



The Psychological Association of Manitoba Courtesy Registration Application (Single Current Client 30 Consecutive Days)

The Psychological Association of Manitoba allows out of province psychologists registered in good standing in a Canadian jurisdiction to provide telepsychology with one current client where services started in another province/territory and where the client has relocated to Manitoba for a maximum of 30 consecutive days.

Name _____ Email: _____

Address _____ Phone: _____

Current Licensing Body: _____ Reg # _____

Current Registration Category: _____ Highest Academic Degree: _____

Attestation: Please read the following, sign below and return this form by email officecpmb@gmail.com

YES NO

1. I am a registered psychological service provider with autonomous practice privileges and am in good standing in the jurisdiction of: _____
2. I am not currently the subject of any ongoing disciplinary investigations or actions
3. My psychology registration has never been suspended or revoked in any jurisdiction
4. There are no current restrictions on my license to practice psychology
5. I am insured for a minimum of \$2-million and it covers practice in Manitoba
6. I accept that in the event that this service results in a formal complaint to PAM, the complaint will be reviewed by PAM and may be referred to my home jurisdiction
7. I have reviewed the [Telepsychology Guidelines](#) on the PAM website
8. I will practice within my approved competencies and in keeping with any terms, limits and conditions on my registration for a maximum of thirty days with one client.
9. I acknowledge that in Manitoba practitioners who hold a doctoral degree in psychology are granted the title *Registered Psychologist*, while those with a master's degree are entitled *Psychological Associate*

•The Courtesy Registration is for one current client only. A new client would require completion of this form or Temporary or Full Registration.

•The legislation relevant to the practice of psychology in Manitoba can be found [here](#)

By signing below, I attest to the accuracy of the information provided in this application and I agree to make myself aware of, and remain in compliance with, all Acts and By-Laws which govern the practice of Psychology in Manitoba.

Manitoba Courtesy Practice Start Date: _____ End Date: _____

Name: _____ Signature: _____ Date: _____