Policy Title: **Verification of Registration (Temporary (Visitor) Registrants)**	**Replaces former policy:** ☒ Title: CPBC Verification of Licensure for Temporary (Visitor) Registration Policy ☐N/A
Applies to: Psychology	**Date Effective:** 2024-06-28
	Last Update: Select date
Contact: Name of Policy Owner	

Policy Statement:

An Applicant to the registration class of Temporary (visitor) within the Designated Health Profession of Psychology (an "Applicant") must provide evidence of registration or licensure in another Canadian or U.S. jurisdiction that meets the conditions and requirements listed in Schedule 7, 8.1.2.1 of the CHCPBC Bylaws.

An Applicant may provide evidence via:

a) Direct verification sent to the College from the regulatory authority in the jurisdiction where they are registered/licensed, or

b) Publicly available verification through the website of the regulatory authority in their jurisdiction, which must include any current limits or conditions and confirm that the Applicant's registration is current/active.

An Applicant providing direct verification may be asked to do so using a standardized form, which their regulatory authority will then complete on their behalf.

1. Policy Rationale and Purpose:

This policy provides further guidance to CHCPBC Bylaws, Schedule 7, 8.1.2.1.

2. Policy Scope:

This policy applies to Applicants to the Designated Health Profession of Psychology in the registration class of Temporary (visitor).

3. Legal Authority:

- CHCPBC Bylaws, Schedule 7, 8.1.2.1

4. Key Partnerships:

N/A

5. Definitions:

N/A

6. Process Check:

☒ Board Policy Framework
☐ Safe Spaces Playbook
☐ Other:Click or tap here to enter text.

7. Resources/References:

- Verification of Licensure/Registration in Other Jurisdictions form

Reviewed by the Board on:	Select date	☒ N/A
Reviewed by the Registrar/Deputy Registrar on:	Select date	☐ N/A
Date Approved Select date	**Approved By** ☐　　Board ☐　　Committee　(*Name of Committee*) OR Name　*Full Name* Title　*Title*	
Date Effective Select date	**Revision history**	**Last Updated:**　Select date **Previous Update:**　Select date **Previous Update:**　Select date
Next Review Select date		
Drafted by:　Name *Name*	Title *Title*	