _____

Name of Applicant: _____

2. Assessment and Evaluation: Please comment on the applicant's:

i) knowledge of assessment and evaluation: _____

ii) ability to develop a practical plan of action: _____

iii) knowledge of diagnostic classification or identification of strengths or competencies:

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: _____

ii) select appropriate intervention methods: _____

Name of Applicant: _____

4. Research. Please comment on the applicant's:

i) basic knowledge of research methods and the applications of scientific research:

ii) ability to write professional reports:_____

5. Ethics and Standards. Please comment on the applicant's:

i) ability to accept his or her obligations, be sensitive to others and conduct himself or herself in an ethical manner._____

ii) ability to 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:_____

Reference Form

Name of Applicant: _____

E. Information regarding Referee:

Profession: _____

Position: _____

Institution or Firm: _____

I am currently:

Registered ____ Certified ____ Licensed ____ Chartered ____

in the Province or State of: _____

Membership Number: _____

Effective Date: _____

Professional Association(s):

(Signature of the Referee)

(dd/mm/yyyy)

NOTE: Please e-mail the completed form to Renée Turner, Assistant Registrar, at renee.turner@cpnb.ca.