

# College of Psychologists of New Brunswick

236 St. George Street, Suite 435, Moncton, NB E1C 1W1

Website: [www.cpnb.ca](http://www.cpnb.ca)

## Verification of Good Standing in Home Jurisdiction

To be completed by an authorized official of the Regulatory Body and returned directly to CPNB to the attention of Renée Turner, Assistant Registrar at [renee.turner@cpnb.ca](mailto:renee.turner@cpnb.ca).

1. Full Name of Applicant \_\_\_\_\_  
(name as it appears on official register/license)
2. License/Registration/Certification # \_\_\_\_\_ Jurisdiction \_\_\_\_\_
3. Current Registration Status \_\_\_\_\_ 4. Expiration Date \_\_\_\_\_
5. Title of Registrant/Licensee/Certificant (e.g. Psychologist, psychological associate) \_\_\_\_\_
6. Date of initial registration \_\_\_\_\_
7. Has registration been continuous since date of initial registration?  Yes  No (Please attach additional information)
8. Highest degree in psychology on which the applicant's registration in your jurisdiction is based: \_\_\_\_\_
9. Does the applicant have:
  - a. Any current or previous restrictions, terms or limitations on their practice Yes  No
  - b. Any unresolved complaints/investigations about which they have been notified Yes  No   
Unable to respond
  - c. Any complaints/investigations referred to discipline hearing or alternate resolution Yes  No
  - d. Any sanctions or censures Yes  No
  - e. Revocation or suspension of registration/licensure Yes  No
  - f. Voluntarily relinquished registration/licensure to prevent commencement or completion of an investigation, review or other proceeding Yes  No
  - g. Any reason to believe, or have they been told, that their ability to practice competently is compromised or that they may pose a risk of harm to patients Yes  No
10. For jurisdictions with reserved acts or actions, has this applicant been granted access to any reserved acts (e.g. diagnosis)? Yes  No  N/A 
  - a) If yes, please specify: \_\_\_\_\_
  - b) If applicant has been denied such access, please provide details:

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Regulatory Body

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
E-mail Address