

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA

162-2025 Corydon Ave., Box # 253, Winnipeg, Manitoba R3P 0N5

Phone: (204) 487-0784 Fax: (204) 489-8688

Email: pam@mts.net Website: www.cpmb.ca

APPLICATION PACKAGE FOR REGISTRATION AS A PSYCHOLOGIST OR PSYCHOLOGIST CANDIDATE Version 2006-1

In addition to this application form, you will require the following documents for completing your application. All documents are available on our website at www.cpmb.ca by clicking the link "**Application for Psychologist or Psychologist Candidate**" under the **Application Forms** heading, which is at the lower right hand side of the web page.

1. Reference Forms – Psychologist and Psychologist Candidate (you will need three of these, one for each referee).
2. Primary and Secondary Supervisor Agreement Forms.
3. Supervision Record Form (you will need enough of these to record your supervision hours).
4. Primary and Alternate Supervisor Work Appraisal Forms (to be completed every six months, and at the completion of your period of post-doctoral supervision, by your supervisor). If you have completed or nearly completed your period of supervision, then your last primary supervisor should complete this form.
5. Core Competencies Document (your supervisor may request a copy of this)

The following documents will be required **later** for most applicants, when you are ready to take the examinations. Do not print them out until you are ready, since they may be revised from time to time.

1. EPPP Information
2. Oral Exam Information
3. Oral Exam Application

The following documents/links provide supplementary information related to membership applications. You may wish to read them, but you do not need to print them out.

1. Mutual Recognition Agreement
2. Reciprocity and CPQ
3. Application and Membership Fees

**YOU MAY KEEP PAGES (1-6) FOR YOUR RECORDS. THE REMAINING PAGES OF
THIS APPLICATION SHOULD BE RETURNED TO PAM**

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APPLICATION FOR REGISTRATION AS A PSYCHOLOGIST OR PSYCHOLOGIST CANDIDATE

Version 2006-1

******Important Note: Only the most recent version of this application form will be accepted. ******
Please refer to the website for the most current version. Applications that are not current will be returned. This is version 2006-1 of the Psychologist Candidate Application.

Please complete this form only if you are currently enrolled in a Doctoral program in Psychology, or if you have completed most or all of the educational and supervision requirements, and you anticipate being ready to apply for full Registration (C.Psych.) within the next 12 months.

All applicants (except Master's level applicants) intending to eventually register as psychologists will apply for the Psychologist Candidate category, and will be registered as Psychologist Candidates until such time as all registration requirements, including examinations, have been completed. Certain exceptions may apply for individuals already registered in another jurisdiction (see below).

Applicants are advised to refer to our website, www.cpmb.ca for further information on applications, and updates. Call or e-mail us with your questions.

This application must be printed out and filled in by you. You should mail your completed application to address above. Please be certain to include your application fee of \$200.00 .

This application is intended for use by:

1. A person who has not previously been registered as a psychologist in any jurisdiction, or
2. A person who has been registered as a psychologist in a jurisdiction outside of Canada which has not entered into a reciprocity agreement with the Psychological Association of Manitoba (unless that person holds an ASPPB Certificate of Professional Qualification), or
3. A person registered in another Canadian jurisdiction prior to July 1, 2003 who does not meet the provisions for registration under the terms of the Mutual Recognition Agreement (see below), or,
4. A person registered in another Canadian jurisdiction after July 1, 2003, and whose registration was not based upon an evaluation of the core competencies agreed upon and identified in the Mutual Recognition Agreement among the Canadian psychology regulators.

APPLICATION CHECKLIST

Submission of the following documents is to be arranged by the applicant. Please note that PAM will not consider your application until all documents and the application fees have been received. The status of your application may be determined by contacting the Registrar of PAM. It is the applicant's responsibility to determine if all application materials have been received by PAM.

1. Application form, fully completed and signed.
2. Application fee (non-refundable): \$300.00 (fee may change – see www.cpmb.ca for current fee)
3. References and attached photocopies of your *Declaration of Competence* (section J of your application) from three psychologists who are well familiar with your work. One must be your current Registered Psychologist supervisor and one should have known you well for at least two years.
4. Official transcripts of all required undergraduate and graduate degrees and coursework, sent to the PAM office directly from the universities you attended.
5. Documentation that you hold a doctoral degree in Psychology acceptable to PAM Council, or are enrolled in a doctoral degree programme in Psychology in an educational institution acceptable to PAM Council. Programmes must meet the criteria for degrees outlined in Appendix A of By-Law No. 2, of The Psychologists Registration Act (R.S.M. 1987).
6. Primary and Secondary (if applicable) Supervisor Agreement Forms. These are mandatory for Private Practice supervision (see # 7 below).
7. Record of Supervision (if applicable). Details of supervision for the two years of professional experience under the supervision of a Registered Psychologist should be documented by all applicants on the Record of Supervision form or documented in writing to provide the same information. Applicants who have not yet completed all supervision requirements at the time of application may submit any accrued hours now, at a future date, or upon completion. ***Please note the following guidelines regarding supervision. If you are unsure if your supervised experience will be acceptable, please contact the Registrar.***

One year of professional Activity shall be considered acceptable experience when it includes a minimum of 1500 hours per year of acceptable professional activity. Each year must include the equivalent of at least 100 hours of direct individual supervision. In determining equivalence, two hours of group supervision shall count as one hour of individual supervision, provided that the applicant has received a minimum of 50 hours of individual face-to-face supervision per year.

Private Practice Supervision: Please note that according to By-Law No. 2, Section 5(5): *Employment or association in private practice with a psychologist registered or registrable under the Act in the psychologist's private practice shall not be considered acceptable experience (for the purpose of registration). . . In exceptional circumstances where association or supervision in a private practice has been supervised by a psychologist . . . and the prior written approval of Council to such has been obtained, the experience may be considered acceptable. **Attach a detailed description of any proposed private practice experience, with a request for approval, and Supervisor's Agreement Forms (Primary, and if applicable, Secondary).***

8. For Applicants certified or licensed elsewhere: PAM will require a statement directly from the board which granted your certificate/license confirming your registration.
9. Applicants who have previously completed the Examination for Professional Practice in Psychology (EPPP) must arrange to have their Scores reported to PAM directly from: i) the board which administered the EPPP; or ii) ASPPB.
10. Criminal Record AND Child Abuse Registry checks, available through your local Police service.

11. Primary, or Alternate Supervisor's Work Appraisal forms. Record of Supervision Forms should also be included if you have already completed your period of supervision, or if you have completed at least six months of supervision.

GUIDELINES FOR APPLICANTS

The Psychological Association of Manitoba (PAM) is the statutory body given the jurisdiction to regulate the practice of Psychology within the Province of Manitoba. It registers individuals for the practice of Psychology in all branches of the profession in settings where registration is required by The Psychologists Registration Act (R.S.M. 1987) and in settings where registration is not required under the Act. PAM registers individuals as Psychologists (Registered Members), Psychological Associates (Associate Members), and as Psychologist Candidates or Psychological Associate Candidates (Candidate Members).

Individuals may apply for Candidate standing upon entrance to a Psychology Master's programme (M.A., M.Ed., etc.) for **Psychological Associate Candidates** and upon entrance to a Psychology Doctoral programme (Ph.D., Ed.D., etc.) for **Psychologist Candidates**. It is expected that Candidates will work actively towards completing requirements. Failure to complete requirements within a reasonable time period may result in cancellation of candidate status. Candidates are expected to complete the required period of post-degree supervision and the EPPP examination within two years of receiving their doctoral degree (for psychologist candidates) or within four years of receiving their master's degree (for psychological associate candidates).

All applicants will apply for either the Psychological Associate Candidate category, or the Psychologist Candidate category, even if they have already fulfilled most, or all of the requirements for registration in the respective category. All applicants, regardless of their level of education and supervised experience, become "candidates" until such time as they have met all requirements, and passed all required examinations (EPPP, and Oral). The oral examination is taken only after all other requirements have been satisfied.

There are certain provisions for applicants who are already registered or licensed as psychologists in other jurisdictions. See the section below entitled "*Mutual Recognition Applicants and Reciprocity Applicants*".

Registration as a **Psychological Associate** requires either a) a Psychology Doctoral Degree (alone) or b) a Psychology Master's Degree and the equivalent of two full-time years of post-Master's practice experience under the supervision of a registered/certified/licensed Psychologist. Master's degree applicants must also obtain a Standard Score of 500 (approximately equivalent to 70 percent) on the Examination for Professional Practice in Psychology (EPPP). Further details regarding supervision are provided below

Registration as a **Psychologist** requires a Psychology Doctoral Degree and the equivalent of two full-time years of practice experience under the supervision of a registered/certified/licensed Psychologist (one year of which may be pre-doctoral).

Applicants for registration as a Psychologist must also pass an oral exam and obtain a Standard Score of 500 (approximately equivalent to 70 percent) on the Examination for Professional Practice in Psychology (EPPP). Further details regarding supervision are provided below.

PAM will administer oral exams and the EPPP only to persons who hold Candidate standing with PAM. The current fee for the EPPP is \$US 375.00. The current fee for the oral examination is \$CDN 300.00. Both fees are reviewed annually and are subject to change. You will be charged these fees at the time of the examinations. For this application, you should submit only the \$200.00 application fee, unless you are applying for registration as a psychologist and you have fulfilled all of the educational, and supervision requirements and you have already passed the EPPP. Then you should also complete the "Application for Oral Examination".

All applicants must identify a Registered Psychologist as a Primary Supervisor with the following exceptions: 1) MRA or Reciprocity Applicants who do not intend to engage in any psychological practice until registration with PAM is complete; 2) Applicants who have already completed all requirements for registration, including the supervised experience requirement, but who still require the EPPP and/or Oral examination and who do not intend to engage in any psychological practice until registration with PAM is complete.

SUPERVISED EXPERIENCE IN THE PRACTICE OF PSYCHOLOGY

Provide a complete record of all your practice of Psychology supervised by a person registered/certified/licensed as a Psychologist for the independent practice of Psychology by the provincial, territorial or state Psychology regulatory body.

The two years of professional experience under the supervision of a Registered Psychologist should be documented on the Record of Supervision form.

Please note that according to By-Law No. 2, Section 5(5): *Employment or association in private practice with a psychologist registered or registrable under the Act in the psychologist's private practice shall not be considered acceptable experience (for the purpose of registration). . . In exceptional circumstances where association or supervision in a private practice has been supervised by a psychologist . . . and the prior written approval of Council to such has been obtained, the experience may be considered acceptable.*

Experience obtained in Manitoba under the supervision of individuals who are not registered as Psychologists with PAM will not be considered acceptable experience unless prior approval in writing has been obtained from PAM council, such approval being in the total discretion of Council. Experience obtained outside the province of Manitoba will only be considered acceptable if acquired under the supervision of a Psychologist registered according to the laws of the jurisdiction in which the supervision was provided.

MUTUAL RECOGNITION AGREEMENT AND RECIPROCITY

Applicants who are already licensed or registered in another jurisdiction may be eligible for registration under the Mutual Recognition Agreement (for those applicants registered in a Canadian Jurisdiction), or the ASPPB Reciprocity Agreement (applicants registered in certain U.S. jurisdictions). The Psychological Association of Manitoba also accepts the Certificate of Professional Qualification, and listing in the National Register of Health Service Providers in Psychology as evidence that basic registration requirements have been met. Please refer to the relevant links on our website for details on all of these agreements. All applicants under any of the foregoing terms, however, must have no history of disciplinary action against them prior to application to PAM. In addition, the following conditions listed below generally apply. (Because of the variations in the reciprocity/recognition procedures, applicants who think they may qualify in one of these areas should contact the registrar for further details).

Conditions for recognition/reciprocity of applicants already licensed/registered

(Note that these are minimum eligibility conditions, and do not guarantee acceptance of the applicant for registration)

The applicant must have been continuously registered or licensed for autonomous practice as a psychologist, and in good standing, **and**:

1. have been practising psychology continuously for the five years preceding the date of the application, and the registration/license is in a jurisdiction
 - i. with which PAM has entered into a written reciprocity agreement; **or**
 - ii. that has requirements substantially equivalent to those of PAM for registration as a psychologist authorizing autonomous practice; **or**
2. holds a current Certificate of Professional Qualification (CPQ) awarded by the Association of State and Provincial Psychology Boards (ASPPB); **or**
3. is registered in a Canadian jurisdiction, **and**
 - i. has a doctoral degree from a program of study accredited by the Canadian Psychological Association or the American Psychological Association; **or**
 - ii. is listed with the Canadian Register of Health Service Providers in Psychology (CRHSPP) or the National Register of Health Service Providers in Psychology; **or**
 - iii. such registration was obtained after July 1, 2003 and was based upon an evaluation of the core competencies agreed upon and identified in the Mutual Recognition Agreement among the Canadian psychology regulators.

Applicants eligible under the above conditions should complete an abbreviated application form entitled "*Mutual Recognition/Reciprocity Application*".

**YOU MAY KEEP THIS AND ALL PRECEDING PAGES (1-6) FOR YOUR RECORDS.
THE REMAINING PAGES OF THIS APPLICATION SHOULD BE RETURNED TO PAM**

Psychologist Candidate Application 2006-1

Print your full name below:

Date of Application:

Primary Supervisor's Name:

TABLE OF CONTENTS

A	PERSONAL IDENTIFICATION.....	8
B	PREVIOUS CERTIFICATION STATUS.....	9
C	EDUCATIONAL PREPARATION	10
D	COURSEWORK RECORDS	11
	Biological Bases of Behaviour.....	12
	Cognitive Affective Bases of Behaviour	13
	Social Bases of Behaviour	14
	Psychology of the Individual.....	15
	Ethics and Standards	16
	Assessment and Evaluation	17
	Intervention and Consultation.....	18
	Research	19
	History and Systems.....	20
E	AUTHORIZED SUPERVISED PRACTICE	22
F	PRACTICA AND INTERNSHIPS	23
G	PROFESSIONAL EXPERIENCE	24
H	REFERENCES	25
I	DECLARATION OF GOOD CHARACTER	26
J	DECLARATION OF COMPETENCE.....	27
K	AUTHORIZATIONS	28
L	APPLICATION EXPIRY	28

A PERSONAL IDENTIFICATION

Note: A business address and telephone number must be provided for the Register. This information is available to the public on inquiry. Your “preferred” address is where you want to receive your mail. If different from your Business address, your preferred address will not be provided to the public. A business address is not required for retired members. If you are a student, and you do not have a business address, then please provide the contact information of your primary supervisor, and include his/her name.

<p>A1</p> <p>Date of Application:</p>
--

<p>A2</p> <p>Surname:</p> <hr/> <p>First Given Name:</p> <hr/> <p>Middle Name(s):</p> <hr/> <p>Date of Birth:</p>
--

<p>A3</p> <p>Home Address:</p> <hr/> <hr/> <p>Telephone:</p> <hr/> <p>Business Address:</p> <hr/> <hr/> <p>Telephone: _____ Fax: _____</p> <p>Preferred Mailing Address: Home _____ Work _____</p> <p>E-mail:</p>
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**Please provide an e-mail address if you have one. Important notices will be sent by e-mail. Your e-mail will not be distributed to others for commercial/solicitation purposes*

B PREVIOUS CERTIFICATION STATUS

B1

If you are or have been registered, certified or licensed by any legal or professional board or regulatory body in another province, state or country, or by the American Board of Professional Psychology, give full details below, including name of agency or board, date of original license or certificate, title, specialty if designated, and licence or certificate number. Request the agency or board to confirm to the Association your status.

B2

Has any diploma, certificate or license, relating to the profession of psychology or another health profession, granted to you ever been suspended, revoked, or made subject to terms or conditions? (Yes or No) _____. If Yes, please append details on a separate sheet headed B2.

B3

Have you ever had an application for registration, certification or licensing as a psychological services provider rejected? (Yes or No) _____. If Yes, please append details on a separate sheet headed B3

B4

Have you ever been convicted of professional misconduct, incompetence, or incapacity in Manitoba in relation to another health profession, or in another jurisdiction in relation to the profession of psychology or another health profession? (Yes or No) _____. If Yes, please append details on a separate sheet headed B4.

B5

Are you the subject of a current proceeding for professional misconduct, incompetence, or incapacity, in Manitoba in relation to another health profession, or in another jurisdiction in relation to the profession of psychology or another health profession? (Yes or No) _____. If Yes, please append details on a separate sheet headed B5.

B6

Have you ever taken the "Examination for Professional Practice in Psychology" (EPPP) administered by the ASPPB? (Yes or No) _____.

If Yes, please arrange to have the Board that approved your candidacy, or the Licensed Psychologists Data Source (LPDS), Montgomery, Alabama, forward your score to the Association.

C EDUCATIONAL PREPARATION

C1 Colleges and Universities	Degree Awarded	Date of Award	Major Subject	Minor Subject

Each applicant is required to arrange for an official transcript of the courses and grades for both undergraduate and graduate degrees to be sent by the universities **directly to the Association.**

C2 Official title of the DEPARTMENT in which you were enrolled for graduate degree(s):

Masters:

Doctorate:

C3 Title of degree/program in psychology at the graduate level:

Masters:

Doctorate:

C4 Is your doctoral degree from a program that is CPA or APA accredited?

Yes No

C5 Title of masters thesis (or program equivalent of thesis):

Supervisor:

Reference, if published:

C6 Title of doctoral thesis (or program equivalent of thesis):

Supervisor:

Reference, if published:

D COURSEWORK RECORDS

In order to assess an applicant's educational background and preparation (both foundational knowledge in psychology and knowledge and skills for professional practice in psychology), the Association requires detailed descriptions of all coursework in psychology.

On the sheets marked D1 to D10, please enter the details requested. Please use your best judgement when assigning courses to the categories at the head of each sheet.

Please make supplementary photocopies of those pages where you wish to list more than four courses.

If you are a student and you have not yet completed all coursework, please check the box below, and omit Section D. You will be required to complete this section once you have finished all coursework, and prior to being considered for registration as a psychologist.

**CHECK HERE IF COURSEWORK IS STILL IN PROGRESS
AND OMIT SECTION D**

If you have graduated from an CPA or APA accredited Psychology Program, please indicate with an initial on the line below, and Omit Section D.

INITIAL HERE _____

D1 FOUNDATIONAL KNOWLEDGE Biological Bases of Behaviour	Includes such courses as: Physiological psychology, Comparative Psychology, Neuropsychology, Sensation & Perception, Psychopharmacology
--	---

a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

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D2 FOUNDATIONAL KNOWLEDGE Cognitive Affective Bases of Behaviour	Includes such courses as: Learning, Thinking, Motivation, Emotion, Cognition
---	--

a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

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D3 FOUNDATIONAL KNOWLEDGE Social Bases of Behaviour	Includes such courses as: Social Psychology, Group Processes, Organizations & Systems, Community Psychology, Environmental Psychology, Cultural Issues
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a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts): _____		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts): _____		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts): _____		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts): _____		
No. of credits: _____		
Hours of instruction: _____		

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D4 FOUNDATIONAL KNOWLEDGE Psychology of the Individual	Includes such courses as: Personality Theory, Human Development, Abnormal Psychology, Psychopathology, Individual Differences
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a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

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D5 PROFESSIONAL PRACTICE Ethics and Standards	Includes such courses as: Seminars devoted to professional issues and relevant legislation, Professional Ethics
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a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

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D6 PROFESSIONAL PRACTICE Assessment and Evaluation	Includes such courses as: Psychological Assessment Techniques, Psycho-diagnostic Assessment, Neuropsychological Assessment, Program Evaluation, Clinical Psychology, Personality Assessment
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a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

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D7 PROFESSIONAL PRACTICE Intervention and Consultation	Includes such courses as: Psychotherapy, Counselling, Behaviour Modification, Intervention Techniques, Career Counselling, Psychological Consulting
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a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken 19_____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction:		

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D8 PROFESSIONAL PRACTICE Research	Includes such courses as: Research Design, Experimental Procedures, Laboratory Methods, Statistics, Multi-variate Analysis, Test Construction and Validation
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a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

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D9 PROFESSIONAL PRACTICE History and Systems	Includes such courses as: History of Psychology, Historical Development of Professional Practice
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a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

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D10 Other psychology courses not covered in previous categories

a. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Level: Bachelors Major or Honours Masters Doctoral		
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

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E AUTHORIZED SUPERVISED PRACTICE

In **E1** and **E2**, indicate the employment which will be carried out while registered as a psychologist candidate, and/or until registered as a full psychologist. **Supervisor Agreement forms (Primary, and if applicable Secondary) should be completed for all supervised practice experiences.**

E1		
Title or Position	Position Start Date:	
Organization or Institution Name		
General services offered by organization or institution:		
Your duties:		
Type of client:		
Full Time	Part Time	If part time, state number of hours you work per week: _____
Supervisor's name:		
Address:		
Title:		

E2		
Title or Position	Position Start Date:	
Organization or Institution Name		
General services offered by organization or institution:		
Your duties:		
Type of client:		
Full Time	Part Time	If part time, state number of hours you work per week: _____
Supervisor's name:		
Address:		
Title:		

F PRACTICA AND INTERNSHIPS

Beginning with the most recent, give a complete record of your practica and internships.

F1	Practicum
Dates from: _____ to: _____	Internship
Title or position:	
Organization or institution name:	
General services offered by organization or institution:	
Your duties:	
Type of client:	
Full Time Part Time Total Hours _____	
Supervisor's name:	
Address:	
Professional affiliation:	
F2	Practicum
Dates from: _____ to: _____	Internship
Title or position:	
Organization or institution name:	
General services offered by organization or institution:	
Your duties:	
Type of client:	
Full Time Part Time Total Hours _____	
Supervisor's name:	
Address:	
Professional affiliation:	

G PROFESSIONAL EXPERIENCE

Beginning with the most recent, give a complete record of your experience.

G1		
Dates from:		to:
Title or position:		
Organization or institution name:		
General services offered by organization or institution:		
Your duties:		
Type of client:		
Full Time	Part Time	Total Hours _____
Supervisor's name:		
Address:		
Professional affiliation:		
G2		
Dates from:		to:
Title or position:		
Organization or institution name:		
General services offered by organization or institution:		
Your duties:		
Type of client:		
Full Time	Part Time	Total Hours _____
Supervisor's name:		
Address:		
Professional affiliation:		

H REFERENCES

List the names, positions, and addresses of three registered or licensed psychologists who have known you and your work for at least one year. Reference forms are attached. It is important to attach a copy of your declaration of competence (section J of this application) to the back of each reference form before you send it to the referee. One of the references should be from a current Primary or Secondary supervisor (if applicable).

Name	Address	Position

I	DECLARATION OF GOOD CHARACTER
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All applicants must answer the following questions. Their purpose is to enable the Association to determine whether or not the applicant is of good character.

A “yes” answer to any question or questions will not necessarily result in a refusal to register. Further details may, however, be requested from the applicant if any question is answered in the affirmative. The details supplied by the applicant will form part of the material to be reviewed before a decision on registration is made.

I1	Have you ever been found to have committed professional malpractice by a court or tribunal?	Yes	No
I2	Are you currently named as a defendant in any civil proceeding in which professional malpractice or negligence is alleged?	Yes	No
I3	Are you currently the subject of any inquiry, investigation or proceeding in respect of allegations of professional misconduct, incompetence, fitness to practise or incapacity?	Yes	No
I4	Have you ever been censured or reprimanded for sexual harassment or sexual misconduct?	Yes	No
I5	Have you ever been found guilty of academic dishonesty by a post-secondary educational institution?	Yes	No
I6	Have you ever been suspended or expelled from any post-secondary educational institution?	Yes	No
I7	Are you now abusing, dependant on, or being treated for the abuse or dependence on alcohol or a drug?	Yes	No
I8	Have you ever abused, been dependant on, or been treated for the abuse or dependence on alcohol or a drug?	Yes	No
I9	Have you ever been denied or had any license, certificate, registration or permit revoked due to lack of good character?	Yes	No
I10	Have you ever been suspended, disqualified, censured, or disciplined as a member of any professional organization?	Yes	No
I11	Has there ever been a finding of contempt of court made against you, or have you ever been found to have contravened or failed to comply with any order of any Court?	Yes	No
I12	Have you ever been found guilty of fraud or been found to have committed fraud?	Yes	No
I13	Have you ever been found guilty of a criminal offence for which a pardon has not been granted or of an offence relevant to the practice of psychology, either within a Canadian jurisdiction or elsewhere?	Yes	No
I14	Have you ever been dismissed from or asked to resign from any employment due to negligence, professional misconduct or academic dishonesty?	Yes	No
I15	Is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions touching upon your conduct, character or fitness to practise that might be an impediment to your registration as a psychologist?	Yes	No
I16	Have you ever been found guilty of an offence under a psychology regulatory act ?	Yes	No

J DECLARATION OF COMPETENCE

Below, please indicate what you believe to be your **principal** area(s) of competence in the practice of psychology, and in which you will, through knowledge and formal training, be prepared to demonstrate competence prior to the award of a certificate of registration authorizing autonomous practice. You must be engaged in the identified practice area(s) during supervised practice.

		Activities and Services			
		Assessment and Evaluation	Intervention and Consultation	Research	Teaching
	Clinical Psychology				
	Counselling Psychology				
	School Psychology				
	Forensic/Correctional Psychology				
	Clinical Neuropsychology				
	Health Psychology				
	Rehabilitation Psychology				
	Industrial/Organizational Psychology				
	Applied Behaviour Analysis				

Principal client group(s):

Children	Adults	Seniors
Adolescents	Couples	Organizations
	Families	
Explanatory note (optional):		

Name (please print):
Date:
Signature:

K AUTHORIZATIONS

K1 I authorize the Psychological Association of Manitoba (PAM) to collect and maintain information from persons named in this application and from other persons or institutions as PAM in its discretion deems advisable in order to determine my eligibility for registration as a psychologist in the province of Manitoba. I agree to save harmless all officers, directors, employees, servants and agents of PAM and those granting information regarding my application for registration at the request of PAM and hereby consent to the requesting and granting of any and all such information.

I also authorize and consent to the release of any information obtained by PAM in the course of reviewing my application for registration at the request of any other professional body to whom I make application for registration, certification or licensing.

K2 I certify that the statements made by me in this application are true, complete, and correct. I understand that a false statement may disqualify me from registration or be cause for revocation of any registration which may have been granted to me. I agree to abide by the Canadian Psychological Association's Canadian Code of Ethics for Psychologists and Standards for Providers of Psychological Service, The Psychologist's Registration Act, the Regulations under the Act, and any other guidelines, rules or regulations adopted by PAM. I will practice open disclosure of my regulatory standing with PAM. I am aware that as a Registered Psychologist or Psychological Associate, the Code and Standards will be legally binding upon me. I am aware that as a Regulatory Candidate, my Candidate standing can be withdrawn and registration as a Psychologist or Psychological Associate refused by PAM for failure to adhere to PAM's Standards and Guidelines

Signed:
Date:

If your degree is from an institution outside Canada or the United States, you are asked to have it evaluated to determine if it is comparable in level to a recognized Canadian degree. You can arrange for this evaluation through the following service:

Comparative Education Service (CES), University of Toronto
315 Bloor Street West, Toronto, Ontario, M5S 1A3 Telephone: (416) 978-2185

If your transcripts are in a language other than English or French, you must obtain an official translation. The Association will accept translations done by an official translation agency or official notarized translations prepared in the country of origin.

L APPLICATION EXPIRY

The Association collects and uses the information in this application to assess whether you qualify to be issued with a certificate for supervised practice as a psychologist in Manitoba. The Association discloses information only as required by law.

An application fee, which is non-refundable, is required for receipt and processing of your application. It is your responsibility to check with the Association to ensure that all necessary documentation has been received. An application for registration that has not been completed within 24 months after the date of application (see Box A1 of this form) will expire, and the application, and any supporting documents, will then be destroyed.

Please indicate in the space below, what requirements are still outstanding, before you will be ready to take the oral examination for full registration. This will allow us to expedite the final step of your registration, without again requiring a full application form from you, at that time.
