

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA

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Reference Form for Psychologists and Psychological Associates Applying for Reciprocal Registration

*****Note to applicant:** Attach a copy of your Declaration of Competence (Section H, page 16) of your application) to this form. Also include a copy of the "Core Competencies" document, available on our website with the application materials. **References will not be accepted unless returned by the referee with a copy of the Declaration of Competence.**

APPLICANT ENTER YOUR NAME HERE:

To Referee: You are asked to complete this reference form for the above named person who is applying for registration as a **Psychologist** or **Psychological Associate** based upon his or her current registration or licensure in another jurisdiction ("**Reciprocal Applicant**"). **To be eligible to complete this form, you must have known the applicant and his or her work for at least one year.**

NOTE: The Association treats as confidential all application materials. Applications cannot be considered until all references have been received, so your prompt co-operation is much appreciated. Please return the completed form by mail to the address above, or fax it to the number above within thirty days **at the latest.**

I. Please tell us about yourself:

Referee's Name:		
Current Position/Title		
Organization:		
Signature:		
Date:		
Currently:	Registered <input type="checkbox"/>	Certified <input type="checkbox"/>
		Licensed <input type="checkbox"/>
In the province/state of:		Effective:
Member of:	MPS <input type="checkbox"/>	CPA <input type="checkbox"/>
		APA <input type="checkbox"/>
ABPP Diplomate in:		Granted:
Membership in other psychological associations:		

II. Please complete the following concerning the applicant:

I have known the applicant for _____ year(s) from _____ to _____, as
 supervisor \ co-worker \ department head \ other (please specify):

During this time, the applicant's work and/or study was:

- primarily in the field of psychology
- in another field related to mental health (please specify): _____
- in a field not related to psychology or mental health

Please rate the applicant on the following scales, based on your previous relationship with him or her, in terms of readiness to apply for registration in psychology:

	<i>No reservations</i>	<i>Minor reservations</i>	<i>Major reservations</i>	<i>Unable to rate</i>
Personal and emotional maturity for work in psychology				
Ethical behaviour				
Competence in professional activities				
Training and knowledge relevant to proposed practice				
Overall suitability for registration in psychology				

If you indicated minor or major reservations above, please explain:

III. Rating of Knowledge and Skill

The Association evaluates each applicant for a certificate of registration authorizing autonomous practice with respect to preparation in five areas of knowledge and skill for professional practice. Detailed definitions of these five areas are provided in the document “*Core Competencies for Professional Practice in Psychology*”, which can be found at www.cpmb.ca, or is available from the applicant. Please rate the applicant’s knowledge and skills on the following scales, based on your previous relationship with him or her.

	No reservations	Minor reservations	Major reservations	Unable to rate
Interpersonal Relationships				
Assessment and Evaluation				
Intervention and Consultation				
Research <i>(rate only if this is an activity declared by the applicant in the Declaration of Competence)</i>				
Ethics and Standards				

Please indicate with a brief statement the basis of each of your evaluations regarding the above rated knowledge and skills.



IV. Declaration of Competence

For the purposes of registration, applicants are asked to state what they believe is the principal focus of their intended practice in psychology. **Please review a copy of the applicant's declaration of competence. This declaration should be attached or available from the applicant. Please return the declaration of competence with this reference form, or we will be unable to accept this reference.**

On the basis of your previous relationship with the applicant, please indicate the extent of your agreement with the applicant's completed Declaration of Competence.

	<i>Fully Agree</i>	<i>Partly Agree*</i>	<i>Disagree*</i>	<i>Unable to rate</i>
Activities or services				
Areas of psychology				
Principal client groups				

*If you indicated "partly agree" or "disagree" above, please explain:

Please use the space below to provide any further comments that you wish to make concerning the applicant's suitability for registration in psychology.

Signature

Date

Name (Please Print)

Please return this form and the applicant's Declaration of Competence directly to the Psychological Association of Manitoba at the address on page 1. We realize your time is valuable, and we thank-you for assisting this applicant.