



REGISTRATION COMMITTEE

College of Psychologists of New Brunswick
236 St. George Street, Suite 435, Moncton, New Brunswick E1C 1W1
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REFERENCE FORM - CFTA APPLICATION

This reference is for: _____
candidate who is applying for membership with CPNB

Name of person providing the reference: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

E-mail: _____

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 the 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 of Firm	Position

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 orally and in writing:

ii) establish, maintain and repair therapeutic relationships with clients:

iii) maintain appropriate relationships with colleagues and peers:

iv) respond appropriately to feedback:

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

i) ability in assessment and diagnosis:

ii) ability to develop an evidence-based treatment plan taking into account client characteristics, culture and preferences:

3. **Intervention and Consultation.** Please comment on the applicant's ability to:

i) provide psychological interventions that improve or maintain clients' functioning:

ii) adapt intervention methods during treatment:

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

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

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

- i) ability to recognize and resolve ethical dilemmas based on the Code of Ethics and Code of Conduct as well as the applicable laws and regulations:

- ii) ability to maintain clear boundaries in professional relationships:

- iii) ability to write reports and follow-up notes and maintain records that meet ethical standards and regulations:

D. If the opportunity arose, would you have any reservations about offering the candidate a position within your organization?

Yes _____ No _____

If yes, please explain:

E. Information regarding Referee:

Profession: _____

Position: _____

Institution or Firm: _____

I am currently:

Registered _____

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@cpcb.ca.