



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 E-mail: admin@cpnb.ca

APPLICATION FORM FOR STUDENT MEMBERSHIP

Student member status allows the member to be part of the advocacy group who is working toward the promotion of the profession, to assist at the Annual General Meeting and to receive the review and all documentation communicated to the members by the CPNB. However, this status does not authorize the practice of psychology and is not necessarily eligible for licensing because the member has not yet completed his or her training and the file has not been reviewed by the Registration Committee. A student who chooses to practice psychology with a student membership, does so at his or her own risk and should inform his or her employer, unless it is part of the internship or practicum.

PLEASE PRINT

A. PERSONAL DATA

1. Name: _____ Mrs./Ms./Mr. _____
Surname (Please Circle One) First Name, Middle Name/Initial

2. Permanent Address

Street Address: _____

City _____ Province _____

Postal Code _____ Country _____

Telephone: () _____ Fax: () _____ E-Mail: _____

3. Student Address: same as above OR indicate this address below if different than above:

Street Address: _____

City _____ Province _____

Postal Code _____ Country _____

Telephone: () _____ Fax: () _____ E-Mail: _____

4. Preferred Mailing/Directory: Permanent Student

5. Language: English French Others (specify) _____

Preferred correspondence language: English French

Applicant Name: _____

B. EDUCATION AND TRAINING

1. *Academic Training:*

Describe in chronological order the degree(s) earned, beginning with the most recent:

| Institution | Degree Obtained | Date Conferred |
|-------------|-----------------|----------------|
| | | |
| | | |
| | | |
| | | |

2. *Current Studies in Psychology:*

Institution: _____

Department: _____

Address: _____

Degree sought: _____

Began program in: _____ (Month/Year)

Number of year(s)/month(s) completed: _____

Expected completion date: _____ (dd/mm/yy)

Applicant Name: _____

C. DECLARATIONS

For the Institution:

I hereby certify that _____ is duly enrolled in a full time
(Name of student)
program in Psychology at the _____ level at the
(Undergraduate or graduate)

(Name of Department and Institution)

Signature of Department Head: _____ Date: _____
(dd/mm/yy)

For the Student:

In submitting this application for membership under the Psychologists Act, I hereby certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date _____
(dd/mm/yy)

NOTE: Please send the completed form by e-mail to Renée Turner, Assistant Registrar, at renee.turner@cpnb.ca. It is not necessary to send the original, but if you choose to do so, please mail it to the address indicated at the beginning of this form.