



Psychologist or Psychological Associate Candidate Application

Before You Begin

- This form is for those enrolled or who have completed a Masters or Doctoral program in Psychology.
- Individuals must be registered with PAM before beginning the practice of psychology in Manitoba.
- The Psychological Association of Manitoba (PAM) is the regulatory body for the practice of Psychology in the province of Manitoba. PAM is legally constituted to register or certify Psychologists for the practice of psychology in all service settings, except settings exempted by provincial legislation.

Application Information & the Review Process

Registration with PAM requires applicants to hold or be enrolled in either a master's or a doctoral psychology degree program acceptable to PAM Council. For Degree Requirements: [See here](#). *Contact the Registrar if you have questions.*

Applied Behaviour Analysis Applicants: *See Appendix I*

Application Review

Complete applications (including supporting documents) received by the **first of the month** (except August) are reviewed at the next scheduled monthly meeting of the Registration & Membership Committee.

Applications that are missing documentation or require follow-up are deferred to a future meeting.

Record checks can take several weeks to process-timelines vary. Applicants are responsible for keeping track of the status of supervisor agreements, transcripts, references, and record checks.

Expiry

Applicants are responsible for ensuring that all necessary documentation has been received. An application for registration expires after one year. Lapsed applications/supporting documents will be destroyed.

Declaring Competencies & Client Populations

The PAM Registration & Membership Committee approves competencies when they review oral exam applications. Approval is based on several factors: title of degree (ABA, Clinical, Health, School, etc.), coursework, research, practicum, internship, supervised experience etc. [See Fields of Practice and Client Groups Definitions](#).

Application Checklist & Required Documentation

Fillable Application Form: Submit by [email](#) or regular mail (**NO couriers/registered mail**)

Application Fee: \$400 (Non-refundable)

Payment Options:

1. Cheque payable to The Psychological Association of Manitoba
2. Etransfer, [payable here](#)

References (3 current): Sent directly from psychology providers registered for independent practice who are familiar with your work. [Available here](#)

Supervisor Agreements (current): For each registered PAM Supervisor. [Available here](#)

Official transcripts: Mailed or emailed directly to PAM from all undergraduate and graduate degrees.

Current CV

Record Checks:

- [Criminal Record with Vulnerable Sector Search](#) (Available through your local Police/RCMP detachment)
- [Child Abuse Registry](#)
- [Adult Abuse Registry](#)



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Once You Are a Candidate

Candidacy Timeframe

The status of a Psychologist Candidate requires continued enrolment in a doctoral program in psychology, or you must have completed your doctoral degree and be actively working towards completing the remaining requirements for registration as a psychologist. The candidate status is not intended to be a long-term supervised practice designation. Following the completion of the doctoral degree, candidates are expected to complete all remaining requirements **within two years**. Extensions are at the discretion of the Registrar.

Masters Level Candidates must have completed a Master's degree in Psychology, which **must** contain a research component and a Master's thesis to be eligible. To be eligible for independent practice, a Masters candidate must be in supervised practice for at least 4 years and must complete all remaining requirements **within 6 years**. Extensions are at the discretion of the Registrar.

Supervision Requirements

Candidates may begin accruing supervision hours for the purpose of registration after the following conditions have been met: (a) they have formally been approved as candidates for registration, (b) they have completed all the requirements for their graduate degree, and (c) they have signed an agreement with an approved supervisor. (Note: approved supervisor(s) must have an equivalent graduate degree as the candidate or higher).

1. [Appraisal forms](#): must be submitted **every six months** during the candidacy period.
2. [Record of Hours](#): Supervision hours must be carefully recorded during the candidacy using the fillable *Record of Hours* form and **only** submitted when hours are fully met and are to be submitted with the Oral Exam application.

Required Hours

Doctoral Candidates

Supervision by a Registered Supervisor for a period equivalent to two years (one year of full-time experience normally involves a minimum of 1500 hours of acceptable professional activity), 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) and the other could be from a pre-doctoral internship. Note: educational activities or staff meetings not directly related to client care (e.g., do not result in information being added to a health record) may not be counted as supervision.

Master's Level Candidates

This period of supervised practice is 4 years post graduate degree, or a total of 400 hours of individual supervision, following the same criteria as above.

Group Supervision Hours

Up to 25% of supervision can be obtained in group supervision. When the supervisee's own cases are being discussed with the supervising psychologist, then that time can be counted as individual supervision (full credit). When the supervisee is observing the supervision of someone else's work in group supervision, then this is considered to be group supervision and is counted at ½ credit of individual supervision.

Asynchronous Supervision

Up to 25% of individual supervision can also be asynchronous, which is defined as the time a supervisor spends making detailed comments about the supervisee's work, which is then provided to the supervisee for their later review. The most common way for this to occur is from detailed feedback on an assessment report. It is up to the supervisee to obtain from their supervisor the amount of time they spent on asynchronous supervision. Note that this can only be counted when the supervisor provides detailed feedback that the supervisee subsequently spends time reviewing.

If you are unsure if your supervised experience will be acceptable, [please contact the Registrar](#).



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Examinations

Jurisprudence Examination

The Jurisprudence Examination is an open-book online exam that candidates are required to pass in order to obtain a certificate of registration authorizing autonomous practice. It is a 50-item multiple choice examination that focuses on legislation, standards and code of ethics, applicable to the practice of psychology in Manitoba.

Candidates are encouraged to sit the exam earlier in their candidacy to familiarize themselves with relevant policies and standards.

Examination for Professional Practice in Psychology (EPPP Part 1-Knowledge and Part 2-Skills)

Passing of the EPPP Part 1-Knowledge and Part 2-Skills is required to obtain a certificate of registration authorizing autonomous practice in Manitoba.

- The EPPP Part 1-Knowledge assesses foundational knowledge related to the practice of psychology.
- The EPPP Part 2-Skills is a skills-based assessment that includes questions about applied, real world situations that psychologists face in practice and can only be taken after the EPPP (Part 1-Knowledge) has been taken and passed. The passing score of the EPPP (Part 2-Skills) is 500. If a candidate comes close to a pass (490-499) then they are advised to contact the office to discuss potential options.
- For more information, please review the [EPPP Handbook](#).

Exam Registration

Registering for the Jurisprudence and EPPP Exams:

Please contact officecpmb@gmail.com to register. A link to [online payment](#) is available on the website.

Oral Examination:

The Oral Examination is the last step in becoming registered to practice autonomously.

To sit this examination, candidates must have fulfilled all candidacy requirements. In addition, candidate supervisors must indicate readiness for autonomous practice in all rating categories on the final work appraisal.

Exam Format: Exams are held over Zoom conference.

Exam Information: [click here](#)

Application & Scheduling:

The Oral Examination Application Form is available on the website along with payment information. Oral exam applications are reviewed in January, April and October and exams are held from October to June annually. We attempt to schedule exams as quickly as possible, however, scheduling is based on the availability of three psychologist examiners and the applicant.

- January Exam Deadline: Exam will be scheduled from January to March
- April Exam Deadline: Exam will be scheduled from April to June
- October Exam Deadline: Exam will be scheduled October to December
- Exams are not held in July, August or September



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SECTION A: Contact Information

Submit completed application by regular mail only or email:

The Psychological Association of Manitoba
307-1661 Portage Ave., Winnipeg MB R3J 3T7
Ph: 204-487-0784 www.cpmb.ca
Email: officecpmb@gmail.com

For office use only

Date form completed: _____

Category of Registration you are Applying For:

- Psychologist Candidate Psychological Associate Candidate (MA Level)

Important:

1. Both a personal and practice address, email and telephone number must be provided.
2. If you are a student, and you do not yet have a business address, leave practice information blank.
3. Personal email is required and is the address used to communicate with members.

Personal Contact Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Preferred Pronoun: _____
 DD MM YYYY

Residential Address: _____

City: _____ Province: _____

Personal Email: _____ **(REQUIRED)**

Home Phone: _____ Mobile Phone: _____

Professional Contact Information

Practice Address: _____ List on Registrant directory? Yes No

Practice Phone: _____ List on Registrant directory? Yes No

Practice Website: _____

City: _____ Province: _____

Practice Email: _____

Supervisor(s) (list supervisors that have you have obtained agreements from):



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SECTION B: Declaration of Good Character

- Applicants must answer the following questions.
- Failure to provide honest responses may result in a finding of professional misconduct.
- For “yes” responses please provide details below or attach additional information.

1. Have you ever had an application for registration denied by a regulatory body/authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever been found to have committed professional malpractice by a court or tribunal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you currently named as a defendant in a civil proceeding where professional malpractice/negligence is alleged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you currently the subject of an inquiry, investigation or proceeding in respect of allegations of professional misconduct, incompetence, fitness to practise or incapacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever been censured or reprimanded for sexual harassment or sexual misconduct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you ever been found guilty of academic dishonesty by a post-secondary educational institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you ever been suspended or expelled from any post-secondary educational institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Are you now abusing, dependant on, or being treated for the abuse or dependence on alcohol or a drug?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Have you ever abused, been dependant on, or been treated for the abuse or dependence on alcohol or a drug?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Have you ever been denied or had a license, certificate, registration or permit revoked due to lack of good character?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Have you ever been suspended, disqualified, censured, or disciplined as a member of any professional organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. 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 <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you ever been found guilty of fraud or been found to have committed fraud?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. 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 <input type="checkbox"/>	No <input type="checkbox"/>
15. Have you ever been dismissed from or asked to resign from any employment due to negligence, professional misconduct or dishonesty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. 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 <input type="checkbox"/>	No <input type="checkbox"/>
17. Have you ever been found guilty of an offence under a psychology regulatory act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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SECTION C: Previous Certification Declaration

C1

Are you currently 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?

Yes No

If Yes, 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.

C2

Has any diploma, certificate or license granted to you 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 No

If Yes, please append details on a separate sheet headed C2.

C3

Have you ever had an application for registration or licensing as a psychological provider rejected?

Yes No

If Yes, please append details on a separate sheet headed C3

C4

In Manitoba or any jurisdiction have you ever been convicted of professional misconduct, incompetence, or incapacity in relation to any health profession including the profession of psychology?

Yes No

If Yes, please append details on a separate sheet headed C4.

C5

In Manitoba or any jurisdiction are you the subject of a current proceeding for professional misconduct, incompetence, or incapacity, in relation to any health profession including the profession of psychology?

Yes No

If Yes, please append details on a separate sheet headed C5.

C6

Have you ever taken the "Examination for Professional Practice in Psychology" (EPPP) administered by the ASPPB?

Yes No

If Yes, please arrange to have the Board that approved your candidacy forward your score to the Association.



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SECTION D: Educational Preparation

Transcripts: Applicants must arrange for official transcripts for both undergraduate and graduate degrees to be sent directly by the universities **to the Association** (mail or email). Copies are not accepted.

D1 Education

Educational Institution	Degree Awarded	Date (DD/MM/YYYY)	Major Subject	Minor Subject

D2 Official title of the Department in which you were enrolled for graduate degree(s)

Masters: _____ Doctorate: _____

D3 Title of degree/program in psychology at the graduate level

Masters: _____ Doctorate: _____

D4 Is your doctoral degree from a CPA or APA accredited program?

Yes No

D5 Title of master's thesis

Describe nature of data collection:

Advisor/Supervisor: _____

Reference (if published): _____

D6 Title of doctoral thesis

Describe nature of data collection:

Advisor/Supervisor: _____

Reference (if published): _____



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SECTION E: Coursework

Foundational knowledge and skills for professional practice in psychology. Detailed descriptions of all psychology coursework are required.

E1 FOUNDATIONAL KNOWLEDGE: Biological Bases of Behaviour

Includes courses: physiological psychology, comparative psychology, neuropsychology, sensation & perception, psychopharmacology, brain and behaviour, genetics and behaviour, biology of stress.

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E2 FOUNDATIONAL KNOWLEDGE: Cognitive Affective Bases of Behaviour

Includes courses: learning, thinking, cognition, theories of motivation, theories of emotion, memory, language, self-regulation, information processing, problem-solving.

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E3 FOUNDATIONAL KNOWLEDGE: Social and Cultural Bases of Behaviour

Includes courses: social psychology, group processes, organizations and systems, community psychology, environmental psychology, culture and society, interpersonal relationships, family systems, social justice, diversity.

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E4 FOUNDATIONAL KNOWLEDGE: Individual Differences, Growth, Lifespan Development

Includes courses: personality theory, human development, abnormal psychology, developmental abnormalities, psychopathology, individual differences, behaviour risk factors, aging, resilience and coping, individual sexuality, effects of trauma, health behaviours.

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E5 FOUNDATIONAL KNOWLEDGE: History & Systems in Psychology

Includes courses: history of psychology, historical development of professional practice, philosophical foundations of psychology.

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E6 FOUNDATIONAL KNOWLEDGE: Foundations in Psychopharmacology

Note: Coursework information is gathered on psychopharmacology, but this has not yet been made a requirement for registration.

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E7 FOUNDATIONAL KNOWLEDGE: Neuropsychology (if declared)

Courses should cover:

- a. Functional neuroanatomy
- b. Neurological and related disorders, including their etiology, pathology, course, and treatment
- c. Non-neurologic conditions affecting central nervous system (CNS) functioning
- d. Neuroimaging and other neurodiagnostic techniques
- e. Neurochemistry of behavior (e.g., psychopharmacology)
- f. Neuropsychology of behavior

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E7 FOUNDATIONAL KNOWLEDGE: Neuropsychology (continued)

E. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

F. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

G. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

H. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E8 FOUNDATIONAL KNOWLEDGE: Research

Includes courses: research design, research methods, quantitative and qualitative research, statistical analysis, test construction, psychological measurement

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E9 PROFESSIONAL KNOWLEDGE: Intervention

Includes courses: humanistic approaches, behavioural therapy, ABA, cognitive/CBT approaches, psychodynamic approaches, family systems therapy, play therapy, counselling techniques, psychoeducation, rehabilitation, relational/interpersonal approaches, culturally informed approaches, community interventions, career counselling, organizational interventions.

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E10 PROFESSIONAL KNOWLEDGE: Assessment & Diagnosis

Includes courses: cognitive assessment, intellectual assessment, personality assessment, neuropsychological assessment, achievement testing, vocational assessment, behavioural assessment, psychopathology, case formulation, interviewing, diagnostic classification systems.

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E11 PROFESSIONAL KNOWLEDGE: Ethics & Standards

Includes courses: professional standards and conduct, jurisprudence, regulations, codes of ethics.

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E12 PROFESSIONAL KNOWLEDGE: Consultation

Includes courses: consulting psychology, inter-professional/multi-disciplinary teams, organizational consultation, school or other agency consultation (Note: not all programs include courses in this area, so courses in this section are not required).

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E13 PROFESSIONAL KNOWLEDGE: Supervision

Includes courses: theories or models of supervision, the opportunity to supervise more junior trainees (Note: not all programs include courses in this area, so courses in this area are not required).

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E14 PROFESSIONAL KNOWLEDGE: Program Evaluation

Includes courses: program evaluation, service development, program implementation (Note: not all programs include courses in this area, so courses in this area are not required).

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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E15 OTHER PSYCHOLOGY GRADUATE COURSES NOT COVERED PREVIOUSLY

A. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

B. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

C. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):

D. Course Title: _____ Institution: _____ Year: _____

Level: Bachelors Masters Doctoral

Hours of Instruction: _____ No. Credits: _____ Course #: _____

Course Content (brief description):



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SECTION F: Practicum During Graduate Training

Beginning with the most recent, give a complete record of the supervised practica that were part of your graduate training. Include other pages if you have more than 6 practica.

Practicum #1

Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Services offered: _____

Duties: _____

Type of Clients: _____

Full Time or Part Time Total Hours: _____

Direct Service Hours Intervention: _____ Direct Service Hours Assessment: _____

Individual supervision hours by a licensed psychologist: _____ Group supervision hours by a licensed psychologist: _____

Individual supervision hours by a non-licensed psychologist or other licensed health care provider: _____

Group supervision by a non-licensed psychologist or other licensed health care provider: _____

Supervisors Name: _____ Email Address: _____

Address: _____ Phone: _____

Professional Affiliation/Regulatory Body: _____

Practicum #2

Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Services offered: _____

Duties: _____

Type of Clients: _____

Full Time or Part Time Total Hours: _____

Direct Service Hours Intervention: _____ Direct Service Hours Assessment: _____

Individual supervision hours by a licensed psychologist: _____ Group supervision hours by a licensed psychologist: _____

Individual supervision hours by a non-licensed psychologist or other licensed health care provider: _____

Group supervision by a non-licensed psychologist or other licensed health care provider: _____

Supervisors Name: _____ Email Address: _____

Address: _____ Phone: _____

Professional Affiliation/Regulatory Body: _____



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Practicum #3

Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Services offered: _____

Duties: _____

Type of Clients: _____

Full Time or Part Time Total Hours: _____

Direct Service Hours Intervention: _____ Direct Service Hours Assessment: _____

Individual supervision hours by a licensed psychologist: _____ Group supervision hours by a licensed psychologist: _____

Individual supervision hours by a non-licensed psychologist or other licensed health care provider: _____

Group supervision by a non-licensed psychologist or other licensed health care provider: _____

Supervisors Name: _____ Email Address: _____

Address: _____ Phone: _____

Professional Affiliation/Regulatory Body: _____

Practicum #4

Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Services offered: _____

Duties: _____

Type of Clients: _____

Full Time or Part Time Total Hours: _____

Direct Service Hours Intervention: _____ Direct Service Hours Assessment: _____

Individual supervision hours by a licensed psychologist: _____ Group supervision hours by a licensed psychologist: _____

Individual supervision hours by a non-licensed psychologist or other licensed health care provider: _____

Group supervision by a non-licensed psychologist or other licensed health care provider: _____

Supervisors Name: _____ Email Address: _____

Address: _____ Phone: _____

Professional Affiliation/Regulatory Body: _____



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Practicum #5

Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Services offered: _____

Duties: _____

Type of Clients: _____

Full Time or Part Time Total Hours: _____

Direct Service Hours Intervention: _____ Direct Service Hours Assessment: _____

Individual supervision hours by a licensed psychologist: _____ Group supervision hours by a licensed psychologist: _____

Individual supervision hours by a non-licensed psychologist or other licensed health care provider: _____

Group supervision by a non-licensed psychologist or other licensed health care provider: _____

Supervisors Name: _____ Email Address: _____

Address: _____ Phone: _____

Professional Affiliation/Regulatory Body: _____

Practicum #6

Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Services offered: _____

Duties: _____

Type of Clients: _____

Full Time or Part Time Total Hours: _____

Direct Service Hours Intervention: _____ Direct Service Hours Assessment: _____

Individual supervision hours by a licensed psychologist: _____ Group supervision hours by a licensed psychologist: _____

Individual supervision hours by a non-licensed psychologist or other licensed health care provider: _____

Group supervision by a non-licensed psychologist or other licensed health care provider: _____

Supervisors Name: _____ Email Address: _____

Address: _____ Phone: _____

Professional Affiliation/Regulatory Body: _____



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SECTION G: Internship/Residency

For doctoral programs that require a pre-doctoral residency or internship, provide the following information.

Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Major Rotation 1: _____

Services offered: _____

Duties: _____

Type of Clients: _____

Major Rotation 2: _____

Services offered: _____

Duties: _____

Type of Clients: _____

Major Rotation 3: _____

Services offered: _____

Duties: _____

Type of Clients: _____

Major Rotation 4: _____

Services offered: _____

Duties: _____

Type of Clients: _____

List any other rotations: _____

Full Time or Part Time Total Hours: _____

Direct Service Hours Intervention: _____ Direct Service Hours Assessment: _____

Individual supervision hours by a licensed psychologist: _____ Group supervision hours by a licensed psychologist: _____

Individual supervision hours by a non-licensed psychologist or other licensed health care provider: _____

Group supervision by a non-licensed psychologist or other licensed health care provider: _____

Director of Training: _____ Email Address: _____

Address: _____ Phone: _____

Professional Affiliation/Regulatory Body: _____



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SECTION H: Additional Supervised Experience

Beginning with the most recent, give a complete record of any other supervised experience that you have obtained that was not part of your graduate program.

1. Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Services offered: _____

Your Duties: _____

Type of Clients: _____

Full Time or Part Time Total Hours: _____

Supervisor's Name: _____ Professional Affiliation: _____

Email Address: _____

Address: _____ Phone: _____

2. Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Services offered: _____

Your Duties: _____

Type of Clients: _____

Full Time or Part Time Total Hours: _____

Supervisor's Name: _____ Professional Affiliation: _____

Email Address: _____

Address: _____ Phone: _____

3. Date from: _____ to: _____ Title/Position: _____

Institution/Organization Name: _____

Services offered: _____

Your Duties: _____

Type of Clients: _____

Full Time or Part Time Total Hours: _____

Supervisor's Name: _____ Professional Affiliation: _____

Email Address: _____

Address: _____ Phone: _____



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SECTION I: Authorized Supervised Practice

Indicate the setting where you will be obtaining supervised experience as a candidate for registration. Note, should this change at anytime during your candidacy, this change must be approved.

1. Title or Position: _____ Start Date: _____

Organization or Institution Name: _____

Full Time or Part Time If part time # of hours per week: _____

Supervisor's Name: _____ Title: _____

Email Address: _____ Phone: _____

Work Address: _____ Phone: _____

General services offered by organization or institution:

Your duties and Types of Clients:

2. Title or Position: _____ Start Date: _____

Organization or Institution Name: _____

Full Time or Part Time If part time # of hours per week: _____

Supervisor's Name: _____ Title: _____

Email Address: _____ Phone: _____

Work Address: _____ Phone: _____

General services offered by organization or institution:

Your duties and Types of Clients:



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SECTION J: References

List the names, positions and contact information of three licensed psychology providers who know your clinical work well. [Reference forms are available here](#) and are to be emailed directly by the referee.

Referees may be contacted for confirmation purposes.

Reference #1

Name: _____

Position: _____

Email Address: _____ Phone: _____

Reference #2

Name: _____

Position: _____

Email Address: _____ Phone: _____

Reference #3

Name: _____

Position: _____

Email Address: _____ Phone: _____



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SECTION L: Fields of Practice and Client Groups Declaration

Please read the [Fields of Practice and Client Groups Definitions](#) carefully before completing the declaration.

Fields of Practice

The eligible Fields of Practice for registration in Manitoba are:

1. Applied Behaviour Analysis (ABA)
2. Clinical Psychology
3. Counselling Psychology
4. Forensic Psychology
5. Health Psychology
6. Industrial/Organizational Psychology
7. Neuropsychology
8. Rehabilitation Psychology
9. School Psychology

From the list above what is the primary Field of Practice that you are seeking to be registered to practice in:

Additional Fields of Practice that you are seeking to be registered in (note that additional information may be requested):

Service and Client Groups

Declare the services and client groups where you are seeking to practice independently:

Psychological Service	Children	Adolescents	Adults	Couples	Families	Geriatric/ Older Adults
Diagnosis of Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment with Psychological Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention/ Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clarify if you intend to seek a different configuration of service and client groups for any additional Fields of Practice that you are seeking:



Psychologist or Psychological Associate Candidate Application

SECTION M: Authorization

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.

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 Regulatory Candidate 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 I would not be registered as a member of PAM for failure to adhere to PAM's Standards and Guidelines.

Name: _____ Date Signed: _____

Signature: _____



APPENDIX: Applied Behaviour Analysis (ABA) Requirements

Pre-doctoral practicum requirements ABA applicants from the University of Manitoba

ABA graduate students from the University of Manitoba who seek registration must meet the pre-doctoral practicum requirements described by the ACPRO Guidelines for Entry to Practice (<https://acpro-aocrp.ca>). These include:

1. Students will acquire practicum experiences that provide a minimum of 200 hours of face-to-face client contact.
2. The experience must be an integrated component of the graduate training program and be approved by the program.
3. Practicum supervisors will be accountable to the student's training program through formal evaluation of the supervisee.
4. A minimum of 100 hours of supervision. A minimum 75% of supervision must be individual.
5. The primary supervisor must be a registered psychologist. Supervision by a BCBA-D who is not a registered psychologist will not be acceptable.

Accommodations for ABA students first enrolled after September 1, 2021, and until December 31, 2023.

1. Students must have fieldwork experiences that provide a minimum of 200 hours of face-to-face client contact.
2. A minimum of 100 face-to-face client hours in ABA practicum experiences in which the academic supervisor is a faculty member or an adjunct appointed by the program.
3. Up to a maximum of 100 ABA client face-to-face professional field experience hours obtained from a sanctioned work experience with a registered psychologist and approved by the program as equivalent to a practicum experience.
4. Students are encouraged to find primary practicum supervisors who are registered psychologists. However, supervision by a BCBA-D who is not a registered psychologist will be acceptable.

Accommodations for ABA students enrolled before September 1, 2021.

Graduated students, and students who entered the ABA graduate program prior to September 1, 2021, will not be required to satisfy the requirements described above and their applications will be considered on a case-by-case basis. However, these students should seek out appropriate practicum experiences before graduating to the fullest extent possible. Work experiences that provide supervised training could be used and should be as close as possible to what would be obtained in a practicum (i.e. with a focus on professional development/education). These students should seek an attestation from their supervisor(s) about the equivalency of work experiences to program sanctioned practicum training, which would be reviewed by PAM to assess equivalency. Students could obtain BCBA-D certification and then apply for PAM registration. For applicants with a BCBA-D, but lacking practicum training requirements, PAM would regard the BCBA-D practical work requirement as equivalent in quality in instances when these training experiences have been supervised by a psychologist and the nature of the work is directly applicable to work of a professional psychologist.

Note that until ABA graduates are required to complete a pre-doctoral internship or residency, the two years of supervised professional experience required for registration with PAM will need to be completed after the ABA student has completed their Ph.D. **To count a portion of supervised experience prior to graduation requires approval.**