College of Psychologists of New Brunswick
Collège des psychologues du Nouveau-Brunswick

236 St. George Street, Suite 435
Moncton, New Brunswick E1C 1W1
Telephone: (506) 382-1994 Fax: (506) 857-9813
admin@cpnb.ca

APPLICATION FORM FOR INTERIM MEMBER

The College relies upon this document in its decision to consider your application for licensing. Please follow all instructions and complete this document carefully and accurately. If you become licensed, this document will form part of your permanent record at the College. Please read the application form in its entirety before starting to complete it.

In order for your application to be presented to the Registration Committee for review, you must have graduated from a CPA-accredited or equivalent doctoral program in psychology as outlined in our Act, By-Laws and Rules.

Applicants are responsible to ensure that all documents are delivered to the College. The College accepts no responsibility for delays in receipt of application documents. Applicants are encouraged to submit all application documents by e-mail. Applicants will receive notification when the College is in receipt of all required application documents and will be notified if further information is required.

Name of Applicant: _____

Date of Application: _____
(dd/mm/yyyy)

Please send your completed Application Form to:

Renée Turner
Assistant Registrar
renee.turner@cpnb.ca

Please note that before an application for licensing is processed, the College must be in receipt of all necessary documentation including all required professional and academic records and references. Applicants have 12 months from the date of application to provide all necessary documentation for the application to be processed by the Registration Committee. An incomplete application for licensing will automatically expire 12 months after the date of application. Documents received by the College where there is no application on file will be kept for one year.

A. DEMOGRAPHIC INFORMATION:

1. **Name:** _____

2. **Date of Birth:** _____ 3. Preferred Pronouns: _____
(dd/mm/yyyy)

4. **Place of Birth:** City _____ Province/State _____
Country _____

Do you identify as: Are you…? (Check all that apply):

☐ Indigenous, First Nations, Métis, or Inuk (Inuit)

There is funding available for individuals who are Indigenous, First Nations, Métis, or Inuk to help cover the costs of licensing. Please visit https://cpnb.ca/en/new-graduates-interim-members/ for more information.

☐ White
☐ South Asian (e.g., Indian, Pakistani, Sri Lankan)
☐ Chinese
☐ Black
☐ Filipino
☐ Arab
☐ Latin American
☐ Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)
☐ West Asian (e.g., Iranian, Afghan)
☐ Korean
☐ Japanese
☐ Prefer not to answer

5. **Are you legally entitled to work in Canada?** Yes ☐ No ☐
If no, please explain _____
_____

6. **Language:** English ☐ French ☐ Others (specify)_____

7. **Preferred correspondence language:** English ☐ French ☐

Contact Information:

Please provide all information requested below. If there are changes to any of this information, you are required to inform the College in writing 30 days of the change. The College cannot assume responsibility for undelivered mail if the contact address is not accurate.

8. **Personal Address:**

Street Address: _____
City: _____Province:_____
Postal Code: _____Country: _____
Telephone: _____ Fax: _____
E-Mail: _____

9. **Professional Address(es):**.

(a) Employer _____
Street Address: _____
City: _____ Province: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____
E-Mail: _____

(b) Employer _____
Street Address: _____
City: _____ Province: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____
E-Mail: _____

10. **Preferred Address:**

Regular mail: Personal: ☐ Professional (a): ☐ Professional (b): ☐
E-mail: Personal: ☐ Professional (a): ☐ Professional (b): ☐

B. <u>CERTIFICATE OF STANDING/PROFESSIONAL RECORD</u>

11. **Have you ever been registered, certified or licensed as a psychologist by a regulatory authority in another province, state or country?** Yes ☐ No ☐

If yes, please provide details below, indicating all licenses, certificates, or registrations as a psychologist:

i). a) Name of professional regulatory authority: _____

b) Date of issuance of original professional license or certificate:

_____
(dd/mm/yyyy)

c) Professional license or certificate number: _____

d) Complete mailing address of professional regulatory authority:

_____

_____

_____

Telephone: _____ Facsimile: _____

ii). a) Name of professional regulatory authority: _____

b) Date of issuance of original professional license or certificate:

_____
(dd/mm/yyyy)

c) Professional license or certificate number: _____

d) Complete mailing address of professional regulatory authority:

_____

_____

Telephone: _____ Facsimile: _____

12. Have you ever had an application for registration, certification or licensing as a psychologist or any other profession rejected? Yes ☐ No ☐

13. Have you ever been barred from or denied registration as a professional in any jurisdiction? Yes ☐ No ☐

14. Are you now, or have you been, suspended or prohibited from practicing as a psychologist? Yes ☐ No ☐

15. Have you ever voluntarily surrendered or relinquished a license to practice psychology beyond those listed on this application? Yes ☐ No ☐

16. Are you now subject to being disciplined or have you ever been disciplined by a professional regulatory authority? Yes ☐ No ☐

If you have answered "yes" to any of the questions 12 to 16, provide details below. Use additional sheets if necessary.

_____
_____
_____
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17. Each applicant who is now or was registered, certified or licensed as a psychologist, or has ever made an application that was rejected, barred, or denied by a regulatory authority in another jurisdiction must sign a consent form authorizing the regulatory authorities to make disclosure to the Registration Committee. The applicant shall also arrange that the regulatory authority send directly to the College of Psychologists of New Brunswick a Certificate of Good Standing as well as a complete copy of the file on all matters relating to the following:

    i) any current or previous restrictions, terms or limitations on your right to practice psychology in that jurisdiction,
    ii) any unresolved complaints against you in that jurisdiction,
    iii) your disciplinary history in that jurisdiction, and
    iv) reasons for rejection, barring or denial of application.

I consent to the release of all relevant information related to item 17 above to be directly released to the College of Psychologists of New Brunswick from the following regulatory authorities:

1. _____
2. _____

Signature: _____

Date: _____

18. **If previously registered elsewhere, has your registration been continuous?**
Yes ☐ No ☐

If no, please explain
_____
_____
_____

19. **Do you hold a Certificate of Professional Qualification issued by the Association of State and Provincial Psychology Boards?** Yes ☐ No ☐

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

Please provide official confirmation thereof.

20. **Are you listed in the Canadian Register of Health Service Providers in Psychology?**
Yes ☐ No ☐

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

Please provide official confirmation thereof.

21. **Are you listed in the National Register of Health Service Providers in Psychology?**
Yes ☐ No ☐

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

Please provide official confirmation thereof.

22. **Do you have professional liability insurance?** Yes ☐ No ☐

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).

C. GOOD CHARACTER AND FITNESS TO PRACTICE

23. Has any disciplinary action been taken against you during your education, training, or employment as a professional? Yes ☐ No ☐

24. Have you ever been suspended, terminated, or asked to resign during your education, training, or employment as a professional? Yes ☐ No ☐

If you have answered "yes" to the questions 24 and/or 25, provide details below, indicating for what reason, when and by whom or what institution. Use additional sheets if necessary: _____

_____
_____
_____
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25. Have you read and understood the CPNB Code of Conduct, New Brunswick Laws that apply to the practice of psychology, as well as the CPA Code of Ethics for Psychologists and do you agree to abide by them? Yes ☐ No ☐

26. Have you ever been censured or reprimanded based on complaints of sexual harassment or sexual misconduct? Yes ☐ No ☐

27. Have you ever been dismissed from or asked to resign from any employment or education or training institution due to fraud, negligence, professional misconduct or academic dishonesty? Yes ☐ No ☐

If you have answered "yes" to the questions 25, 26, and/or 27, provide details below. Use additional sheets if necessary.

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_____
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28. Have you ever been convicted of any criminal offence? Yes ☐ No ☐

If yes, provide details below and state whether or not you consider this conviction relevant to your suitability to practice the profession of psychology.
Nature of conviction: _____
_____
Date of conviction: _____
Place of conviction: _____
Explanation:_____
_____
_____

D. Education

29. **Provide the information requested below regarding your university and college education, beginning with the most recent.**

Name of Institution	Name of Department/ School	Location	Degree obtained (title)	Date conferred	Program Accreditation by APA/CPA (Yes/No)

30. **Title of Doctoral Thesis:** _____
_____
_____
_____

Name of Supervisor: _____

Reference, if published:
_____
_____

31. **Title of Master's Thesis:** _____
_____
_____
_____

Name of Supervisor: _____

Reference, if published:
_____
_____

E. OFFICIAL TRANSCRIPTS

32. Each applicant **MUST** arrange for a complete **OFFICIAL TRANSCRIPT** of all courses and grades for graduate and undergraduate degrees to be sent **directly** to the College of Psychologists of New Brunswick from the educational institution concerned. Only paper copies sent to CPNB directly from the universities will be accepted. Please note that a link to download the document from MyCreds is also accepted.

I have made arrangements for the College to receive transcripts from the following institutions:

1. _____
2. _____
3. _____
4. _____

F. COURSE DOCUMENTATION (please include all courses taken in each category)

*** If you graduated from a CPA-accredited program, you do not need to complete section F, you may skip directly to section G on page 19. ***

33. **Category 1 - Biological Basis of Behavior** (includes such courses as physiological psychology, comparative psychology, sensation and perception, psychopharmacology and neuropsychology). ****Please prioritize graduate level courses.****

Master's/Doctoral

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Bachelor

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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34. **Category 2 - Cognitive Affective Basis of Behavior** (Includes such courses as learning, memory, cognition, motivation, and emotion). ****Please prioritize graduate level courses.****

Master's/Doctoral

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Bachelor

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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35. **Category 3 - Social Bases of Behavior** (Includes such courses as social psychology, group processes, organizational/industrial psychology, systems, community, and environmental psychology). ***Please prioritize graduate level courses.****

Master's/Doctoral

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Bachelor

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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36. **Category 4 - Individual Differences** (includes such courses as personality theory, human development, psychopathology). ***Please prioritize graduate level courses.****

Master's/Doctoral

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Bachelor

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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37. **<u>Category 5 - Ethics and Professional Standards</u>** (includes courses and seminars devoted to professional issues and professional ethics and standards of conduct). ***Please prioritize graduate level courses.****

<u>Master's/Doctoral</u>

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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<u>Bachelor</u>

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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38. **Category 7: Research Design and Methodology** (includes such courses as research design, experimental procedures, and laboratory methods). ***Please prioritize graduate level courses.****

Master's/Doctoral

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Bachelor

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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39. **Category 8: Statistics and Psychometrics** (includes such courses as statistics, multivariate analysis, techniques, and test construction and validation). ***Please prioritize graduate level courses.****

Master's/Doctoral

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Bachelor

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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40. **Category 9 - Psychological Assessment and Evaluation (**includes such courses as psychological assessment, behavioral assessment, psychodiagnosis, and various assessment procedures with individuals or groups, as well as program evaluations). ****Please prioritize graduate level courses.****

Master's/Doctoral

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Bachelor

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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41. **<u>Category 10 - Psychological Intervention and Consultation (</u>**includes courses in intervention procedures, psychotherapy, counseling, and behavior modification with individuals, groups and families). ****Please prioritize graduate level courses.****

<u>Master's/Doctoral</u>

Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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<u>Bachelor</u>

Course Title: _____
Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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Course Title: _____
Year Taken: _____ Course Number: _____
No. of Credits: _____ Hours per week: _____
Brief description of Course Contents: _____
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G. SUPERVISED TRAINING HISTORY

I) Master's Level Supervised Training Experience:

42. Provide below details of all your supervised training experiences during your master's level training (e.g. internships). Please start with the most recent and continue backwards.

A Title/Name of position held: _____

Start Date_____ End Date: _____

(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐ Total Hours: _____

If part time, state number of hours per week: _____ Direct client contact hours per week: _____

Individual supervision hours per week: _____ Group supervision hours per week: _____

Name of organization or institution: _____

Mailing address:_____ Services offered by institution:

_____ _____

_____ _____

_____ _____

Supervisor's name and profession: _____

Your duties and responsibilities including a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients. Refer to the areas of practice in Section L when you describe your experience.

_____

_____

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_____

Course No:. _____ No. of Credit: _____ Year taken: _____

Academic Institution: _____

B Title/Name of position held: _____

Start Date_____ End Date: _____

(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐ Total Hours: _____

If part time, state number of hours per week: _____ Direct client contact hours per week: _____

Individual supervision hours per week: _____ Group supervision hours per week: _____

Name of organization or institution: _____

Mailing address:_____ Services offered by institution:

_____ _____

_____ _____

_____ _____

Supervisor's name and profession: _____

Your duties and responsibilities including a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients. Refer to the areas of practice in Section L when you describe your experience.

_____

_____

_____

_____

Course No:. _____ No. of Credit: _____ Year taken: _____

Academic Institution: _____

II) Doctoral Supervised Training Experience:

43. Provide below details of all your training experiences prior to the doctoral-level internship. Examples are practica and other supervised experience that were required as part of your professional training. Section H which follows is for description of your pre-doctoral internship experience. Please start with the most recent and continue backwards.

A Title/Name of position held: _____

Start Date_____ End Date: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐ Total Hours: _____

If part time, state number of hours per week: _____ Direct client contact hours per week: _____

Individual supervision hours per week: _____ Group supervision hours per week: _____

Name of organization or institution: _____

Mailing address:_____ Services offered by institution:

_____ _____

_____ _____

_____ _____

Supervisor's name and profession: _____

Your duties and responsibilities including a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients. Refer to the areas of practice in Section L when you describe your experience.

_____

_____

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_____

Course No:. _____ No. of Credit: _____ Year taken: _____

Academic Institution: _____

B. Title/Name of position held: _____

Start Date_____ End Date: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐ Total Hours: _____

If part time, state number of hours per week: _____ Direct client contact hours per week: _____

Individual supervision hours per week: _____ Group supervision hours per week: _____

Name of organization or institution: _____

Mailing address:_____ Services offered by institution:

_____ _____

_____ _____

_____ _____

Supervisor's name and profession: _____

Your duties and responsibilities including a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients. Refer to the areas of practice in Section L when you describe your experience.

_____

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Course No:. _____ No. of Credit: _____ Year taken: _____

Academic Institution: _____

C. Title/Name of position held: _____

Start Date_____ End Date: _____

(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐ Total Hours: _____

If part time, state number of hours per week: _____ Direct client contact hours per week: _____

Individual supervision hours per week: _____ Group supervision hours per week: _____

Name of organization or institution: _____

Mailing address:_____ Services offered by institution:

_____ _____

_____ _____

_____ _____

Supervisor's name and profession: _____

Your duties and responsibilities including a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients. Refer to the areas of practice in Section L when you describe your experience.

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Course No:. _____ No. of Credit: _____ Year taken: _____

Academic Institution: _____

D. Title/Name of position held: _____

Start Date_____ End Date: _____

(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐ Total Hours: _____

If part time, state number of hours per week: _____ Direct client contact hours per week: _____

Individual supervision hours per week: _____ Group supervision hours per week: _____

Name of organization or institution: _____

Mailing address:_____ Services offered by institution:

_____ _____

_____ _____

_____ _____

Supervisor's name and profession: _____

Your duties and responsibilities including a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients. Refer to the areas of practice in Section L when you describe your experience.

_____

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_____

Course No:. _____ No. of Credit: _____ Year taken: _____

Academic Institution: _____

H. PRE-DOCTORAL INTERNSHIP EXPERIENCE

44. Description of Accredited Pre-Doctoral Internship:

Start Date_____ End Date: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐
If part time, state: Number of hours per week: _____
Number of direct client contact hours per week: _____

Name of Organization or Institution: _____
Mailing address:_____
_____
_____
Services offered by Institution:
_____
_____
_____

Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):
_____
_____
_____
_____

Director of training: _____
Course No:. _____ No. of Credit: _____ Year taken: _____
Academic Institution: _____
Total number of hours completed: _____

I. POST GRADUATE CONTINUING EDUCATION (WORKSHOPS, SEMINARS. ETC.)

45. Provide information requested below regarding continuing education, beginning with the most recent.

Title of Seminar, Workshop, Conference, etc.	Name and profession of Presenter	Lengths (Days)	Date	Place

J. PROFESSIONAL EMPLOYMENT EXPERIENCE

46. Please provide below details of the complete record of your professional employment experience, starting with current or most recent and continuing backwards. Please refer to the area of practice information (i.e., the definitions and the grid in Section L) when you describe your experience.

A Title/Name of position held: _____

Start Date_____ End Date: _____

(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐

If part time, state number of hours per week: _____ Direct client contact hours per week: _____

Individual supervision hours per week: _____

Name of organization or institution: _____

Mailing address:_____ Services offered by institution:

_____ _____

_____ _____

_____ _____

Supervisor's name and profession: _____

Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):

_____

_____

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B Title/Name of position held: _____

Start Date_____ End Date: _____

(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐

If part time, state number of hours per week: _____ Direct client contact hours per week: _____

Individual supervision hours per week: _____

Name of organization or institution: _____

Mailing address:_____ Services offered by institution:

_____ _____

_____ _____

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Supervisor's name and profession: _____

Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):

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C Title/Name of position held: _____

Start Date_____ End Date: _____

(dd/mm/yyyy) (dd/mm/yyyy)

Full time: ☐ Part time: ☐

If part time, state number of hours per week: _____ Direct client contact hours per week: _____

Individual supervision hours per week: _____

Name of organization or institution: _____

Mailing address:_____ Services offered by institution:

_____ _____

_____ _____

_____ _____

Supervisor's name and profession: _____

Your duties and responsibilities (include a description of clients seen and services provided, e.g., presenting problem, type of service, area of practice, ages of clients):

_____

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_____

K. AREA OF PRACTICE

47. Please indicate by checking below your principal area of practice in psychology, in which you are prepared to demonstrate competence in the oral examination. Please note that those identifying "Clinical Psychology" as an area of practice will be expected to demonstrate competence in formulating and communicating a diagnosis during the oral examination.

☐ Clinical Psychology
☐ Clinical Neuropsychology
☐ Counselling Psychology
☐ Forensic Psychology
☐ Health Psychology
☐ Industrial/Organizational Psychology
☐ Rehabilitation Psychology
☐ School Psychology
☐ Other (*Please specify*): _____

48. Please indicate your activities, and the principal client groups in your declared area of practice. Please note that those identifying "Clinical Psychology" in the question above as an area of practice will be expected to demonstrate competence in formulating and communication a diagnosis in the oral examination.

Activities:

☐ Diagnosis
☐ Assessment
☐ Psychotherapy
☐ Counselling
☐ Consulting
☐ Research
☐ Program evaluation
☐ Teaching
☐ Other (*Please specify*): _____

Ages of clients:

☐ Children ☐ Adolescents ☐ Adults

Type of clientele:

☐ Individuals
☐ Couples
☐ Families

☐ Groups
☐ Organizations

49. Please describe briefly the professional work you intend to do if you are accepted for licensing:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

L. PSYCHOMETRIC TESTS

50. List the psychometric tests with which you have had experience in administration and interpretation:

1._____ 8._____
2._____ 9._____
3._____ 10._____
4._____ 11._____
5._____ 12._____
6._____ 13._____
7._____ 14._____

M. DIAGNOSIS

51. Have you had any supervised experience in formulating and communicating a diagnosis?
Yes ☐ No ☐ . *If yes, please specify your supervised experience in diagnosis:*

Services and Activity in Practice Area	Client Group

N. PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS

52. List all professional and scientific associations of which you are a member and indicate your present membership status and date of initial membership

Association	Membership Status	Member since (mm/yyyy)

O. REFERENCES FROM REGISTERED/LICENSED PSYCHOLOGISTS

53. In accordance with the Registration By-law, list the names, addresses and positions of three referees, two of whom shall be licensed, registered or certified psychologists who are well acquainted with you and your work, and to whom you are sending the enclosed reference forms.

Name	Address	Position
1.		
2.		
3.		

P. APPLICATION ENCLOSURE CHECKLIST:

54. There is an Application Fee in the amount of $500.00. Payment can be made by e-transfer to admin@cpnb.ca (please notify us of the answer to the security question) or by credit card by contacting Jeanne Lirette, Administrative Assistant, at (506) 382-1994. Please note that there is a 3.25% surcharge for credit card payments. *(If you identified as Indigenous in the demographics section of this application form, there is funding available to help cover the costs of licensing. Please visit https://cpnb.ca/en/new-graduates-interim-members/ for more information and do not send any fees at this time.)* Yes ☐

55. My Criminal Record Check, completed by my local police detachment, will be sent to CPNB. Only original copies will be accepted. Yes ☐

56. I have requested that three (3) reference forms be sent to the College. These can be e-mailed to renee.turner@cpnb.ca. Yes ☐

57. Transcripts for all undergraduate and graduate training have been requested to be forwarded directly to the College (original copies only). Please note that a link to download the document from MyCreds is also accepted. Yes ☐

58. I have included a copy of my curriculum vita with my application. This can be e-mailed to renee.turner@cpnb.ca. Yes ☐

59. *The following items have been requested to be forwarded directly to the College, as applicable:*

- Evidence of results of any previous Examination for Professional Practice of Psychology, including date and place of examination
  Yes ☐ N/A ☐
- Certification of Good Standing from all professional regulatory authorities
  Yes ☐ N/A ☐
- Complete information as specified in Item 17 from previous jurisdiction(s)
  Yes ☐ N/A ☐
- Listing status with the Canadian Register of Health Service Providers in Psychology
  Yes ☐ N/A ☐
- Listing status with the National Register of Health Service Providers in Psychology
  Yes ☐ N/A ☐

Q. Statutory Declaration

60. I, _____ of
(insert your full name)

_____
(insert your full address)

_____

_____

do solemnly declare that the statements and all of the information provided by me in this application for registration are complete, accurate and true.

I acknowledge that CPNB may request additional information concerning my application for licensing and I hereby authorize the College to obtain any further information relevant to my application for licensing from persons or institutions referred to in my application documents. I release these individuals or institutions, including those who provide a reference for me, from any liability that may arise from the information provided to the College.

I acknowledge that it is an offence to apply to be licensed as a member of the College if I know that I am not qualified to become a licensed member.

_____ _____
(Applicant's Signature) (Date)