



College of Health and Care Professionals of BC - Psychology

VERIFICATION OF LICENSURE/REGISTRATION IN OTHER JURISDICTIONS

To be completed by an authorized official of the Regulatory Body and returned directly to the address below.

1. Full Name of Applicant: _____
[name as it appears on official register/license]
2. License/Registration/Certification # _____ Province/State/Country _____
3. Current Registration Status _____ 4. Expiration Date. _____
5. Title of Registrant/Licensee/Certificant (e.g. psychologist/psychological associate) _____
6. Date of initial registration _____.
7. Has registration been continuous since date of initial registration? Yes No
(If no, please attach additional information)
8. Highest degree in psychology on which the applicant's registration in your jurisdiction is based: _____
9. Can you confirm that the applicant has a doctorate from an APA or CPA accredited program? (If unknown, please indicate here:) Yes No
10. Do you have an EPPP score on record for this applicant? Yes No
If yes, please provide score: _____
11. If applicant was initially registered in your jurisdiction after July 1, 2003 has s/he been evaluated and met all the criteria for foundational knowledge and core competencies in psychology? Yes No N/A
12. Does the applicant have:
- | | | |
|--|------------------------------|-----------------------------|
| a. any current or previous restrictions, terms or limitations on their practice | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. any unresolved complaints | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. any complaints referred to discipline hearing or alternate resolution. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. any sanctions or censures. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. revocation or suspension of registration/licensure | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. voluntarily relinquished registration/licensure to prevent commencement or completion of an investigation, review or other proceeding | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please provide details on reverse and attach copies of any relevant documentation for "yes" answer to item 12 above.

13. For jurisdictions with reserved acts or actions, has this applicant been granted access to any reserved acts (e.g. diagnosis)? Yes No
- a) If yes, please specify: _____
- b) If applicant has been denied such access, please provide details: _____

Signature of Official

Province/State/Country

Name and Title

Regulatory Body

Telephone #

AFFIX SEAL
HERE

Return form to : CHCPBC Psychology Licensure
900-200 Granville, Vancouver, BC. V6C 1S4
registration@chcpbc.org

Telephone: (604) 742- 6715