



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

CFTA REGISTRATION FORM

TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: _____

Address: _____

Phone Number: _____ E-mail: _____

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? _____
2. Are there any outstanding complaints against you, which have been referred to a discipline hearing or to alternative complaint resolution? _____
3. Has your license ever had any terms, conditions, or limitations attached to it? _____
4. Has your registration been continuous? _____

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?** _____

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?** _____

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?** _____

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

Please provide official confirmation thereof.

8. **Do you have professional liability insurance?** _____

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.

b) Criminal Record Check to be sent to the College.

c) Three (3) Reference Forms

Signature of Applicant _____ Date _____

Please send the completed form by e-mail to Renée Turner, Assistant Registrar, at renee.turner@cpnb.ca.