



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

CFTA REGISTRATION FORM – CONFIRMATION OF STATUS (PART 2)

PART II: TO BE COMPLETED BY AN OFFICIAL OF THE REGULATORY BOARD AND E-MAILED TO renee.turner@cpnb.ca.

Name of Registrant: _____
License /Registration/Certification No: _____ Date Issued: _____
Current Membership Status: _____ Expiration Date: _____

1. Has the Registrant’s status ever been non-active? _____ YES _____ NO

If YES, please provide reason(s) and dates of non-active period(s). _____

2. (a) Has the applicant for licensure in New Brunswick been a member in good standing of your organization in the immediate five years or for however many years the person has been licensed and practicing, whichever is less?

_____ YES _____ NO

(b) If the Applicant was registered after July 1, 2003, was the applicant:

(i) assessed for core competencies according to the minimum agreed upon methods of evaluating the core competencies? _____ YES _____ NO

(ii) assessed for foundational knowledge in psychology according to the minimum agreed upon methods of evaluating foundational knowledge? _____ YES _____ NO

3. Has the applicant’s License/Registration/Certification ever been revoked or suspended?

_____ YES _____ NO

4. Are there any outstanding complaints against this applicant, which have been referred either to a discipline hearing or to alternative complaint resolution? _____ YES _____ NO

If you have answered yes to questions 3 or 4, please provide details below.

If this applicant's License/Registration/Certification was ever revoked, suspended or otherwise acted against, please attach a copy of the Regulatory Body's action to this form.

5. Has the applicant's license ever had any terms, conditions, or limitations attached to it? _____ YES _____ NO

If yes, please describe:

6. Has the applicant written the Examination for Professional Practice of Psychology? _____ YES _____ NO

If yes, include date and results: _____

VERIFIED BY: _____

Signature of Official

Province/State

Name and Title (please print)

Regulatory Body

Date of signature