

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

RECIPROCITY APPLICATION PACKAGE FOR REGISTRATION AS A PSYCHOLOGIST OR PSYCHOLOGICAL ASSOCIATE Version 2006-1

This application package contains information to assist you in determining if you are eligible to apply as a reciprocity applicant. If you are still unsure after reviewing these materials, please contact the registrar with your questions. The most efficient means of communication is by e-mail (pam@mts.net), or you may phone (204) 487-0784.

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 "**Reciprocity Applications**" under the **Application Forms** heading, which is at the lower right hand side of the web page.

1. Reference Forms – Use the Reference forms entitled "**Reference Form for Psychologists and Psychological Associates Applying for Reciprocal Registration**" (you will need three of these, one for each reference). These are found under the link "Reciprocity Reference Forms" on the webpage. It is important that you attach a copy of your Declaration of Competence (Section H of this application form) to each Reference Form before forwarding it to the referee.
2. Core Competencies Document (your referee may request a copy of this).
3. Verification Form (to be forwarded by you to your current regulatory board(s) for completion, and to any regulatory boards where you have been previously registered or licensed to practice psychology).

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

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APPLICATION FOR REGISTRATION AS A PSYCHOLOGIST OR PSYCHOLOGICAL ASSOCIATE BY RECIPROCITY

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.

Please complete this form only if you are currently licensed or registered in another jurisdiction in Canada or the United States, and you believe that you qualify for reciprocity as detailed 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 the address above. Please be certain to include your application fee of \$500.00 (\$200.00 application fee and \$300.00 oral interview fee).

If you are determined to be eligible for registration, you will be contacted to schedule an oral interview. If your application is rejected, your oral interview fee of \$300.00 will be refunded. The application fee of \$200.00 is non-refundable.

NOTE: There are currently no provisions for temporary registration. Reciprocity applicants may not practice in Manitoba until registration has been completed except under the direct supervision of a registered psychologist. Supervision, if necessary, should be arranged by the applicant. In such cases, the applicant cannot pay the supervisor for supervision. It is recommended that applicants allow sufficient time for registration to be completed if intending to move to Manitoba to practice. Applications typically require two to three months after all materials have been received by PAM for approval and to schedule an oral interview, and may take longer.

Eligibility for Registration by Reciprocity

There are several ways that applicants may be eligible for registration by reciprocity. In all cases, the applicant must: a) be currently licensed or registered to practice independently as a psychologist or a psychological associate in a jurisdiction in Canada or the United States; b) be actively practicing in the originating (home) jurisdiction; and, c) have no history of disciplinary actions against them. If these three conditions are met, then a reciprocity application may be made if the applicant falls under one (or more) of the following categories:

1. The applicant holds an ASPPB Certificate of Professional Qualification;
2. The applicant is a listee with the National Register of Health Service Providers in Psychology;
3. The applicant is currently licensed/registered in a jurisdiction which is a member of the ASPPB Reciprocity Agreement, and has been continuously registered or licensed in the home jurisdiction for a minimum of five years immediately preceding the date of application (visit www.asppb.org for an updated list of members).

4. The applicant is currently licensed/registered in a Canadian jurisdiction that is a signatory of the Mutual Recognition Agreement in psychology (*British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland, and Northwest Territories*) and meets one of the following conditions:
 - 4.1 registered after July 1, 2003 and has been assessed by the home jurisdiction on the core competencies and foundational knowledge (for applicants to Manitoba, foundational knowledge requires passing the *Examination for Professional Practice in Psychology* with a standard score of 500 or greater);
 - 4.2 registered before July 1, 2003 and has five years of registered practice in the home jurisdiction immediately preceding the date of application;
 - 4.3 has a doctoral degree from a program of study that, at the time of registration/licensure, was accredited by the Canadian Psychological Association, or the American Psychological Association;
 - 4.4 listed with the Canadian Register of Health Service Providers in Psychology.

All applicants must maintain registration or licensure in the home jurisdiction until registered in Manitoba. Applicants may not practice in Manitoba without supervision until fully registered by P.A.M.

For applicants currently registered in an MRA signatory jurisdiction as a psychologist on the basis of a **master's degree** or as a **psychological associate (with autonomous or independent practice)**, at least one of the above eligibility requirements must be met for reciprocal registration. Successful applicants would be registered in Manitoba as Psychological Associates certified for Independent Practice.

Applicants from jurisdictions that register psychologists with both master's degrees and doctoral degrees will be required to provide evidence indicating the degree upon which registration in the home jurisdiction was based. Registration in Manitoba would then be considered on that basis. For example, if an applicant was registered as a psychologist on the basis of a master's degree, and later completes a doctoral degree, the doctoral degree will only be recognized by PAM if it can be demonstrated that the doctoral degree was approved by the regulatory board in the home jurisdiction for that applicant, and that the registration of the applicant in the home jurisdiction is now based on the newly acquired doctoral degree.

APPLICATION REQUIREMENTS

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. The most efficient means of communication is by e-mail (pam@mts.net). It is the applicant's responsibility to determine if all application materials have been received by PAM.

The following are required of **ALL APPLICANTS**:

1. Application form, fully completed and signed.
2. Application fee of \$500.00. This includes a non-refundable application processing fee of \$200.00 and an oral interview fee of \$300.00. The oral interview fee of \$300.00 will be fully refunded if we determine that you are not eligible for registration.
3. References and attached photocopies of your *Declaration of Competence* (section H of this application) from three psychologists who are well familiar with your work. One must have known you well for at least two years. All references must be sent directly from your referees to P.A.M. Make sure that the Declaration of Competence is forwarded along with each reference form. References returned without an attached Declaration of Competence will not be accepted.
4. Completed Verification Forms from all regulatory boards where you are currently, or have previously been registered or licensed to practice psychology. You should complete part 1 of these forms, and then forward Parts 1 and 2 to the regulatory boards, for completion
5. Criminal and Child Abuse Registry record checks, available through your local Police service (originals only, copies not accepted).
6. A copy of your current curriculum vitae.
7. Additional information may be required, depending on the category of reciprocity applied for (see Section D, pages 10 – 11).

Some applicants may find the Application Checklist, at the end of this application (page 18) to be helpful.

Reciprocity Application 2006-1

TABLE OF CONTENTS

A	PERSONAL IDENTIFICATION.....	7
B	PREVIOUS CERTIFICATION STATUS.....	8
C	EDUCATIONAL PREPARATION.....	9
D	CATEGORY OF RECIPROCITY.....	10
E	ADDITIONAL CREDENTIALS.....	12
F	REFERENCES.....	13
G	DECLARATION OF GOOD CHARACTER and FITNESS TO PRACTICE.....	14
H	DECLARATION OF COMPETENCE.....	16
I	AUTHORIZATIONS.....	17

PLEASE REMOVE PAGES 1 – 5 (INCLUDING THIS PAGE) AND KEEP FOR YOUR RECORDS.

ALL REMAINING PAGES OF THIS APPLICATION (PAGES 6 – 18) SHOULD BE RETURNED TO PAM

Face Sheet for Reciprocity Application 2006-1

Print your full name below:

Date of Application:

Important: Complete the following section only after carefully reading and completing Section D (Category of Reciprocity) on Page 10.

Category of Reciprocity Applied for (check one)*:

- Category 1: MRA prior to July 1 2003 with 5 years prior registration/licensure.
- Category 2: MRA after July 1, 2003 with core competencies and EPPP.
- Category 3: MRA from CPA or APA Accredited Doctoral Program.
- Category 4: MRA and member of CRHSPP.
- Category 5: Member of National Register and currently licensed in Canada or U.S.
- Category 6: CPQ and currently licensed in Canada or U.S
- Category 7: Currently licensed (minimum 5 years) in ASPPB Reciprocity Jurisdiction.

* You may check more than one category, but must then ensure that all documentation is supplied for all categories that are checked

Level of Registration Applied for (check one):

I am applying for registration as a:

- Psychologist (Doctoral level applicants)**
- Psychological Associate Certified for Independent Practice (Master's level applicants)

.** If applying for psychologist level, then your registration in your home jurisdiction must have been based on a doctoral degree. See Section D for explanation.

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.

Date of Application:

Surname:

First Given Name:

Middle Name(s):

Former legal names, if any:

Date of Birth:

Home Address:

Telephone:

Business Address:

Telephone:

Fax:

Preferred Mailing Address: Home _____ Work _____

E-mail:

**Please provide an active e-mail address if you have one. We have found e-mail to be the most efficient means of communicating with applicants. Your e-mail will not be distributed to others for commercial/solicitation purposes*

B PREVIOUS CERTIFICATION STATUS

All current and past certifications must be listed (attach a separate sheet if necessary if necessary).

Name of Regulatory Agency:

Date of Registration:

Has registration been continuous? (Yes or No) _____. If No, please explain.

What is the highest degree on which this registration is based?

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.

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.

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.

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.

C EDUCATIONAL PREPARATION

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

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

Masters:

Doctorate:

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

Masters:

Doctorate:

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

Yes No

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

Supervisor:

Reference, if published:

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

Supervisor:

Reference, if published:

D CATEGORY OF RECIPROCITY

Please determine the category of reciprocity under which you wish to apply, and check it below. Then you should return to page 6 and check the appropriate boxes. You need only apply under one category, although you may qualify under more than one. If you check more than one category, you must send in documentation to support all categories that you have checked. Ensure that the necessary documentation for that category is sent to PAM. In most cases the required information will be supplied by your current regulatory board on the “Verification Form” (required of all applicants), and where this is the case, it is so indicated. Documentation from regulatory boards and other third parties must be received by PAM directly from the third party, and not from the applicant.

Remember that for all applicants, the following conditions must be met for eligibility for reciprocity: a) be currently licensed or registered to practice independently as a psychologist or a psychological associate in a jurisdiction in Canada or the United States; b) be actively practicing in the originating (home) jurisdiction; and, c) have no history of disciplinary actions. If you have any questions, please contact the Registrar by e-mail (pam@mts.net) or telephone (204) 471-8881.

Category 1: A psychologist registered in the jurisdiction of a signatory of the Mutual Recognition Agreement prior to July 1st, 2003 who has five years of licensed practice in psychology immediately preceding the date of application.

Required Documentation: Official confirmation from the originating Canadian jurisdiction that the applicant has five years of licensed practice in psychology immediately preceding the date of application and maintains a current full license to practice (Verification Form).

Category 2: A psychologist or psychological associate who was first registered in a signatory to the Mutual Recognition Agreement in Psychology after July 1, 2003 AND has been assessed on the core competencies and foundational knowledge in psychology.

Required documentation: Official confirmation from the originating Canadian jurisdiction that the applicant: a) has been assessed for the five core competencies; b) has written the Examination for Professional Practice In Psychology, and acquired a minimum score standard score of 500; and, c) maintains a current full license to practice. This information is requested on the Verification Form. However, in some cases a jurisdiction will not provide EPPP information, and so the applicant will need to request this directly from ASPPB.

Category 3: A psychologist registered in the jurisdiction of a signatory of the Mutual Recognition Agreement and whose registration is based on a graduate degree in psychology from a program accredited by the Canadian Psychological Association or the American Psychological Association.

Required documentation: Official confirmation from the originating Canadian jurisdiction that the applicant’s registration was based on a graduate degree in psychology from a program that was, at the time of the applicant’s graduation from the program, accredited by the Canadian Psychological Association or the American Psychological Association, and that the applicant maintains a current full license to practice. This information is contained on the Verification Form.

Category 4: A psychologist who is currently registered in the jurisdiction of a signatory of the Mutual Recognition Agreement and is a registrant of the Canadian Register of Health Service Providers in Psychology (CRHSPP).

Required documentation: 1) Confirmation of current registration in a Mutual Recognition Agreement Jurisdiction (Verification Form). 2) Official confirmation from CRHSPP that the applicant is a registrant of the Canadian Register of Health Service Providers in Psychology.

Category 5: A psychologist who is a registrant of the National Register of Health Service Providers in Psychology and is currently registered or licensed in a jurisdiction in Canada or the United States.

Required documentation: 1) Confirmation of current licensure/registration in home jurisdiction (Verification Form); 2) Official confirmation from the National Register that the applicant is a registrant of the National Register of Health Service Providers in Psychology.

Category 6: A psychologist who holds a current Certificate of Professional Qualification from the Association of State and Provincial Psychology Boards and is currently registered or licensed in a jurisdiction in Canada or the United States.

Required Documentation: 1) Confirmation of current licensure/registration in home jurisdiction (Verification Form); 2) Official confirmation that the applicant holds a current Certificate of Professional Qualification awarded by the Association of State and Provincial Psychology Boards (ASPPB).

Category 7: A psychologist who has been licensed or registered for a minimum of five years immediately preceding this application in a jurisdiction that is a member of the ASPPB Reciprocity Agreement (visit www.asppb.org for current members)

Required Documentation: 1) Confirmation of current licensure/registration in home jurisdiction (Verification Form).

IMPORTANT

After completing this section, please return to the Face Sheet and check the appropriate boxes for Category and Level of Registration (Psychologist or Psychological Associate).

E ADDITIONAL CREDENTIALS

In addition to determining eligibility for reciprocal registration, we require the following information any additional credentials you may have in psychology, even if you are not using these credentials for the purpose of your reciprocal registration. Reminder: If you are relying on one of these credentials for claiming eligibility for reciprocal registration, additional documentation as specified in section D is still required.

Do you:	Yes	No
1. Have a graduate degree from a program of study accredited by the Canadian Psychological Association or the American Psychological Association?	<input type="checkbox"/>	<input type="checkbox"/>
2. Hold a Certificate of Professional Qualification issued by the Association of State and Psychology Boards?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently credentialed by the Canadian Register of Health Service Providers in Psychology	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you listed with the National Register of Health Service Providers in Psychology	<input type="checkbox"/>	<input type="checkbox"/>
Please list any additional credentials not already specified:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

F 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. Use the Reference forms specifically designed for reciprocity applications, which were available on the same web page as this application form. It is important to attach a copy of your declaration of competence (Section H of this application) to the back of each reference form before you send it to the referee. References will not be accepted if the Declaration of Competence has not been attached.

Name	Address	Position

**G DECLARATION OF GOOD CHARACTER
and FITNESS TO PRACTICE**

All applicants must answer the following questions. A “yes” answer to any question or questions will not necessarily result in a refusal to register. Please supply an explanation on a separate sheet for any “yes” answers. The details supplied by the applicant will form part of the material to be reviewed before a decision on registration is made.

A separate sheet explaining any “yes” answer is required.	Yes	No
1. Have you ever had an application for registration, certification or licensing as a psychologist/psychological associate or any other profession rejected? If yes, provide details indicating for what reason, when and by which regulatory authority.		
2. Have you ever been barred from or denied registration as a professional in any jurisdiction? If yes, provide details indicating for what reason, when and by which regulatory authority.		
3. Are you now, or have you ever been, suspended or prohibited from practising as a psychologist or psychological associate? If yes, provide details indicating for what reason, when and by which regulatory authority.		
4. Have you ever voluntarily surrendered or relinquished a license to practice psychology beyond those listed on this application? If yes, please provide details below.		
5. Are you now subject to being disciplined or have you ever been disciplined by a professional regulatory authority? If yes, provide details indicating for what reason, when and by which regulatory authority.		
6. 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?		
7. Have you ever been suspended, disqualified, censured, or disciplined as a member of any professional organization?		
8. Have you ever been convicted of professional misconduct, incompetence, or incapacity in relation to psychology or other profession?		
9. Are you the subject of a current proceeding for professional misconduct, incompetence, or incapacity in relation to the profession of psychology or other profession?		
10. Have you ever been found to have committed professional malpractice by a court or tribunal?		
11. Are you currently named as defendant in any civil proceeding in which professional malpractice or negligence is alleged?		
12. Are you currently the subject of any inquiry, investigation or proceeding in respect of allegations of professional misconduct, incompetence, fitness to practice or incapacity?		

A separate sheet explaining any “yes” answer is required.	Yes	No
13 .Have you ever been denied or had any license, certificate, registration or permit revoked due to lack of good character?		
14. Have questions ever been raised with you by supervisors or others about your suitability or competence to practice psychology?		
15. To your knowledge, have questions ever been raised with your supervisors or others about your competence to carry out professional tasks or duties?		
16. Has any disciplinary action been taken against you during your education, training, or employment? If yes, provide details indicating for what reason, when and by whom or what institution.		
17. Have you ever been suspended, terminated, or asked to resign during your education, training, or employment? If yes, provide details indicating for what reason, when and by what organization.		
18. Have you ever been suspended or expelled from any post-secondary educational institution?		
19. Have you ever abused, been dependent on, or been treated for the abuse or dependence on alcohol or a drug?		
20. Do you have a physical ailment, emotional disturbance or an addiction to alcohol or drugs that might impair your ability to practice psychology, complete the application process (including written, computerized, oral examinations), interact with the Regulatory Body or the court?		
21. Have you ever been treated for a physical ailment, emotional disturbance or an addiction to alcohol or drugs that might impair your ability to practice psychology, complete the application process (including written, computerized, oral examinations), interact with the Regulatory Body or the court?		
22. Have you ever been censured or reprimanded because of sexual harassment or sexual misconduct?		
23. Have you ever been dismissed from or asked to resign from any employment or education program due to alleged fraud, negligence, professional misconduct or academic dishonesty?		
24. Have you ever been convicted of any criminal offence? If yes, provide details on the following and include a statement on whether or not you consider this conviction relevant to the profession of psychology: Nature, Date, Place of conviction.		
25. 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?		
26. Is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions touching upon your conduct, character, or reputation that might be an impediment to your registration as a psychologist?		

H DECLARATION OF COMPETENCE

Please indicate what you believe to be your **principal** area(s) of competence in the practice of psychology. **This declaration should be consistent with any areas of declared competence upon which your initial registration or licensure was based. You may not change areas of practice/competence when transferring to a new jurisdiction by reciprocity.** It is recognized that different boards may utilize different methods of declared areas of competence at the point of registration/licensure. PAM will confirm with your regulatory board to determine if the declaration below is consistent with your prior registration and practice areas. In some cases a record of your training may be required (transcripts, supervised experience, etc.).

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				

Principal client group(s):

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

Name (please print):
Date:
Signature:

I AUTHORIZATIONS

1. 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.
2. 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.
3. 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.
4. 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. It is my responsibility to ensure that I keep myself informed of any applicable rules, regulations, standards or guidelines relevant to my area of practice.
5. I understand that my application for reciprocal registration/licensure will be processed/reviewed only when the all of the required documentation has been received by PAM. I agree that I will maintain full registration/licensure as a psychologist or psychological associate in the jurisdiction(s) where I am currently licensed to practice psychology until I am registered in Manitoba.
6. I am aware that licensure in another jurisdiction does not entitle me to practice psychology in Manitoba and cannot be used in presenting my credentials in Manitoba.
7. I agree to provide to the regulatory bodies to which I am applying any and all information relating to any change in my status including new complaints, limitations or restrictions on my practice as soon as I am aware of such changes.
8. I understand that PAM collects and uses the information in this application to assess whether I qualify to be registered as a psychologist or psychological associate in Manitoba. I understand that PAM discloses information only as required by law. I understand that the application fee is non-refundable and is required for receipt and processing of my application. I am aware that an application for registration that has not been completed within 24 months after the date of his application will expire, and the application, and any supporting documents, will then be destroyed.

I make this solemn Declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath.

Signed:

Date:

J. APPLICATION CHECKLIST

Prior to review/processing of your application, the following documentation must be received by PAM. Please confirm below that these documents have been submitted with your application or that you have made a request that they be forwarded directly to PAM from the appropriate agency or board. It is the applicant's responsibility to arrange for required application documentation to be forwarded to PAM.

REQUIRED DOCUMENTATION	Yes	No
1. Application and oral interview fee of \$500.00		
2. Completed reciprocal application form		
3. Verification Form (you should send a copy of this to <u>all regulatory boards</u> where you are currently or have been registered or licensed to practice psychology).		
4. Depending on the category of application, some additional information that is not provided on the Verification Form will be required, as follows:		
<i>For Category 2: Documentation of your score on the EPPP directly from ASPPB if your home regulatory board cannot provide this.</i>		
<i>For Category 4: Confirmation of listing with the Canadian Register of Health Service Providers in Psychology, sent directly from CRHSPP to PAM.</i>		
<i>For Category 5: Confirmation of registration with the National Register of Health Service Providers in Psychology, sent directly from the National Register to PAM.</i>		
<i>For Category 6: Confirmation from the Association of State and Provincial Psychology Boards of a valid Certificate of Professional Qualification, sent directly from ASPPB to PAM.</i>		
5. Criminal and Child Abuse Registry Record Checks (originals to be sent to PAM)		
6. Curriculum Vitae		
7. Three References: Reference forms should be forwarded to three referees along with a photocopy of your Declaration of Competence (Section H)		