

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA  
L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

**The Psychological Association of Manitoba**  
**208 - 584 Pembina Hwy.**  
**Winnipeg, Manitoba R3M 3X7**

## **APPLICATION FOR AN ORAL EXAMINATION OR ORAL INTERVIEW**

(For use by the Applicant)

This application is to be completed by applicants for registration as a psychologist or psychologist candidate who have met all of the requirements for registration as a psychologist, or by those applicants already registered as a psychologist in another Canadian Province or Territory who are applying for registration in Manitoba under the terms of the AIT. Do not complete this application if you are applying for registration as a psychological associate, or if you are applying as a psychologist candidate and you have not completed all registration requirements, including the year of post-doctoral supervision. Please complete all applicable sections below and return with a cheque or money order for \$400.00 payable to PAM. If you are deemed to be ineligible for an oral examination or interview at this time, your cheque will be returned to you.

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Name:

Address:

Phone number(s) where you can be reached to schedule your examination:

1. Are you applying for registration under the terms of the Agreement on Internal Trade? (circle one)

**YES**    **NO**    If YES, then proceed to question 4.

2. Are you already registered as a Psychologist Candidate or Psychological Associate with P.A.M.?

**YES**    **NO**

3. I have completed all of the requirements for registration as a psychologist, including the following:

My Doctoral Degree in Psychology has been awarded, and I have arranged for a transcript to be sent to P.A.M. which indicates completion of my doctoral degree;

I have written and passed the Examination for Professional Practice in Psychology (EPPP). If I completed the EPPP in a jurisdiction other than Manitoba, then I have arranged for my score to be transferred to P.A.M.;

I have completed the Supervision Requirements\*, and my Records of Supervision have already been forwarded to P.A.M., or are enclosed;

I have completed and enclosed or forwarded all required application forms, documents, transcripts and references for registration as a psychologist in Manitoba (if you are already registered as a candidate or associate with P.A.M., then you need not complete the application forms again, unless requested).

**YES NO**

\*Supervision by a Registered Psychologist for a period equivalent to two years (full time), with documentation of 100 hours of direct supervision each year (total 200 hours of direct supervision). One year of supervision must be post-doctoral (following completion of the doctoral degree). Supervision obtained in a private practice setting must be approved in advance by P.A.M. Council in order for it to count towards the supervision requirement.

4. Please complete the tables below, indicating the area(s) of practice and populations served, in which you wish to be examined.

		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				

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

Please note that the Registration and Membership committee will perform a review of your choices based upon your history of education, training, and supervised experience. Requested areas of practice and populations may not be granted based on this review.

5. Please return this application with your cheque or money order for \$400.00 to P.A.M. If you prefer, payment may be made online here: [https://secure.cpmb.ca/online\\_payment.php](https://secure.cpmb.ca/online_payment.php)

Following receipt of this application, and any supporting documents, your file/application will be sent to the Membership and Registration Committee for review. If you are assessed to be eligible for the oral, then your file will be presented to P.A.M. Council for approval, and then forwarded to the Chair of Examinations who will arrange an oral examination or interview. Please be aware of the following considerations and approximate timelines while you are waiting for your oral to be scheduled: the Membership and Registration Committee meets approximately once a month; P.A.M. Council meets every two weeks; oral examinations require scheduling of two or three psychologists to meet with you. You can therefore expect it to take anywhere from approximately six to twelve weeks from receipt of all of your materials to scheduling of an oral examination, depending upon the availability of examiners, time of year, and meeting schedules. Every effort is made to schedule the oral as quickly as possible. If you have any questions, please call (204-487-0784) or e-mail ([pam@mymts.net](mailto:pam@mymts.net)).

Return materials to:

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