



# Expanded Area of Practice Application

## Before You Begin

Autonomous practice psychology members who wish to be authorized for a new area of practice and/or client group must first make a submission to the College’s Registration & Membership Committee by submitting this form and the \$200 fee.

The Committee may request additional information after reviewing this application.

## Instructions

1. This fillable PDF form **must** be typed. Attach additional pages if needed.
2. Submit the **\$200** fee by [etransfer](#) or cheque payable to *The Psychological Association of Manitoba*.
3. Email the completed form to [office@cpmb.ca](mailto:office@cpmb.ca) by the first of the month.
4. Ensure your plan has been approved by the Registration & Membership Committee before starting it.

## SECTION A: Contact Information

Application Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

PAM Registration #: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## SECTION B1: I am currently authorized to practice:

- Applied Behaviour Analysis (ABA)
- Clinical Psychology
- Counselling Psychology
- Forensic Psychology
- Health Psychology
- Industrial/Organizational Psychology
- Neuropsychology
- Rehabilitation Psychology
- School Psychology

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"/>



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## SECTION B2: I am requesting to add:

- Applied Behaviour Analysis (ABA)
- Clinical Psychology
- Counselling Psychology
- Forensic Psychology
- Health Psychology
- Industrial/Organizational Psychology
- Neuropsychology
- Rehabilitation Psychology
- School Psychology

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"/>

## SECTION B3: Briefly explain the reason for your request:



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## SECTION C: Summary of Supervision Plan

Skills are acquired through practice under the supervision of a PAM member(s) authorized to practice psychology in the new area. As well as client contact, this will include discussion of relevant clinical and especially diagnostic issues with the peer supervisor(s) and discussion of the practical application of ethics and jurisprudence knowledge.

A Signed [Supervisor Agreement](#) must be included with this form and for each supervisor.

1. Describe your intended practice in the new area(s):

2. What is the age range of clients you will see: \_\_\_\_\_

3. What kinds of presenting issues will you see and what kinds of services will you provide:

4. How many cases do you plan to see under supervision:

5. Supervised cases will take place with the following registrants(s) of the College:

6. Supervised cases will take place at (provide the practice name, address and website):

Supervised Start Date: \_\_\_\_\_ Supervised End Date: \_\_\_\_\_



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## SECTION D: Summary of Education/Professional Development

In the tables below, list any recent and relevant professional development that you have either completed or plan to complete since your initial registration. This may include seminars, workshops, degrees, professional certificates, or similar continuing education activities specifically related to the new area of practice/client group being requested.

**Please include copies of certificates/transcripts with your application and include links to training.**

### Completed Education

Title	Brief Description	Completion Date

### Proposed Education

Title	Brief Description	Completion Date



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### SECTION E: 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 the eligibility of my request. I agree to save harmless all officers, directors, employees, servants and agents of PAM and those granting information regarding this request 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 this request

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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_