



## PSYCHOLOGIST/PSYCHOLOGICAL ASSOCIATE RECIPROCITY USA APPLICANTS

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.

### BEFORE YOU BEGIN:

- This form is for applicants who have completed a Doctoral program in Psychology and are currently registered in one of the categories listed below.
- Individuals must be registered with PAM before beginning the practice of psychology in Manitoba
- All applicants must maintain registration or licensure in their home jurisdiction until registered in Manitoba.

### ELIGIBILITY REQUIREMENTS FOR RECIPROCITY REGISTRATION:

- a) Currently licensed to practice independently as a psychologist or a psychological associate in the United States (applicants registered in a Canadian jurisdiction are asked to use the Canadian Free Trade Agreement Form [here](#))
- b) Currently practicing in the originating (home) jurisdiction
- c) No history of disciplinary actions

### AND

### MUST BE REGISTERED IN ONE OF THE FOLOWING REGISTRATION CATEGORIES:

1. Applicant holds an ASPPB Certificate of Professional Qualification (CPQ)
2. Applicant is a listee with the National Register of Health Service Providers in Psychology
3. Applicant is currently licensed in a jurisdiction which is a member of the ASPPB Reciprocity Agreement, and has been continuously licensed in the home jurisdiction for a minimum of five years immediately preceding the date of application (visit [www.asppb.org](http://www.asppb.org) for an updated list of members).

### MASTER'S LEVEL APPLICANTS:

Applicants currently registered as a psychologist on the basis of a master's degree or as a psychological associate (with autonomous or independent practice), at least one of the above eligibility requirements must be met for reciprocal registration. Successful applicants would be registered in Manitoba as Psychological Associates certified for Independent Practice.

Applicants from jurisdictions that register psychologists with both master's degrees and doctoral degrees will be required to provide evidence indicating the degree upon which registration in the home jurisdiction was based. Registration in Manitoba would then be considered on that basis. For example, if an applicant was registered as a psychologist on the basis of a master's degree, and later completes a doctoral degree, the doctoral degree will only be recognized by PAM if it can be demonstrated that the doctoral degree was approved by the regulatory board in the home jurisdiction for that applicant, and that the registration of the applicant in the home jurisdiction is now based on the newly acquired doctoral degree.

## APPLICATION INFORMATION & THE REVIEW PROCESS:

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, transcripts verification forms, transcripts, references and record checks.

### EXPIRY:

An application for registration expires after one year at which point applications/supporting documents, will be destroyed.

### SUBMITTING YOUR APPLICATION:

1. Please mail (regular mail only) or email your application and support materials
2. We **do not** accept applications submitted by courier, fax or registered mail.
3. **NO STAPLES**

Submit by scanning completed application and emailing to: [officecpmb@gmail.com](mailto:officecpmb@gmail.com)

Or by regular mail to:

The Psychological Association of Manitoba  
1661 Portage Ave., Suite 307 Winnipeg, Manitoba Canada R3J 3T7

## ADDITIONAL APPLICATION REQUIREMENTS:

### JURISPRUDENCE EXAMINATION (JPE)

The Jurisprudence Examination (JPE) is an open-book online exam that applicants are required to pass. It is a 50-item multiple choice examination that focuses on legislation, regulations, standards, guidelines, and codes of ethics, applicable to the practice of psychology in Manitoba.

Information regarding study guides is available [here](#)

### ORAL INTERVIEW

After successfully passing the Jurisprudence examination, the Registrar will email the applicant to arrange a time to conduct the oral interview.

The interview consists of a brief phone or virtual meeting with the Registrar. This is an opportunity to confirm the applicants' approved areas of practice/client groups and review Manitoba legislation, practice standards and to answer any questions applicants may have before they beginning practice.

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## APPLICATION CHECKLIST & REQUIRED DOCUMENTATION:

- Application Form** Completed in full and emailed or mailed by regular post
- Application Fee:** \$800 (\$300 exam portion refundable if application is ineligible)  
Payment Options: 1. cheque payable to *The Psychological Association of Manitoba*  
2. e-transfer, payable [here](#)
- References** (current): sent directly from three psychologists who are familiar with your work.  
Available [here](#)
- Curriculum Vitae**
- EPPP Score(s) submitted by regulatory board or ASPPB**
- Verification Forms** from all current and past psychology regulatory boards.  
Please contact current and past regulatory boards and have them submit verification directly to PAM.
- Official transcripts:** mailed or emailed directly to PAM from all undergraduate and graduate degrees
- Record Checks: Criminal Record with Vulnerable Sector Search** available through your local Police detachment/Federal Agency.

## RECIPROCITY APPLICATION

For office use only

Date form completed: \_\_\_\_\_

### Section A Contact Information & Application Category

#### Personal Contact Information:

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred Pronoun \_\_\_\_\_  
DD MM YYYY

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_ Post Code/Zip \_\_\_\_\_

Personal Email: \_\_\_\_\_ (REQUIRED)

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

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

#### Professional Contact Information:

Manitoba Practice Address: \_\_\_\_\_ List on Registrant directory? Yes  No

Manitoba Practice Phone: \_\_\_\_\_ List on Registrant directory? Yes  No

Practice Email: \_\_\_\_\_

#### CURRENT CATEGORY OF REGISTRATION IN THE USA (check one)\*

- Category 1: Member of National Register and currently licensed in Canada or U.S.
- Category 2: CPQ Holder and currently licensed in Canada or U.S.
- Category 3: Currently licensed (minimum 5 years) in ASPPB Reciprocity Jurisdiction.

#### LEVEL OF REGISTRATION YOU ARE APPLYING FOR (check one)

- Psychologist (Doctoral level applicants)
- Psychological Associate Certified for Independent Practice (Master's level applicants). If applying for psychologist level, registration in your home jurisdiction must have been based on a doctoral degree.

## B AREAS OF COMPETENCE DECLARATION

The areas of competence listed below should:

- (1) match what is identified or confirmed by your home jurisdiction;  
and;
- (2) reflect the name of your degree program.

If the home jurisdiction does not identify areas of competency, then applicants may be asked to provide further information regarding their competencies in the form of academic coursework, supervised experience, work experience, or other relevant experience (e.g., research, publications, etc.)

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

**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 are the Fields of Practice that you are seeking to be registered to practice

\_\_\_\_\_

### Client Groups

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"/>

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

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

Applicant Signature or Initial: \_\_\_\_\_

**Transcripts:** Applicants are required to arrange for an official transcript of the courses and grades for both undergraduate and graduate degrees to be sent directly by educational institutions to the Association (mail or email)

**C1**

Educational Institution	Degree Awarded	Date d/m/y	Major Subject	Minor Subject

**C2 Official title of the Department in which you were enrolled for graduate degree(s):**

Masters: \_\_\_\_\_ Doctorate: \_\_\_\_\_

**C3 Title of degree/program in psychology at the graduate level:**

Masters: \_\_\_\_\_ Doctorate: \_\_\_\_\_

**C4 Is your doctoral degree from a CPA or APA accredited program?** Yes  No

**C5 Title of master's thesis:**

\_\_\_\_\_

Supervisor:

\_\_\_\_\_

Reference (if published):

\_\_\_\_\_

**C6 Title of doctoral thesis:**

\_\_\_\_\_

Supervisor:

\_\_\_\_\_

Reference (if published):

\_\_\_\_\_

**Section D Credentials & Registration History**

<b>D1 CURRENT REGISTRATION STATUS:</b>	<b>Yes</b>	<b>No</b>
1. Is your graduate degree from a program of study accredited by the CPA or the APA?		
2. Do you hold a <i>Certificate of Professional Qualification</i> issued by ASPPB?		
3. Are you currently credentialed by the Canadian Register of Health Service Providers in Psychology		
4. Are you listed with the National Register of Health Service Providers in Psychology		
Please list any additional credentials not already specified:		

**D2 CURRENT AND PAST REGULATORY HISTORY:**

Name of current Regulatory Agency: \_\_\_\_\_

Date of Initial Registration: **d/m/y** \_\_\_\_\_ Registration continuous? Yes  No

If No, please explain \_\_\_\_\_

Highest degree on which this registration is based? \_\_\_\_\_

Additional Current Regulatory Agency (if applicable): \_\_\_\_\_

Date of Initial Registration: **d/m/y** \_\_\_\_\_ Registration continuous? Yes  No

If No, please explain \_\_\_\_\_

Highest degree on which this registration is based? \_\_\_\_\_

Previous Regulatory Agency (if applicable): \_\_\_\_\_

Date of Initial Registration: **d/m/y** \_\_\_\_\_ Registration continuous? Yes  No

If No, please explain \_\_\_\_\_

Highest degree on which this registration is based? \_\_\_\_\_

Previous Regulatory Agency (if applicable): \_\_\_\_\_

Date of Initial Registration: **d/m/y** \_\_\_\_\_ Registration continuous? Yes  No

If No, please explain \_\_\_\_\_

Highest degree on which this registration is based? \_\_\_\_\_

**Continued**

**D3**

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 number. Please request regulatory board(s) to submit a verification of registration to PAM.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**D4**

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 D4.

**D5**

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 D5.

**D6**

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 D6.

**D7**

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 D7.

**D8**

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.

## Section E 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 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"/>



**F REFERENCES**

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

**Please note 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:** \_\_\_\_\_

## G AUTHORIZATIONS

- 1.** 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.
- 2.** 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.
- 3.** 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.
- 4.** 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 Registered Psychologist or Psychological Associate, 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 registration as a Psychologist or Psychological Associate refused by PAM for failure to adhere to PAM’s Standards and Guidelines. It is my responsibility to ensure that I keep myself informed of any applicable rules, regulations, standards or guidelines relevant to my area of practice.
- 5.** I understand that my application for reciprocal registration/licensure will be processed/reviewed only when the all of the required documentation has been received by PAM. I agree that I will maintain full registration/licensure as a psychologist or psychological associate in the jurisdiction(s) where I am currently licensed to practice psychology until I am registered in Manitoba.
- 6.** I am aware that licensure in another jurisdiction does not entitle me to practice psychology in Manitoba and cannot be used in presenting my credentials in Manitoba.
- 7.** I agree to provide to the regulatory bodies to which I am applying any and all information relating to any change in my status including new complaints, limitations or restrictions on my practice as soon as I am aware of such changes.
- 8.** I understand that PAM collects and uses the information in this application to assess whether I qualify to be registered as a psychologist or psychological associate in Manitoba. I understand that PAM discloses information only as required by law. I understand that the application fee is non-refundable and is required for receipt and processing of my application. I am aware that an application for registration that has not been completed within 12 months after the date of his application will expire, and the application, and any supporting documents, will then be destroyed.

I make this solemn Declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath.

Signed:
Date:

