



COLLEGE OF PSYCHOLOGISTS OF NEW BRUNSWICK  
236 St. George Street, Suite 435, Moncton, New Brunswick E1C 1W1

## CFTA REGISTRATION FORM (PART 1)

### PART I: TO BE COMPLETED BY THE APPLICANT:

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Province/State of existing license to practice: \_\_\_\_\_

License/Registration/Certification No.: \_\_\_\_\_ Expiration date: \_\_\_\_\_

1. Are you currently or have you previously been disciplined by a regulatory body in any jurisdiction? Yes / No
2. Are there any outstanding complaints against you, which have been referred to a discipline hearing or to alternative complaint resolution? Yes / No
3. Has your license ever had any terms, conditions, or limitations attached to it? Yes / No
4. Has your registration been continuous? Yes / No

***If you have answered "yes" to questions 1, 2, and/or 3 and "no" to question 4, please provide full details below:***

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

5. Are you listed in the Canadian Register of Health Service Providers in Psychology? Yes / No

If yes, Certificate No. \_\_\_\_\_ Date of Issue \_\_\_\_\_  
(dd/mm/yyyy)

Please provide official confirmation thereof.

6. Are you listed with the National Register of Health Service Providers in Psychology? Yes / No

If yes, Lister No. \_\_\_\_\_ Date of issue: \_\_\_\_\_  
(dd/mm/yyyy)

Please provide official confirmation thereof.

7. Do you hold a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards? Yes / No

If yes, Certificate No. \_\_\_\_\_ Date of issue: \_\_\_\_\_  
(dd/mm/yyyy)

Please provide official confirmation thereof.

8. Do you have professional liability insurance? Yes / No

If yes, please provide details below.

Name of Insurer:

\_\_\_\_\_

Policy No.: \_\_\_\_\_ Dates Insured: \_\_\_\_\_

Amount of professional liability insurance: \_\_\_\_\_

The College strongly encourages that its members carry sufficient professional liability insurance (\$1,000,000 minimum recommended).

9. Please indicate whether the following items have been requested to be forwarded directly to the College of Psychologists of New Brunswick:

a) Certification of Good Standing from all professional regulatory authorities. YES \_\_\_\_\_

b) Criminal Record Check to be sent to the College. YES \_\_\_\_\_

c) Three (3) Reference Forms YES \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please send the completed form by e-mail to Renée Turner, Assistant Registrar, at [renee.turner@cpnb.ca](mailto:renee.turner@cpnb.ca).