

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

under the Canadian Free Trade Agreement

in

Newfoundland and Labrador

(Revised January 18, 2019)

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

SECTION 2

APPLICANTS REGISTERED IN OTHER JURISDICTION(S).

Applicants who are Registered Psychologists in other jurisdiction(s) MAY have their application approval fast tracked 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 sent directly from the current regulatory Board to the NLPB.
- iii. Copy of certifications as noted in Section 3 above
- iv. Criminal Record check (i.e. 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
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

Applicant Signature

Date

NLPB Office Use only

Documentation	Date Received by NLPB	Registrar Signature
Application Form		
Application Fee		
Certificate of Conduct		
Transcripts		
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: _____

_____ Not Approved

Reasons: _____

