



REQUEST FOR REGISTRATION/LICENSURE VERIFICATION

The Psychological Association of Manitoba

1661 Portage Ave., Suite 307, Winnipeg, MB R3J 3T7
204-487-0784 office@cpmb.ca www.cpmb.ca

PART 1: Completed by Applicant and then submit Part 1 and Part 2 to **each jurisdiction** in which they are currently or have 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. License/Registration #: _____ Province/State: _____

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

5. I am a 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)

Authorization

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

- Information regarding my current or past registration in this jurisdiction.
- Information about any outstanding complaints against me.
- 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 →



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

1. Full Name of Applicant: _____
name should be as it appears on official register/license
2. License/Registration #: _____ Province/State: _____
3. Current Registration Status: _____
4. Date of initial registration: _____
5. Authorized for autonomous practice? Yes No
6. Title of Registrant: **psychologist** or **psychological associate**
7. Is applicant authorized for autonomous or independent practice? Yes No
8. Highest degree in psychology on which current registration is based: _____
9. Has registration been continuous since date of initial registration? Yes No*

**If "NO" please provide details here or on a separate sheet*

10. Does the applicant have any:
- a. current or previous restrictions, terms or limitations on his/her practice: Yes No
 - b. unresolved complaints: Yes No
 - c. complaints referred to discipline hearing or alternate resolution: Yes No
 - d. sanctions or censures: Yes No
 - e. past or current revocations or suspensions of registration/licensure: Yes No
 - f. other past disciplinary actions not covered above: Yes No

Provide details on separate page and attach copies of relevant documentation for "yes" answers to item 10.

11. EPPP-1 score or %: _____ Date: _____ EPPP-2 score: _____ Date: _____

12. **Competencies:** applicant's declared areas of competence or practice at the time of initial registration (e.g., "clinical", "school" and populations* e.g., "adults", "children" etc.)

13. Verification:

Regulatory Body

Name of Official:

Signature of Official: _____

Please return to office@cpmb.ca