



APPLICATION FOR REINSTATEMENT

This document, when completed and submitted by you, is relied upon by the College in considering your request for reinstatement of your registration for active practice. Depending on your circumstance, you may be asked to submit other information in addition to the documentation required in Section D. Please follow all instructions and complete this document carefully and accurately. This document will form part of your record at the College.

Name: _____

Registration Number: _____

Date Application Form Submitted: _____

A. REASON FOR REINSTATEMENT

I am making an application for reinstatement due to:

- Voluntary cancellation of registration.
- Failure to pay a fee for renewal of registration or another fee within the required time.
- Failure to meet other requirements for renewal of registration within the required time.
- Registration being cancelled by agreement with the Inquiry Committee.
- Registration being cancelled by order of the Discipline Committee.
- Return to active practice from the Non-Practising Class of registration.
- Return to full registration for active practice from the Supervised Class of registration.
- Other (please specify): _____

At the time my previous registration was cancelled or converted to the Non-Practising or Supervised class:

- My registration was under suspension.
- An investigation or discipline proceeding was pending against me.
- My registration was not under suspension, and no investigation or discipline proceeding was pending against me.

B. FEES

I will pay the appropriate renewal and reinstatement fees and any other fine, fee, debt or levy owed to the College.

Reinstatement Fees (as of January 1, 2025)

Class of Registration	Renewal Fee	Reinstatement Fee (35% of Annual Registration Fee)	Total Payable
Active Practice for: Registered Psychologist Licensed School Psychologist Associate Psychologist (Corrections)	\$1,380.00	\$483.00*	\$1,863.00

*Registrants moving from the Non-Practising or Supervised class of registration to Active Practice are NOT required to pay a reinstatement fee.

C. Good Character and Fitness to Practice

Please answer each of the questions below. A separate sheet explaining any “yes” answers is required.

A separate sheet explaining any “yes” answer is required	Yes	No
1. Have supervisors or others ever raised questions with you about your suitability or competence to practice psychology, or your competence to carry out professional tasks or duties?		
2. Have you ever been censured, reprimanded, dismissed, suspended, terminated, or asked to resign, or has any disciplinary action been taken against you during your education, training or employment as a mental health professional?		
3. Have you ever been rejected or barred from applying for, or denied registration, certification or licensing as a psychology practitioner or any other profession in any jurisdiction?		
4. Are you now, or have you ever been, disciplined, convicted, censured, reprimanded, sanctioned, suspended, disqualified, prohibited from practicing or penalized in any manner by any professional regulatory body at any level of membership or has your license to practice any profession been revoked or made subject to terms or conditions?		
5. Have you ever voluntarily surrendered or relinquished a license to practice psychology or any other profession, or surrendered or allowed a license to practice psychology or any other profession lapse due to action pending or threatened?		
6. Are you the subject of a current proceeding or outstanding/unresolved complaint against you for professional misconduct, incompetence, or incapacity in relation to the profession of psychology or other profession?		
7. Have you ever been found to have committed professional malpractice by a court or tribunal?		
8. Are you currently named as a defendant in any civil proceeding in which professional malpractice or negligence is alleged?		
9. Do you have any pre-existing or current conditions of a disability, physical ailment, emotional disturbance or an addiction of any kind that might impair your ability to practice psychology, complete the application process (including written, computerized, oral examinations), interact with the College, clients, or the court?		
10. Have you ever been convicted, plead guilty, or plead <i>nolo contendere</i> to any criminal offence? If yes, provide details on the following and include a statement on whether or not you consider this conviction relevant to the profession of psychology. Please also provide the following information: Nature, date, place of conviction.		

11. 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?		
12. Are there any or have there ever been any restrictions or limitations on your license to practice psychology or any other profession?		
13. Is there any event, circumstance, condition or matter touching on your conduct, character, or reputation which you believe might raise a significant material concern for you, a reasonable registrant, a reasonable member of the public, or your intended class of clients, respecting your registration as a psychology practitioner?		

D. ADDITIONAL DOCUMENTATION REQUIREMENTS

For applicants whose registration was cancelled more than 6 months before the date of this application for reinstatement (excluding applicants applying to return to registration for Active Practice from the Non-Practising or Supervised class):

Please request and/or enclose the following, along with this form:

1. an [online criminal record check](#) in the form required by the *Criminal Records Review Act*, using the access code GDM74JX5TR.
2. original documentation providing the results of a national police check or the equivalent for every jurisdiction in which you resided during the five year period immediately before the date of application for reinstatement, unless it is not reasonably practicable to obtain such documentation for the applicable jurisdiction;
3. a Verification of Licensure form from each applicable regulatory or licensing authority in every jurisdiction where you are or were, at any time, registered or licensed for the practise of psychology or another health profession
4. Depending on the length of time since you were in active practice and particular circumstances in your case, you may be asked to submit additional evidence regarding continuing competency program compliance, fitness to practice and any other information as may be required in order to satisfy the College that you continue to meet the criteria specified in Schedule 7, Table 3 or 4 for core competencies and foundational knowledge in psychology, and have maintained current knowledge, skills and abilities that are substantially equivalent to the standards of academic technical achievement and the competencies or other qualifications required for initial applicants for registration in the applicable class of registrants.

For applicants whose registration was converted to the Non-Practising class more than 6 months before the date of this application for reinstatement, and who are applying to return to registration for Active Practice from the Non-Practising class:

Please request the following:

1. If you were non-practising for medical reasons, a letter attesting to your readiness to resume the practice of psychology must be submitted by your physician directly to the College at registration@chcpbc.org.
2. a Verification of Licensure form from each applicable regulatory or licensing authority in every jurisdiction where you are or were, at any time, registered or licensed for the practise of psychology or another health profession
3. Depending on the length of time since you were in active practice and particular circumstances in your case, you may be asked to submit additional evidence regarding continuing competency program compliance, fitness to practice and any other information as may be required in order to satisfy the College that you continue to meet the criteria specified in Schedule 7, Table 3 or 4 for core competencies and foundational knowledge in psychology, and have maintained current knowledge, skills and abilities that are substantially equivalent to the standards of academic technical achievement and the competencies or other qualifications required for initial applicants for registration in the applicable class of registrants.

E. DECLARATION

I, _____ (full name)
of _____ (full address),

do solemnly declare that the statements and all of the information provided by me in this application for reinstatement of registration form are complete and accurate and true and I have professional liability insurance as per Schedule 7, s 14 of the College Bylaws.

I acknowledge that it is an offence to apply to reinstate my registration as a member of the College if I know that I am not qualified to be a registrant.

I declare that I am and will remain in compliance with the *Health Professions Act*, the *Psychologists Regulation*, the College bylaws, the *Code of Conduct* and any conditions and limitations of registration.

I declare that I have appointed and so informed the College of the name of a professional executor for practice records under my primary control and/or the name of an institutional contact for my practice records located in an institution.

I declare that I am and have been in compliance with all continuing competency and quality assurance requirements since the date I was last registered for active practice

I declare that I have disclosed in writing to the College any criminal convictions or criminal charges.

I make this solemn Declaration conscientiously believing it to be true.

Signed this _____ day of _____, 20____. _____
(Declarant's Signature)

Please return your completed form and supporting documentation to: Registration@chcpbc.org.

Once your application for reinstatement has been processed, you will receive an email with instructions for fee payment.