

# ***Newfoundland and Labrador Psychology Board***

*P.O. Box 8275, Station A, St. John's, NL A1B 3N4*

*website: <http://www.nlpsychboard.ca>*

**Application for Registration as a Psychologist**

**In**

**Newfoundland and Labrador Canada**

**(Revised September 24, 2018)**

**APPLICATION FOR REGISTRATION AS A PSYCHOLOGIST**  
**IN NEWFOUNDLAND AND LABRADOR, CANADA**

*Thank you for your interest in applying for registration as a Psychologist in the province of Newfoundland and Labrador, Canada. Please be advised that it is the applicant's responsibility to ensure all documentation on pages 7 & 8 is complete and forwarded directly to the NLPB.*

*Applications MUST be submitted on the NLPB application form. Applications are reviewed when ALL required documentation has been received by the Registrar. Please allow six weeks for the review process.*

**Application fees: \$250 CDN**

*Check or money order should be made payable to the **Newfoundland and Labrador Psychology Board.***

*Please note NLPB reserves the right, under the Psychologists' Act 2005, to require additional information necessary to complete a comprehensive and thorough review of the application.*

*The Application and documentation are to be forward to the following address:*

Newfoundland and Labrador Psychology Board  
P.O. Box 8275, Station A,  
St. John's, NL  
A1B 3N4

*Inquiries may be made via telephone (709) 579-6313, via fax ((709) 753-6080 or by e-mail to [registrar@nlpsychboard.ca](mailto:registrar@nlpsychboard.ca)*

**SECTION 1 – ALL APPLICANTS**

A. Applicant Information      Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Former Name: \_\_\_\_\_

Former Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone:                      Home: \_\_\_\_\_      Bus: \_\_\_\_\_

E-Mail \_\_\_\_\_

B. Application status

I. Are you registered as a Psychologist or Psychological Associate in another jurisdiction?      Yes       No

a. If yes, please turn to **SECTION 3: “APPLICANTS REGISTERED IN OTHER JURISDICTION(S)”**

**SECTION 2: APPLICANTS NOT REGISTERED IN OTHER JURISDICTION(S)**

**APPLICATION CHECKLIST FOR APPLICANTS NOT REGISTERED IN OTHER JURISDICTION(S)**

1. Completed application form (Sections 1 and 2)
2. Official university transcripts requested to be sent directly to NLPB by issuing institution
3. Completed the attached *Course Details Report* on p. 9-10.
4. Original Certificate of Conduct, including a vulnerable sector check, issued within the last 12 months.
5. Reference Forms (3) to be sent directly to NLPB by referees
  - a. At least two references must be from Registered Psychologists.
  - b. References must have been completed within the last 5 years.
6. Signed Attestation
7. \$250 Application Fee

**A. Education and Training**

Applicants must submit official transcripts of all degrees awarded as listed in table below. These transcripts are to be sent DIRECTLY from the university to the NLPB.

<b>INSTITUTION</b>	<b>DEGREE</b>	<b>DEPARTMENT</b>	<b>PROGRAM</b>	<b>DATE AWARDED</b>

**B. References**

Referees should attest to the applicant's quality of work in psychology. Two of these sources must be registered psychologists. Reference forms can be found on the Board's website.

## APPLICANT ATTESTATION

*Please read the following and sign below.*

1. I have reviewed the current Canadian Code of Ethics for Psychologists, the NLPB Standards of Professional Conduct and the Practice Guidelines for Providers of Psychological Service. I am adhering to them and shall continue to do so. Yes  No
2. Have you been found guilty of an offense under the criminal code in any jurisdiction? Yes  No   
**If Yes**, please append details on a separate sheet
3. Are there any current criminal proceeding(s) against you under the criminal code in any jurisdiction which are yet to be resolved? Yes  No   
**If Yes**, please append details on a separate sheet
4. Has any diploma, certificate or license, relating to the profession of psychology or another health profession, granted to you ever been suspended, revoked, or made subject to terms or conditions? Yes  No   
**If Yes**, please append details on a separate sheet
5. Have you ever had an application for registration, certification or licensing as a psychological services provider rejected? Yes  No   
**If Yes**, please append details on a separate sheet
6. Have you ever been convicted of professional misconduct, incompetence, or incapacity in relation to another health profession, or in another jurisdiction in relation to the profession of psychology or another health profession? Yes  No   
**If Yes**, please append details on a separate sheet
7. Are you the subject of a current proceeding for professional misconduct, incompetence, or incapacity, in relation to another health profession, or in another jurisdiction in relation to the profession of psychology or another health profession? Yes  No   
**If Yes**, please append details on a separate sheet
8. Are you aware of any medical, cognitive or physical issues that might impact on your ability to practice competently or that may pose any risk or harm to patients? Yes  No   
**If Yes**, please append details on a separate sheet
9. All statements made by me in all Sections of this application and all documents provided by me to the NLPB in support of this application are complete and correct to the best of my knowledge and belief. Yes  No
10. I understand the NLPB may request any further information it may consider necessary in order to evaluate this application

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Applicant Signature

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Date

**SECTION 3**

**APPLICANTS REGISTERED IN OTHER JURISDICTION(S).**

**APPLICATION CHECKLIST FOR APPLICANTS REGISTERED IN OTHER JURISDICTIONS**

1. Completed application form (Sections 1 and 3)
2. Original Certificate of Conduct, including a vulnerable sector check, issued within the last 12 months.
3. If applicable, certification/documentation as noted below to be sent directly to NLPB by each issuing agency.
4. For information purposes, copies of transcripts from your university education.
5. Signed Attestation
6. \$250 Application Fee

Applicants who are Registered Psychologists in other jurisdiction(s) MAY be fast tracked for registration with NLPB. Supporting documentation is required.

A. Please identify ALL jurisdiction(s) in which you have been previously registered with licensure/registration number. Please provide copies of current license(s).

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

B. Please identify if you are a member of or hold any of the following (check all that apply). Please provide documentation to confirm this information.

\_\_\_\_\_ CPQ from Association of State and Provincial Psychology Boards

\_\_\_\_\_ National Register of Health Service Providers in Psychology (NRHSPP)

\_\_\_\_\_ Canadian Register of Health Service Providers in Psychology (CHRSPP)

\_\_\_\_\_ Graduate of APA or CPA accredited Doctoral Program in Psychology.

Please identify program(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Applicants must submit the following documentation with their application.

- i. Copy of current Registration / License
- ii. Letter from current Psychology Regulatory Body attesting to Good Standing
- iii. Copy of certifications as noted in Section 3 above
- iv. Criminal Record check (ie. Certificate of Conduct), issued within the last 12 months.
- v. Vulnerable Sector check issued within the last 12 months.
- vi. For applicants who are not registered in Canada or The United States, NLPB requires documentation that undergraduate and graduate program transcripts have been assessed as equivalent to the level and content of programs in Canada. This may be provided by the agency listed below. Costs of such are the responsibility of the applicant and must be forwarded directly to NLPB.

Comparative Education Service

University of Toronto

214 College Street

Room 202

Toronto ON M5T 2Z9

TELEPHONE (416) 978-2185

## APPLICANT ATTESTATION

*Please read the following and sign below.*

1. I have reviewed the current Canadian Code of Ethics for Psychologists, the NLPB Standards of Professional Conduct and the Practice Guidelines for Providers of Psychological Service. I am adhering to them and shall continue to do so. Yes  No
2. Have you been found guilty of an offense under the criminal code in any jurisdiction? Yes  No   
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**If Yes**, please append details on a separate sheet
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10. I understand the NLPB may request any further information it may consider necessary in order to evaluate this application

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Applicant Signature

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Date



## Course Details Report

NAME: \_\_\_\_\_

GRADUATE COURSE NUMBER	GRADUATE COURSE TITLE	YEAR/ SEMESTER TAKEN	PROFESSOR		DELIVERY FORMAT		FOR OFFICE USE ONLY
			Name	*R	Face to face	Alternate delivery (Specify)	

GRADUATE COURSE NUMBER	GRADUATE COURSE TITLE	YEAR/ SEMESTER TAKEN	PROFESSOR		DELIVERY FORMAT		FOR OFFICE USE ONLY
			Name	*R	Face to face	Alternate delivery (Specify)	

\* R – Please indicate whether the professor is a Registered Psychologist

**INTERNSHIP LOCATION:** \_\_\_\_\_

**INTERNSHIP ON-SITE SUPERVISOR:** \_\_\_\_\_

**REGISTERED PSYCHOLOGIST:** YES  NO

**GRADUATE THESIS** YES  NO

**THESIS SUPERVISOR:** \_\_\_\_\_

**REGISTERED PSYCHOLOGIST:** YES  NO

**THESIS TOPIC:** \_\_\_\_\_  
 \_\_\_\_\_

NLPB Office Use only

<b>Documentation</b>	<b>Date Received by NLPB</b>	<b>Registrar Signature</b>
Application Form		
Application Fee		
Certificate of Conduct		
Transcripts		
Referee Forms		
Letter of Good Standing		
Copy of Current Registration(s)		
Copy of Current Certification(s)		

Date of Presentation to NLPB \_\_\_\_\_

Decision of NLPB:

\_\_\_\_\_ Approved                      Full                      Provisional

Conditions of Provisional Registration:

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\_\_\_\_\_ Not Approved

Reasons: \_\_\_\_\_

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