

Newfoundland and Labrador Psychology Board

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

Website: <http://www.nlpsychboard.ca>

Psychologist Name: _____ Registration #: _____

Change in Scope of Practice Advisory

PRACTICE SETTINGS	CURRENT PRACTICE POPULATION	CURRENT PRACTICE AREA	PROPOSED PRACTICE POPULATION	PROPOSED PRACTICE AREA
Private Practice	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic
Community Agency	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic
Hospital	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic
School	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic
Counselling Centre	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic
University/ College	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic
Government	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic
Other	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Organizations	<input type="checkbox"/> Counselling/clinical <input type="checkbox"/> School <input type="checkbox"/> Academic (Educational institution) <input type="checkbox"/> Industrial / Organizational <input type="checkbox"/> Forensic

For those areas indicated under “**PROPOSED PRACTICE POPULATION** “ and “**PROPOSED PRACTICE AREA**“ above, please indicate below the training/experience which would attest to expertise in these areas. You must also provide evidence of completion of training/supervised experience in these areas.

Proposed new area(s) of practice:	Relevant training/experience
Counselling/Clinical* *includes therapy and assessment	
School	
Academic (Educational Institution)	
Industrial / Organizational	
Forensic	

Signature _____

Date _____

NOTE:

Further to sections 30.1 and 31.1 of the Psychologists Act 2005 (Amended), changes noted above are subject to acceptance by the Board and must be submitted for review a minimum of 30 days prior to commencement of the proposed change in scope of practice.