



***APPLICATION FOR
AUTONOMOUS PRACTICE PSYCHOLOGICAL ASSOCIATES
APPLYING FOR REGISTRATION AS PSYCHOLOGISTS***

This application can be filled out on your computer by typing in the spaces provided, printing the application out when completed, and mailing it to the College. Please be certain to include your application fee of \$100 .

The Guidelines for Autonomous Practice Psychological Associates Applying for Registration as Psychologists provide greater detail about this process and may be found at www.cpo.on.ca in the Members section.

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A PERSONAL IDENTIFICATION

A1
Date of Application:

A2
Surname:
First Given Name:
Autonomous Practice Certificate Number:

B EXAMINATIONS

B1
a) Have you written the Examination for Professional Practice in Psychology (EPPP)?
Yes No

b) If you have answered "yes" to question a) please indicate if your EPPP score was at least 500 or 70%.
Yes No

B2
a) Have you written the Jurisprudence & Ethics Examination (JEE)?
Yes No

b) If you have answered "no" to question a) please indicate if you had a specific jurisprudence and ethics evaluation as part of your oral examination with the College of Psychologists of Ontario.
Yes No

B3
In order to determine if an oral examination would be required of you, please answer the following questions:

a) Are you proposing a change in your area(s) of practice?
Yes No

b) Do you currently have a term, condition or limitation on your certificate of registration as a psychological associate?
Yes No

If you have answered "yes" to question b) please list your term, condition or limitation:

Date term, condition or limitation was imposed on the certificate:_____

c) Are you presently subject to any disciplinary undertakings or agreements with the College?

Yes No

If you have answered "yes" to question c) please provide further details in the space below or attach additional information.

By completing this application, you will be able to demonstrate how you intend to meet the non-exemptible registration requirements of Sections 5. and 12. of Regulation 74/15, Registration. These requirements include:

- i. an acceptable doctoral degree in psychology;
- ii. a period of postdoctoral supervised practice in Ontario.

If your degree is from an institution outside Canada or the United States, you are asked to have it evaluated to determine if it is comparable in level to a recognized Canadian degree. You can arrange for this evaluation through the following service:

World Education Services
2 Carleton Street, Suite 1400, Toronto, ON, M5B 1J3 Tel: 416 972-0070

OR

Comparative Education Service
158 St. George Street, Toronto, Ontario M5S 2V8 Tel: 416-978-0393

If your transcripts are in a language other than English or French, you must obtain an official translation. The College will accept translations done by an official translation agency or official notarized translations prepared in the country of origin.

C DOCTORAL DEGREE

C1 University	Title of Degree Awarded	Date of Award	Program

An official transcript of the doctoral degree must be sent by the university **directly to the College.**

C2 Official title of the DEPARTMENT in which you were enrolled for degree(s):

C3 Is your doctoral degree from a program that is CPA accredited?
Yes No

C4 Title of doctoral thesis (or program equivalent of thesis):

Supervisor:

Reference, if published:

D ACQUIRING POST DOCTORAL SUPERVISED PRACTICE

If you:

- 1) are proposing no change in the area(s) of practice, client group(s) or activities for which you were previously registered for autonomous practice as a psychological associate;
- 2) have no terms, conditions or limitations on your certificate of registration as a psychological associate; and
- 3) are not presently subject to any disciplinary undertakings with the College,

then please advise which option you are choosing in order to complete the required post doctoral supervised practice

I am:

Requesting a certificate for Supervised Practice as a psychologist and am submitting signed Supervisors' Agreement forms;

OR

Continuing to practise as a psychological associate while I accumulate the 1500 hours of post doctoral supervised practice. Please refer to the Registration Guidelines to see what documentation is required.

If you:

Are changing your area(s) of practice, clients or activities, have a term, condition or limitation, or a disciplinary undertaking or agreement, you must request a certificate for supervised practice:

I am applying for a certificate for supervised practice and am submitting signed Supervisors' Agreement forms.

If you:

Intend to hold a certificate for supervised practice and maintain a previously established private practice please describe how you will manage:

Announcement of services:
Advising clients of your supervised practice status:
Signing of reports:
Billing:

This information will be referred to the Registration Committee for review. You must be able to demonstrate that your Primary Supervisor will be able to oversee all private practice activities.

E DOCTORAL COURSEWORK RECORDS

The College requires detailed descriptions of all the additional coursework in psychology you have completed since the time you initially applied for registration as a psychological associate.

On the sheets marked E1 to E10, please enter the details requested.

The College will use this information to confirm that you have:

- the required foundational knowledge;
 - the professional practice knowledge for your declared area(s) of practice, activities and client populations; and
 - the required knowledge for formulating and communicating psychological diagnoses.
-

E1 FOUNDATIONAL KNOWLEDGE
Biological Bases of Behaviour

Includes such courses as: Physiological psychology, Comparative Psychology, Neuropsychology, Sensation & Perception, Psychopharmacology

a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts): _____		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts): _____		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts): _____		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts): _____		
No. of credits: _____		
Hours of instruction: _____		

E2 FOUNDATIONAL KNOWLEDGE	Includes such courses as: Learning, Thinking, Motivation, Emotion, Cognition
Cognitive Affective Bases of Behaviour	

a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

E3 FOUNDATIONAL KNOWLEDGE Social Bases of Behaviour	Includes such courses as: Social Psychology, Group Processes, Organizations & Systems, Community Psychology, Environmental Psychology, Cultural Issues
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a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

E4 FOUNDATIONAL KNOWLEDGE Psychology of the Individual	Includes such courses as: Personality Theory, Human Development, Abnormal Psychology, Psychopathology, Individual Differences
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a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

E5 PROFESSIONAL PRACTICE Ethics and Standards	Includes such courses as: Seminars devoted to professional issues and relevant legislation, Professional Ethics
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a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

E6 PROFESSIONAL PRACTICE Assessment and Evaluation	Includes such courses as: Psychological Assessment Techniques, Psycho-diagnostic Assessment, Neuropsychological Assessment, Program Evaluation, Clinical Psychology, Personality Assessment
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a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

E7 PROFESSIONAL PRACTICE Intervention and Consultation	Includes such courses as: Psychotherapy, Counselling, Behaviour Modification, Intervention Techniques, Career Counselling, Psychological Consulting
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a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. Of credits: _____		
Hours Of instruction: _____		

E8 PROFESSIONAL PRACTICE Research	Includes such courses as: Research Design, Experimental Procedures, Laboratory Methods, Statistics, Multi-variate Analysis, Test Construction and Validation
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a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

E9 PROFESSIONAL PRACTICE History and Systems	Includes such courses as: History of Psychology, Historical Development of Professional Practice
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a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

E10 Other psychology courses not covered in previous categories

a. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
b. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
c. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		
d. Course Title		Institution
Year Taken _____	<u>Brief Description of Course Contents:</u>	
Course No. (as shown on transcripts: _____)		
No. of credits: _____		
Hours of instruction: _____		

F DOCTORAL PRACTICA AND INTERNSHIPS

Beginning with the most recent, give a complete record of your practica and internships.

F1	Practicum
Dates from: _____ to: _____	Internship
Title or position:	
Organization or institution name:	
General services offered by organization or institution:	
Your duties:	
Type of client:	
Total Hours _____	
Supervisor's name:	
Address:	
Professional affiliation:	
F2	Practicum
Dates from: _____ to: _____	Internship
Title or position:	
Organization or institution name:	
General services offered by organization or institution:	
Your duties:	
Type of client:	
Total Hours _____	
Supervisor's name:	
Address:	
Professional affiliation:	

G THE CONTROLLED ACT OF COMMUNICATING A DIAGNOSIS

Chapter 18, Section 27.(2) of the Regulated Health Professions Act states:

- (2) “A controlled act” is any one of the following done with respect to an individual:
1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely upon the diagnosis.

Section 4. of the Psychology Act, 1991, states:

In the course of engaging in the practice of psychology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to communicate a diagnosis identifying, as the cause of a person’s symptoms, a neuropsychological disorder or a psychologically based psychotic, neurotic or personality disorder.

In addition to the foundational and professional practice knowledge required for a practice area, a member must have a specific set of knowledge, skills, and formal training in order to formulate and communicate a psychological diagnosis. For details, please refer to Appendix C of the Registration Guidelines.

If your Declaration of Competence specifies solely the area of industrial/organizational psychology, you do not need to complete this section. If you declare other practice areas, you must complete this section.

To demonstrate that you have the required knowledge base, please indicate which of your graduate courses has covered the following four required knowledge areas:

- Psychopathology
- Personality theory / individual differences
- Psychological assessment
- Psychodiagnostics

An undergraduate course, while it informs the subsequent study, is not the equivalent of, or a substitute for, a graduate psychology course.

You require the equivalent of a graduate half course (of approximately 36 hours duration) in each of the four knowledge areas. Although the subject may not be included in the course title, or the subject may be covered in more than one course, please use the boxes below to demonstrate as fully as possible that you have the necessary amount of graduate coursework coverage. If three boxes are not sufficient to list the necessary courses in each subject, please copy the page.

G1 Psychopathology

Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to psychopathology:</u>
No. of credits: _____	
Previously listed on application page # _____	
Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to psychopathology:</u>
No. of credits: _____	
Previously listed on application page # _____	
Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to psychopathology:</u>
No. of credits: _____	
Previously listed on application page # _____	

G2 Personality Theory / Individual Differences

Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to personality theory/individual differences:</u>
No. of credits: _____	
Previously listed on application page # _____	
Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to personality theory/individual differences:</u>
No. of credits: _____	
Previously listed on application page # _____	
Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to personality theory/individual differences:</u>
No. of credits: _____	
Previously listed on application page # _____	

G3 Psychological Assessment

Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to psychological assessment:</u>
No. of credits: _____	
Previously listed on application page # _____	
Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to psychological assessment:</u>
No. of credits: _____	
Previously listed on application page # _____	
Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to psychological assessment:</u>
No. of credits: _____	
Previously listed on application page # _____	

G4 Psychodiagnostics

Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to psychodiagnostics:</u>
No. of credits: _____	
Previously listed on application page # _____	
Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to psychodiagnostics:</u>
No. of credits: _____	
Previously listed on application page # _____	
Course Title	
Course No. (as shown on transcripts: _____)	<u>Brief description of course contents related to psychodiagnostics:</u>
No. of credits: _____	
Previously listed on application page # _____	

Please indicate the formal training as described in Section F, in your graduate program that has provided you with the skills for formulating and communicating a diagnosis. This page is suitable for copying should you require more space to list practica or internships.

<p>G5 <i>(Please indicate box number in this application where you initially described this training, e.g. F1)</i></p> <p>Dates from: _____ to: _____</p>	<p>Practicum Internship</p>
<p>Organization or institution name:</p>	
<p>Describe the nature of the activities and supervision in this setting that contributed to the development of your skills for formulating and communicating a diagnosis:</p>	
<p>G6 <i>(Please indicate box number in this application where you initially described this training, e.g. F1)</i></p> <p>Dates from: _____ to: _____</p>	<p>Practicum Internship</p>
<p>Organization or institution name:</p>	
<p>Describe the nature of the activities and supervision in this setting that contributed to the development of your skills for formulating and communicating a diagnosis:</p>	

H DECLARATION OF GOOD CHARACTER

All applicants must answer the following questions. Their purpose is to enable the College to determine whether or not the applicant is of good character.

A “yes” answer to any question or questions will not necessarily result in a refusal to register. Further details may, however, be requested from the applicant if any question is answered in the affirmative. The details supplied by the applicant will form part of the material to be reviewed before a decision on registration is made.

I1	Have you ever been found to have committed professional malpractice by a court or tribunal?	Yes	No
I2	Are you currently named as a defendant in any civil proceeding in which professional malpractice or negligence is alleged?	Yes	No
I3	Are you currently the subject of any inquiry, investigation or proceeding in respect of allegations of professional misconduct, incompetence, fitness to practise or incapacity?	Yes	No
I4	Have you ever been censured or reprimanded for sexual harassment or sexual misconduct?	Yes	No
I5	Have you ever been found guilty of academic dishonesty by a post-secondary educational institution?	Yes	No
I6	Have you ever been suspended or expelled from any post-secondary educational institution?	Yes	No
I7	Are you now abusing, dependant on, or being treated for the abuse or dependence on alcohol or a drug?	Yes	No
I8	Have you ever abused, been dependant on, or been treated for the abuse or dependence on alcohol or a drug?	Yes	No
I9	Have you ever been denied or had any license, certificate, registration or permit revoked due to lack of good character?	Yes	No
I10	Have you ever been suspended, disqualified, censured, or disciplined as a member of any professional organization?	Yes	No
I11	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?	Yes	No
I12	Have you ever been found guilty of fraud or been found to have committed fraud?	Yes	No
I13	Have you ever been found guilty of a criminal offence for which a pardon has not been granted or of an offence relevant to the practice of psychology, either within a Canadian jurisdiction or elsewhere?	Yes	No
I14	Have you ever been dismissed from or asked to resign from any employment due to negligence, professional misconduct or academic dishonesty?	Yes	No
I15	Is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions touching upon your conduct, character or fitness to practise that might be an impediment to your registration as a psychologist?	Yes	No

I DECLARATION OF COMPETENCE

Below, please indicate what you believe to be your **principal** area(s) of competence in the practice of psychology, and in which you will, through knowledge and formal training, be prepared to demonstrate competence prior to the award of a certificate of registration authorizing autonomous practice. You must be engaged in the identified practice area(s), activities and client groups during supervised practice. Assessment/Evaluation and Intervention/Consultation must be selected for each area chosen.

		Activities and Services			
Area(s)		Assessment/ Evaluation	Intervention/ Consultation	Research	Teaching
Clinical Psychology					
Counselling Psychology					
School Psychology					
Forensic/Correctional Psychology					
Clinical Neuropsychology					
Health Psychology					
Rehabilitation Psychology					
Industrial/Organizational Psychology					

Client group(s):

<input type="checkbox"/> Children	<input type="checkbox"/> Adults	<input type="checkbox"/> Seniors
<input type="checkbox"/> Adolescents	<input type="checkbox"/> Couples	<input type="checkbox"/> Organizations
<input type="checkbox"/> Families		
Explanatory note (optional):		

Name (please print):
Date:
Signature:

J AUTHORIZATIONS

K1 I authorize the College of Psychologists of Ontario to collect and maintain information from persons named in this application and from other persons or institutions as the College of Psychologists of Ontario in its discretion deems advisable in order to determine my eligibility for registration as a psychologist in the province of Ontario. I agree to save harmless all officers, directors, employees, servants and agents of the College of Psychologists of Ontario and those granting information regarding my application for registration at the request of the College of Psychologists of Ontario and hereby consent to the requesting and granting of any and all such information.

I also authorize and consent to the release of any information obtained by the College of Psychologists of Ontario in the course of reviewing my application for registration at the request of any other professional body to whom I make application for registration, certification or licensing.

K2 I certify that the statements made by me in this application are true, complete, and correct. I understand that a false statement may disqualify me from registration or be cause for revocation of any registration which may have been granted to me.

K3 I have read the Registration Guidelines to assist my understanding of the requirements for registration as a psychologist.

Signed:

Date:

K APPLICATION EXPIRY

The College collects and uses the information in this application to assess whether you qualify to be issued with a certificate for practice as a psychologist in Ontario. The College discloses information only as permitted by Section 36 of the Regulated Health Professions Act, or as required by law.