

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO

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**APPLICATION FOR REMOVAL OR MODIFICATION
OF A TERM OR LIMITATION**

Section 19.(1), Regulated Health Professions Act Code

“A member may apply to the Registration Committee for an order directing the Registrar to remove or modify any term, condition or limitation imposed on the member’s certificate of registration as a result of a registration proceeding.”

This application is intended for use by a member of the College whose certificate for autonomous practice is subject to a term or limitation resulting from a registration proceeding.

The application and any supporting documentation, along with the application fee, is submitted to the Registration Committee for review. Before submitting a completed application, a member may submit a proposal to the Registration Committee for feedback.

Please refer to the Guidelines for Removal or Modification of a Term, Condition or Limitation when completing your application. These guidelines may be found at www.cpo.on.ca in the Registration section.

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 \$100.00.

A PERSONAL IDENTIFICATION

A1

Date of Application:

A2

Name:

A3

Autonomous Practice Certificate Number:

B TERM OR LIMITATION

B1 Wording of term or limitation:

B2 Date term or limitation was imposed on the certificate:

C5 Directed readings course (provide evaluation)

Subject of readings:

Detailed list of the readings:

Date readings started:

Date readings completed:

Date of evaluation:

Licensure status of supervisor: ___ Registered Licensed

Jurisdiction:

C6 Describe how the content of these readings is related to the remediation for the term or limitation:

C7 Directed readings course (provide evaluation)

Subject of readings:

Detailed list of the readings:

Date readings started:

Date readings completed:

Date of evaluation:

Licensure status of supervisor: ___ Registered _ Licensed

Jurisdiction:

C8 Describe how the content of these readings is related to the remediation for the term or limitation:

C9 Workshop/Seminar (provide documentation of attendance):
Subject of workshop/seminar:
Date of workshop/seminar:
Names and professional affiliation of presenter(s):
C10 Describe how the content of these readings is related to the remediation for the term or limitation:

C11 Workshop/Seminar (provide documentation of attendance):
Subject of workshop/seminar:
Date of workshop/seminar:
Names and professional affiliation of presenter(s):
C12 Describe how the content of these readings is related to the remediation for the term or limitation:

D SKILLS AUGMENTATION

In order to demonstrate how your skills have increased since the time the term, condition or limitation was imposed, please provide the following information:

<p>D1 Peer consultation/supervision (provide a report from consultant/supervisor):</p> <p>Types of cases:</p>
<p>Number of cases:</p>
<p>Name of consultant/supervisor:</p>
<p>Licensure status of consultant/supervisor: ___ Registered _ Licensed</p> <p>Jurisdiction:</p>
<p>D2 Describe how this consultation or supervision is related to the remediation for the term or limitation:</p>

E INDEPENDENT VERIFICATION

Upon completing a training plan, a member must supply, as independent verification, a report from another member of the College to indicate that the training has enabled the member to attain the standard required for autonomous practice with the client group or in the activity or practice area which was the subject of the term or limitation now sought to be removed or modified. The member providing the independent verification must be authorized for autonomous practice in the activity, practice area and with the client group which was the subject of the term or limitation.

Please advise the Registration Committee of the name of the member(s) who will be submitting the report.

Name of member(s):

1). _____

2). _____

F INTERVIEW

If the training appears to the panel to have enabled the member to attain the necessary standard, the applicant will be invited to attend a focused interview conducted by three or more members of the College, at least one of whom must be competent in the type of practice which is the subject of the term, condition or limitation sought to be removed or modified. A public member of Council may be present at any interview as an observer. The usual interview fee will apply.

The applicant should anticipate that the interview will cover the proposed change(s) to the term or limitation, the training plan, and an evaluation of the member's readiness for autonomous practice in the area which was the subject of the term or limitation. This will include a review of the application of relevant ethics and jurisprudence.

G OUTCOME

Upon receiving the application and submissions of the member, and after considering the application and submissions pursuant to section 19(5) of the RHPA Procedural Code, as well as the report of the interview team, and in accordance with these guidelines, the panel may make an order doing any one or more of the following:

- Refusing the application
- Directing the Registrar to remove any term, condition or limitation imposed on the certificate of registration
- Directing the Registrar to modify any term, condition or limitation imposed on the certificate of registration.

If the Registration Committee gives notice of the refusal of the application, you may, according to Section 21. of the RHPA code, request a review by the Health Professions Appeal and Review Board.