



**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 E-mail: [admin@cpcb.ca](mailto:admin@cpcb.ca)

**REFERENCE FORM**

This reference is for: \_\_\_\_\_  
candidate who is applying for interim 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.

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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](mailto:renee.turner@cpcb.ca).**