

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

REQUEST FOR REGISTRATION/LICENSURE VERIFICATION

PART 1: The applicant should complete Part 1, and then submit Part 1 and Part 2 to **each jurisdiction** in which he or she is currently or has previously been licensed or registered to practice psychology.

1. Full Name of Applicant: _____

[name should be as it appears on official register/license]

2. Address _____

3. Licence/Registration/Certification # _____ Province/State _____

4. I am applying for reciprocal registration in the jurisdiction of _____.

5. I am a fully and currently licensed registrant/licensee claiming eligibility as a reciprocal applicant in the following category:

Category 1: A psychologist registered in a Canadian jurisdiction.

Category 2: A psychologist who is a current registrant of the National Register of Health Service Providers in Psychology and is currently licensed as a psychologist in a jurisdiction in Canada or the United States.

Category 3: A psychologist who holds a current Certificate of Professional Qualification from the Association of State and Provincial Psychology Boards and is currently licensed in a jurisdiction in Canada or the United States;

Category 4: 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).

I hereby authorize the release of information to the Psychological Association of Manitoba about:

A. Information regarding my current or past registration in this jurisdiction.

B. Information about any outstanding complaints against me.

C. Information about any current or prior orders of discipline, censures, reprimands, restrictions, conditions or limitations which have been imposed or accepted by me.

I understand that this document forms part of my official application for registration as a reciprocal applicant to the Psychological Association of Manitoba. I release the regulatory body completing this request from any liability that may arise from the information provided to the Regulatory Body to which I am applying.

Signature of Applicant _____ Date _____

REGULATORY BOARD PLEASE COMPLETE PART 2 →

**PSYCHOLOGICAL ASSOCIATION OF MANTIOBA
REGISTRATION/LICENSURE VERIFICATION FORM**

PART 2. *To be completed by an authorized official of the regulatory body*

1. Full Name of Applicant: _____
[name as it appears on official register/license]
2. License/Registration/Certification # _____ Province/State _____
3. Current Registration Status _____ 4. Authorized for autonomous practice? Yes No
4. Title of Registrant/Licensee/Certificant: **psychologist** or, **psychological associate**
- 4.1 Is applicant authorized for autonomous or independent practice? Yes No
5. Date of initial registration _____
6. Highest degree in psychology on which current registration is based _____
7. Has registration been continuous since date of initial registration? Yes No*
**If "NO" please provide details here or on a separate sheet*
8. Does the applicant have any:
- | | | |
|---|------------------------------|-----------------------------|
| a. current or previous restrictions, terms or limitations on his/her practice | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. unresolved complaints | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. complaints referred to discipline hearing or alternate resolution. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. sanctions or censures. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. past or current revocations or suspensions of registration/licensure | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. other past disciplinary actions not covered above | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please provide details on separate page and attach copies of any relevant documentation for "yes" answers to item 8.

9. Applicant's EPPP Score (std.score or %) _____ Date/Place _____

10. Below, or on a separate sheet, please provide any information or descriptors of the applicant's declared areas of competence or practice at the time of initial registration (e.g., "clinical", "school", populations, interventions, etc.). We recognize that this varies across jurisdictions, but any information you provide will be helpful:

Verified by:

Signature of Official Province/State

Name and Title

Regulatory Body

Telephone #

AFFIX SEAL
HERE

Please return this form to:

The Psychological Association of Manitoba, 162-2025 Corydon Ave., Box #253, Winnipeg MB R3P 0N5, Canada