

SELF-DECLARATION OF COMPETENCE IN AN AREA OF PSYCHOLOGY PRACTICE

Name:	Registration Number:		
A self-declaration of competence in an area of practice m requisite education, training and experience in the area Professionals of BC does not "authorize" areas of	a(s) declared. The College of Health and Care		
I declare competence in the following area(s) (please circle	e up to <u>two</u> areas):		
Clinical Psychology	7. Clinical Neuropsychology		
2. Counselling Psychology	8. Rehabilitation Psychology		
3. Forensic Psychology	9. School Psychology		
4. Correctional Psychology	10. Academic Psychology		
5. Health Psychology	11. Psychometry		
6. Industrial/organizational Psychology	12. Behaviour Analysis		
I am declaring the new area # as my Primary o	r Secondary (please circle one)		
Signature:	Date:		

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1. Training
In the space below (or in attached letter/documentation), provide a detailed description of your
training to support your competence in the above area of competence.

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2. Education					
In the space below (or in attached letter/documentation), provide a detailed description of					
your education to support your declaration of competence in your selected area of practice.					
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In the space below (or in attached letter/documentation), provide a detailed description of your experience (including supervised experience) to support your competence in your selected area of practice.				