



**CRHSP**  
Canadian Register of  
Health Service  
Psychologists

**RCPOSS**  
Répertoire canadien des  
psychologues offrant  
des services de santé

72 Saint-Raymond Blvd  
Gatineau, Québec J8Y 1S2  
T. 819-771-1441 F. 819-771-1444  
[info@crhsp.ca](mailto:info@crhsp.ca) [www.crhsp.ca](http://www.crhsp.ca)

Dear Colleague:

Thank you for requesting an application package. The enclosed materials provide you with what you need to submit a properly completed application. In particular, please read the Instructions page and General Information before beginning the Application Form.

We look forward to receiving your application. Thank you for your interest in the Canadian Register of Health Service Psychologists.

Sincerely,

Pierre L.-J. Ritchie, Ph.D., C.Psych.  
Executive Director

## PLEASE READ THIS FORM

### CANADIAN REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

#### INSTRUCTIONS FOR COMPLETING APPLICATION FORM

You will note that the application form is comprehensive. The profession's credibility and the Register's capacity to achieve its objectives require appropriate demonstration that the psychologists listed in the Register meet the eligibility criteria.

The criteria were developed in a manner which reflects the current diversity of requirements for admission to practice psychology in the various provinces and territories.

##### Step 1

Please read the **Definitions** and the **Criteria for Listing** first.

Please enter your name and address on page one of the application form. All applicants must also read and sign the Declaration.

##### Step 2

Please provide current registration/certification/licensing information, and details regarding your educational background in Part A. You **must** be registered, certified, or licensed for the independent practice of psychology in the province or territory in which you practice.

##### Step 3

Please provide information regarding the practicum training and/or internships that you received as part of your graduate training in psychology (Part B). **All** applicants must complete Part B even if you are not submitting Supervisor Confirmation Forms.

##### Step 4

Please provide information regarding any postgraduate supervised experience you received to satisfy registration/certification/licensing requirements (Part C).

Some provincial/territorial regulatory bodies do not require postgraduate supervised training for certification or registration. Some practitioners have done so voluntarily even when not required, or have sought additional postgraduate supervised experience beyond that required for admission to practice. These experiences should also be included in Part C.

If Part C does **not** apply to you, please check "not applicable" and leave it blank.

##### Step 5

Please provide information regarding all work experience (Part D) that you have acquired as a health service psychologist **AFTER** licensing/certification/registration. Please describe your most recent position first and list the others in reverse chronological order. Include in Part D any supervised experience cited in Part C acquired after licensing/certification/registration.

##### Step 6

Please consult the Criteria for Listing to determine your eligibility.

Please indicate in Part G the listing category for which you believe you are eligible. This is the category according to which your application will be assessed.

##### Step 7

Individuals applying under eligibility criteria 1(1) **must** provide documentation of supervision received. A copy of the Supervisor Confirmation Form (Form 2) is included with the application materials. Please photocopy the Supervisor Confirmation Form if multiple copies are required. Arrange for it to be completed by the primary supervisor(s) from **each** facility in which you received either graduate and/or postgraduate supervision.

If supervision was received in a formal training program (e.g., internship), you may submit a single Supervisor Confirmation Form for all supervised experience in that program, provided that there is a designated psychologist responsible for the training program who is in a position to attest to all the supervised experience you received on the basis of the records maintained under the designated psychologist's responsibility.

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Add any other relevant information on separate sheets, clearly identifying the section to which you are adding information.

Please do **not** send research reports, books, articles or any other publications with your application.

## General Information

- 1- The **application fee** is \$175.00 + tax (see the table below). This fee covers administrative and review costs. It is a **non-refundable** fee. The application fee should be attached to your Application Form.
- 2- If the Board of Directors rules that you are eligible, you will be invoiced for the listing fee. Currently the listing fee is \$ 209.00 + tax. There is an annual fee for listing. Annual renewals are usually sent to Registrants in October for the next fiscal year (December 1-November 30).
- 3- Supervisor Confirmation Forms (refer to Step 7 of the Instructions) are required for applicants who apply under category 1(1). If you apply under this category, you must ensure that the Register receives the necessary Supervisor Confirmations. Your package includes one Supervisor Confirmation Form which, when necessary, you can photocopy. Those applying under category 2(1) need not provide Supervisor Confirmation Forms.
- 4- Your file will not be circulated for review by the Assessors until it is complete, that is when all the relevant information has been received by the Register. Please ensure that you have completed all parts of the Application Form. If you do not respond to **all** the relevant sections, we must return the form to you for completion, thus slowing the evaluation process. **Be sure to sign the statement on the second page of the application form.**
- 5- Each completed application is reviewed by at least two Assessors. If there are discrepancies between the initial two assessments, the file is reviewed by a third Assessor. Assessors are senior psychologists who have a thorough knowledge of the criteria for listing. Subsequent reviews are blind. The Board makes the final determination with knowledge of the recommendations of the Assessors.
- 6- If for any reason a listing is discontinued or a Registrant wishes to interrupt their listing, the following rules will apply: After more than one year of non-payment of the listing fee, the Registrant will be required to pay a reinstatement fee of \$75.00 + tax **and** the current listing fee to reinstate her/his listing. This rule will apply for up to a total period of 3 years. After 3 years, if there is a request for re-listing, the Register may require a new application and a re-application fee.
- 7- If you do not understand the instructions or the application procedures, please let us know.

PROVINCES	Application Fee + Tax (%)	TOTAL \$
AB, BC, MB, NT, NU, PE, QC, SK, YT	175 \$ + GST ( 5 %)	183.75 \$
NB, NL, ON	175 \$ + HST (13 %)	197.75 \$
NS	175 \$ + HST (15 %)	201.25 \$



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psychologues offrant  
des services de santé

Improving lives through excellence  
Miser sur l'excellence pour améliorer  
la vie des gens

## DEFINITIONS

- 1) **A Health Service Psychologist** is defined as a psychologist, certified/licensed or registered to practice independently in his/her province/territory, who is duly trained and experienced, and whose professional practice includes the delivery of health promotion, or preventive services, or direct assessment and therapeutic intervention services to individuals, couples, families, or groups whose growth, adjustment, or functioning is actually impaired or is demonstrably at risk of impairment.
- 2) **An Organized Health Service Setting** is an organization, institution or agency, or part thereof, established to provide health and/or mental health care services, with defined health service programs and a defined system of supervision. They could include a general hospital, a mental/psychiatric hospital or a rehabilitation hospital, an auxiliary hospital, a mental health/rehabilitation clinic or centre local de services communautaires (CLSC), centre de services sociaux (CSS), and psychology services of school boards, colleges and universities, as well as others as may from time to time be designated by the Board of Directors.
- 3) **A Health Service Setting** is an institution or organization or part of an institution or organization established and clearly identified as existing for the provision of health services, or an office, or equivalent facility from which a health service psychologist offers a psychological service to a client or clients for a fee.
- 4) **Supervised Experience** means acceptable experience under the supervision of a person acceptable to the Board of Directors.
- 5) **Registered, Certified, or Licensed** means registered, certified, or licensed by a provincial/territorial regulatory organization for the independent practice of psychology in that province or territory.
- 6) **Independent Practice** means practice without the statutory or regulatory requirement for supervision.
- 7) **Four years of post-doctoral experience** (without the qualifier "supervised") means a minimum of 6000 hours of acceptable experience in the practice of psychology accrued over a period of not less than four years. This definition applies to Criteria 2(1), and 2(2).
- 8)
  - i. **One year of supervised experience** means a minimum of 1500 hours of acceptable experience which includes at least 100 hours of direct individual supervision, over a period of not less than 12 months.
  - ii. In the case of group supervision, two hours shall count as one hour in calculating the aggregate total.
  - iii. Acceptable supervised experience refers to direct, formal contact with an experienced psychologist who is responsible for the educational development and guidance of the supervisee. Acceptable supervised experience does **not** include classwork, or other course related experiences.
  - iv. Acceptable supervised experience is that in which health services in psychology are directly provided by the applicant to individuals or groups of patients/clients. The applicant's own personal growth experience (e.g., personal therapy, encounter groups) is **not** acceptable. Supervision of others is **not** acceptable.
- 9) Some applied graduate teaching can at times be construed as acceptable health service experience if this teaching is designed to provide graduate students with health service skills (e.g., diagnostic abilities, interviewing skills, therapeutic intervention skills). Direct face-to-face supervision of clinical cases is a prime example. Such teaching, however, can never comprise more than 75% of the aggregate hours of health service experience necessary to qualify for listing.
- 10) For the purpose of determining eligibility for the Register of Retired Registrants, "No longer engaged in the active practice of psychology" means no longer providing psychological services as that term would be understood in any Canadian jurisdiction.

## CRITERIA FOR LISTING

### A. Regular Registrant Category

Recognizing the current diversity of entrance to practice requirements in Canadian provinces/territories, the following options have been adopted:

- 1(1) Eligibility for listing with the Register requires that a psychologist meets all the following criteria:
  - (a) Be registered, certified, or licensed as a psychologist for the independent practice of psychology in the province or territory in which the psychologist practices.
  - (b) Have a doctorate degree acceptable to the regulatory organization in the province or territory in which the psychologist practices.
  - (c) Have two years of supervised experience in health service, of which at least one year is postdoctoral and one year (may be postdoctoral year) is in an organized health service setting. (total min. 3000 hours)
- 1(2) Notwithstanding subsection 1(1)(a) above, a psychologist who practises in a province or territory which does not have statutory provisions for the registration, certification or licensing of psychologists, may be listed in the Register provided:
  - (a) They hold a doctorate degree acceptable to the Register;
  - (b) Meet the requirements of subsection 1(1)(c) above.
- 2(1) Notwithstanding section 1, the following criteria of membership may be substituted for those in section 1:
  - (a) Be registered, certified, or licensed as a psychologist for the independent practice of psychology in the province or territory in which the psychologist practices, and
  - (b) Have a doctorate degree acceptable to the regulatory organization in the province or territory in which the psychologist practices and have attained 4 years of acceptable experience in a health services setting, (total min. 6000 hours)
- 2(2) Notwithstanding subsection 2(1)(a), a psychologist who practices in a province or territory which does not have statutory provisions for the registration, certification or licensing of psychologists, may be listed in the Register provided they:
  - (a) Hold a doctorate degree acceptable to the Register and have attained 4 years of acceptable experience in a health services setting; (total min. 6000 hours)

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### B. Temporary Registrant Category

- 3(1) Notwithstanding Sections 1 and 2, a psychologist who:
  - (a) is registered, certified, or licensed as a psychologist for the independent practice of psychology in the province or territory in which the psychologist practices, and
  - (b) has a doctorate degree acceptable to the regulatory organization in the province or territory in which the psychologist practices.
  - (c) is engaged in the provision of psychological health services in an organized health service setting or a health service setting within the meaning of those terms in this by-law but who has not yet accrued the experience necessary for permanent listing,may be temporarily listed in the register for a period not to exceed six years from the date of initial temporary listing.
- 3(2) As a condition of temporary listing, the Registrant shall be required to provide such information regarding her/his program of practice in health service settings the Register may from time to time require.
- 3(3) Temporary Registrants shall acknowledge that the temporary listing does not give them any other rights beyond those of the temporary listing and that they must satisfy all requirements established by the Register before permanent listing is granted.

### Explanatory Note

Psychologists admitted to temporary listing are subject to the same general conditions and the same privileges as regular Registrants. However, they must also complete an Annual Report on their provision of psychological health services. Temporary Registrants subsequently receive an annual letter confirming the accrued experience which has been recognized by the Canadian Register. When the criteria for regular listing have been met, Temporary Registrants are transferred to the permanent list without any special charge or other formality.

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### C. Retired Registrant Category

Registrants

- 4(1) who have been Registrant Members for a period of at least ten (10) consecutive years; and,
  - 4(2) who had been registered, certified or licensed for the independent practice of psychology for a period of at least ten (10) consecutive years with a regulatory body in the province or territory in which he/she practised; and,
  - 4(3) who attest to the fact that he/she is no longer engaged in the active practice of psychology,
- may be admitted to the Register of Retired Registrants.



The  
Canadian Register of Health Service  
Psychologists

*APPLICATION FORM*

72 Saint-Raymond Blvd, Gatineau, Québec J8Y 1S2 Phone (819) 771-1441 Fax (819) 771-1444  
E-mail: [info@crhsp.ca](mailto:info@crhsp.ca) Website: [www.crhsp.ca](http://www.crhsp.ca)

**First, please read the instructions for completing the application form.  
The application must be accompanied by payment (cheque or money order)  
of the non refundable application fee.  
Following approval for listing by Council, an annual listing fee will be levied.  
This application form must be completed by all applicants.**

**PLEASE PRINT/TYPE ALL INFORMATION**

Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
<b>Family Name:</b>	<b>Given Name(s):</b>	
<b>Complete Address (Office):</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Telephone: (    )</b>		<b>Fax: (    )</b>
<b>Email:</b>		

<b>Complete Address (Home):</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Telephone: (    )</b>		<b>Fax: (    )</b>
<b>Email:</b>		

<b>Preferred address for correspondence:</b> <input type="checkbox"/> Office <input type="checkbox"/> Home
<b>Preferred language of correspondence:</b> English <input type="checkbox"/> French <input type="checkbox"/>

**DECLARATION**

I have been informed of the criteria for listing and definitions contained in the By-laws and the Rules and Regulations of the Register and agree to abide by them and any subsequent amendments duly and lawfully enacted.

I authorize the Register to solicit information from those persons listed in the application and from other persons or institutions as the Register in its discretion considers advisable and necessary to determine my eligibility for listing.

I agree to save harmless all directors, officials and employees of the Register as well as other persons and organizations providing information regarding my application, subject to the Register securing my consent to contact persons and/or organizations whom I have not named in this application.

I warrant that the information provided is correct to the best of my recollection and belief.

I recognize that the Register relies on the accuracy of information supplied by the Applicant in determining the Applicant's eligibility for listing.

I agree to forthwith advise the Register of any errors, omissions or changes relating to information originally supplied to the Register in this application.

<b>SIGNATURE:</b>	<b>DATE:</b>
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Please refer to instructions and definitions (enclosed) while completing this form.

**PART A**

<b>CURRENTLY CERTIFIED/REGISTERED/LICENSED AS A PSYCHOLOGIST</b>			
<b>Provincial/Territorial</b>	<b>Certified/Licensed Number</b>	<b>Date (month/year) First cert./lic.</b>	<b>Currently valid? Yes or No</b>
1. _____			
2. _____			
3. _____			

Has your licence to practice ever been restricted in any way (e.g., your licence was suspended or revoked, you were placed on probation, or it was required that your practice be supervised in some manner except as required to achieve initial admission to practice)? YES  NO

If you answered "yes" to this question, you must attach a letter to your completed application describing the circumstances leading to the restriction by the province or state as well as your certification status at the present.

<b>HIGHEST DEGREE IN PSYCHOLOGY</b>	
<b>Degree:</b> _____	<b>Date awarded:</b> _____
<b>Institution:</b> _____	
<b>Department:</b> _____	
<b>Major Field (Program):</b> _____	

<b>OTHER GRADUATE PSYCHOLOGY DEGREES</b>		
1. <b>Degree:</b> _____	<b>Date:</b> _____	<b>Institution:</b> _____
2. <b>Degree:</b> _____	<b>Date:</b> _____	<b>Institution:</b> _____



## PART B - SUPERVISED PRACTICAL TRAINING/INTERNSHIPS

<p>Please list the settings in which you received graduate level health service internships/practical training. Provide <u>all</u> the information requested below.</p>	
<b>1. Name of facility:</b>	
Address:	
Was this training part of your graduate program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nature of training:	
Duration: from month of:                      year:                      to month of:                      year:	
Total hours of service:                      hours	
Total hours of supervision:	Direct supervision: _____ Group supervision: _____
Name and Profession of Supervisor:	
His/Her title:	His/Her highest degree:
<u>Total</u> hours acquired in this training experience or internship:                      hours	
<b>2. Name of Facility:</b>	
Address:	
Was this training part of your graduate program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nature of training:	
Duration: from month of:                      year:                      to month of:                      year:	
Total hours of service:                      hours	
Total hours of supervision:	Direct supervision: _____ Group supervision: _____
Name and Profession of Supervisor:	
His/Her title:	His/Her highest degree:
<u>Total</u> hours acquired in this training experience or internship:                      hours	

If you have received practical training or internship in other settings, please provide the same information for each of these additional facilities on a separate sheet labelled Part B (continued).

### PART C - SUPERVISED EXPERIENCE

(acquired as a psychologist, including that required while on a temporary or candidate register of a provincial/territorial regulatory body)

Not applicable <input type="checkbox"/>
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<b>1. Name of facility:</b>	
Address:	
Is this an    a) Organized Health Service Setting <input type="checkbox"/> (see Definitions) b) Health Service Setting <input type="checkbox"/>	
Nature of experience:	
Your title in this setting:	
Name and Profession of Supervisor:	
His/Her title:	His/Her highest degree:
Duration: from month of:                    year:                    to month of:                    year:	
Total hours of service:                    hours	
Total hours of supervision:	Direct Supervision: _____ Group Supervision: _____
<u>Total</u> hours of supervised experience:                    hours	
<b>2. Name of Facility:</b>	
Address:	
Is this an    a) Organized Health Service Setting <input type="checkbox"/> (see Definitions) b) Health Service Setting <input type="checkbox"/>	
Nature of experience:	
Your title in this setting:	
Name and Profession of Supervisor:	
His/Her title:	His/Her highest degree:
Duration: from month of:                    year:                    to month of:                    year:	
Total hours of service:                    hours	
Total hours of supervision:	Direct Supervision: _____ Group Supervision: _____
<u>Total</u> hours of supervised experience:                    hours	

If you have acquired supervised experience as a psychologist in other settings, please provide the same information for each of these additional facilities on a separate sheet labelled Part C (continued).

**PART D - AUTONOMOUS EXPERIENCE IN HEALTH SERVICE PSYCHOLOGY  
ACQUIRED AS A PSYCHOLOGIST**

<b>1. Name of the setting:</b>			
Address:			
Is this an    a) Organized Health Service Setting <input type="checkbox"/> (see Definitions) b) Health Service Setting <input type="checkbox"/>			
Brief description of services provided:			
Duration: from month of:	year:	to month of:	year:
Total hours of experience:		hours	
<b>2. Name of the facility:</b>			
Address:			
Is this an    a) Organized Health Service Setting <input type="checkbox"/> (see Definitions) b) Health Service Setting <input type="checkbox"/>			
Brief description of services provided:			
Date from month of:	year:	to month of :	year :
Total hours of experience:		hours	

If you have acquired autonomous work experience as a psychologist in other settings, please provide the same information for each of these additional facilities on a separate sheet labelled Part D (continued).

**PART E - SUPERVISOR CONFIRMATION**

<p>1. If you wish your application to be assessed on the basis of eligibility criteria 1(1), you must ensure that Supervisor Confirmation Forms (Form-2) are completed for Parts B and C and returned to the Register. You may use photocopies of the form as required.</p> <p>2. If you wish your application to be assessed only on the basis of accrued experience in health service (eligibility criteria 2(1)), Supervisor Confirmation Forms are not required.</p>
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**PART F - TEMPORARY LISTING**

<p>If CRHSP came to the conclusion that you do not presently meet <u>all</u> of the requirements for regular listing, do you wish to be considered for eligibility for Temporary Listing? ( Refer to information on the terms of Temporary Listing.)</p> <p align="center">YES <input type="checkbox"/>    NO <input type="checkbox"/></p>
--

## PART G - ELIGIBILITY CATEGORY

1. You can only apply in a category corresponding to an academic degree that is recognized by the regulatory body for psychology of the jurisdiction(s) in which you are certified/licensed/registered for the independent practice of psychology.
2. You should apply in the category for which documentation of health service experience and/or supervision is available.

Please must check one (and only one) of:

1(1) I am registered, certified, or licensed for the independent practice of psychology in the province or territory in which I practice; and

I have a doctoral degree acceptable to my regulatory body; and

I have two years (min. 3000 hours) of supervised experience in health service, of which at least one year is postdoctoral, and one year is in an organized health service setting.

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2(1) I am registered, certified, or licensed for the independent practice of psychology in the province or territory in which I practice; and

I have a doctoral degree acceptable to my regulatory body; and

I have 4 years (min. 6000 hours) of experience in a health service setting.

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- Please remember to include a cheque or money order for your application fees with this form. Thank You.





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Répertoire canadien des  
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Improving lives through excellence  
Miser sur l'excellence pour améliorer  
la vie des gens

**SUPERVISOR CONFIRMATION FORM**  
**FORMULAIRE D'ATTESTATION DU SUPERVISEUR**

Please complete this form and mail to the:

CANADIAN REGISTER OF  
HEALTH SERVICE PSYCHOLOGISTS  
72 Saint-Raymond Blvd, Gatineau, Québec J8Y 1S2

Veillez remplir le formulaire et le faire parvenir à l'adresse suivante :

RÉPERTOIRE CANADIEN DES PSYCHOLOGUES  
OFFRANT DES SERVICES DE SANTÉ  
72, boul. Saint-Raymond, Gatineau (Québec) J8Y 1S2

*The application cannot be processed until this form is received. Please read the criteria for listing and definitions appended before completing this form.*

*La demande d'inscription ne pourra être étudiée tant que ce formulaire n'aura pas été reçu. Veuillez lire attentivement les normes d'inscription et les définitions présentées en appendice avant de remplir le formulaire.*

**Applicant Name / Nom du(de la) candidat(e) :** \_\_\_\_\_

*The above-named person has applied for listing in the Canadian Register of Health Service Psychologists. One of the criteria for such listing is acceptable supervised experience in health services in psychology. The applicant has indicated that he/she has received supervision from you.*

*La personne dont le nom apparaît à la ligne supérieure a fait une demande d'inscription au Répertoire canadien des psychologues offrant des services de santé. L'une des conditions exigées pour l'inscription est le fait d'avoir reçu une formation et une expérience pratique supervisée en services psychologiques de santé. Le(la) candidat(e) a déclaré qu'il (elle) a travaillé sous votre supervision.*

**Please check the appropriate box / Veuillez cocher la case appropriée :**

• GRADUATE-LEVEL APPLIED TRAINING IN PSYCHOLOGY	<input type="checkbox"/>
• FORMATION PRATIQUE EN PSYCHOLOGIE AU COURS DES ÉTUDES SUPÉRIEURES	<input type="checkbox"/>
• POST-GRADUATE APPLIED TRAINING IN PSYCHOLOGY	<input type="checkbox"/>
• FORMATION EN SERVICES DE SANTÉ ACQUISE APRÈS LES ÉTUDES SUPÉRIEURES	<input type="checkbox"/>

**Name of Facility/Nom de l'établissement :** \_\_\_\_\_

**Address of Facility/Adresse de l'établissement :**

Street/Rue : \_\_\_\_\_ City/Ville : \_\_\_\_\_

Province : \_\_\_\_\_ Postal Code/Code postal : \_\_\_\_\_

<b>Please check the appropriate box</b> (see definitions page 4):	<input type="checkbox"/>	<b>Veillez cocher la case appropriée</b> (voir définitions page 4):	<input type="checkbox"/>
Was this an <b>ORGANIZED</b> HEALTH SERVICE SETTING?	<input type="checkbox"/>	Un ÉTABLISSEMENT OFFRANT DES PROGRAMMES <b>STRUCTURÉS</b> ?	<input type="checkbox"/>
Or a HEALTH SERVICE SETTING?	<input type="checkbox"/>	Ou un MILIEU OFFRANT DES SERVICES DE SANTÉ?	<input type="checkbox"/>

Director of Training/Directeur(trice) de la formation professionnelle : \_\_\_\_\_

**Dates** the above-named applicant for the Canadian Register was under your supervision:

**Période durant laquelle** le(la) candidat(e) au Répertoire canadien a été placé sous votre supervision :

1) From (Month): \_\_\_\_\_ Year: \_\_\_\_\_ To (Month): \_\_\_\_\_ Year: \_\_\_\_\_  
De (mois) : \_\_\_\_\_ année : \_\_\_\_\_ à (mois) : \_\_\_\_\_ année : \_\_\_\_\_

2) Full-time:  Part-time:  Number of hours/Week of work: \_\_\_\_\_  
À temps complet :  À temps partiel :  Nombre d'heures/semaine de travail : \_\_\_\_\_

3) Number of direct (face-to-face) supervising hours per week for the period listed:  
Nombre d'heures de supervision directe (face à face) par semaine durant la période sus-mentionnée : \_\_\_\_\_

4) Applicant's Primary Supervisor/Superviseur principal du (de la ) candidat(e) : \_\_\_\_\_

Title/Titre : \_\_\_\_\_

5) Applicant's Title at Facility/Titre du (de la) candidat(e) dans l'établissement : \_\_\_\_\_

6) The training (internship) was completed?/Est-ce-que la formation (internat) a été menée à terme? Yes/oui :  No/non :

If no, please explain/Dans la **négative**, veuillez expliquer : \_\_\_\_\_

\_\_\_\_\_

7) The training (internship) was part of a University/School Graduate Program Requirement: Yes:  No:   
La formation (internat) faisait-elle partie des exigences d'un programme universitaire d'études supérieures : Oui :  Non :

If yes, name of University/Dans l'affirmative, nommez l'université : \_\_\_\_\_

Department (School)/Département (École) : \_\_\_\_\_

8) Supervisor Credentials/Qualifications du superviseur :

Name/Nom : \_\_\_\_\_ Profession : \_\_\_\_\_

Highest Degree earned: \_\_\_\_\_ Field: \_\_\_\_\_  
Plus haut diplôme obtenu : \_\_\_\_\_ Domaine : \_\_\_\_\_

Licensed/Certified in Province/Territory/State//Inscrit(e), autorisé(e), certifié(e) dans la province/territoire/état :

1. \_\_\_\_\_ 2. \_\_\_\_\_

Diploma from Specialty Board?/Détenteur d'un diplôme de spécialiste? Yes/oui :  No/non :

If yes, name/Dans l'affirmative, lequel? : \_\_\_\_\_

### DECLARATION / DÉCLARATION

I hereby attest that I have read the criteria and definitions and that all the above information is true and correct to the best of my knowledge.

Je déclare, par la présente, que j'ai lu les normes et définitions se rapportant à ce formulaire et que tous les renseignements que j'ai fournis sont vrais et exacts au meilleur de ma connaissance.

Name (please print) / Nom (en lettres moulées) : \_\_\_\_\_ Title/Titre : \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date/date : \_\_\_\_\_  
Signature du superviseur : \_\_\_\_\_

We appreciate your co-operation in this application review process for listing in the Canadian Register of Health Service Psychologists.  
Nous vous serons gré de collaborer à cette demande en vue de l'inscription au Répertoire canadien des psychologues offrant des services de santé.

**A Health Service Psychologist** is defined as a psychologist, certified/licensed or registered to practice independently in his/her province/territory, who is duly trained and experienced\*, and whose professional practice includes the delivery of health promotion, or preventive services, or direct assessment and therapeutic intervention services to individuals, couples, families, or groups whose growth, adjustment, or functioning is actually impaired or is demonstrably at risk of impairment.

\* Meets criteria of training and experience described below

#### CRITERIA FOR LISTING

Recognizing the current diversity of entrance to practice requirements in Canadian provinces/territories, the following options have been adopted:

1(1) Eligibility for listing with the Register requires that a psychologist meets all the following criteria:

- (a) Be registered, certified, or licensed as a psychologist for the independent practice of psychology in the province or territory in which the psychologist practices.
- (b) Have a doctorate degree acceptable to the regulatory organization in the province or territory in which the psychologist practices.
- (c) Have two years of supervised experience in health service, of which at least one year is postdoctoral and one year (may be postdoctoral year) is in an organized health service setting. (total min. 3000 hours)

1(2) Notwithstanding subsection 1(1)(a) above, a psychologist who practises in a province or territory which does not have statutory provisions for the registration, certification or licensing of psychologists, may be listed in the Register provided:

- (a) They hold a doctorate degree acceptable to the Register;
- (b) Meet the requirements of subsection 1(1)(c) above.

2(1) Notwithstanding section 1, the following criteria of membership may be substituted for those in section 1:

- (a) Be registered, certified, or licensed as a psychologist for the independent practice of psychology in the province or territory in which the psychologist practices, and
- (b) Have a doctorate degree acceptable to the regulatory organization in the province or territory in which the psychologist practices and have attained 4 years of acceptable experience in a health services setting, (total min. 6000 hours)

2(2) Notwithstanding subsection 2(1)(a), a psychologist who practices in a province or territory which does not have statutory provisions for the registration, certification or licensing of psychologists, may be listed in the Register provided they:

- (a) Hold a doctorate degree acceptable to the Register and have attained 4 years of acceptable experience in a health services setting; (total min. 6000 hours)

#### REASONS FOR REMOVAL AND/OR SUSPENSION OF LISTING

1. Non-payment of dues
2. Non maintenance of provincial/territorial registration or certification or licensure
3. Removal, cancellation, suspension of provincial/territorial registration or certification or licensure
4. Failure to continue to meet any criteria for listing in the CRHSP
5. Failure to remain in compliance with all conditions for listing in CRHSP

#### DEFINITIONS

**L'expression «psychologue offrant des services de santé»** désigne un(e) psychologue qui est agréé(e), certifié(e) ou autorisé(e) à exercer de façon indépendante la psychologie dans sa province ou son territoire, qui a acquis la formation et l'expérience requises\* et qui, dans le cadre de ses activités professionnelles, offre des services de promotion de la santé, ou des services de prévention, ou des services directs d'évaluation et d'intervention thérapeutique à des personnes, à des couples, à des familles ou à des groupes qui éprouvent des difficultés de croissance, d'adaptation ou de fonctionnement ou qui, de toute évidence, risquent d'en éprouver.

\* Qui répond aux normes de formation et d'expérience décrites ci-dessous

#### NORMES D'INSCRIPTION

Compte tenu de la variété actuelle des exigences des provinces ou des territoires canadiens en ce qui a trait à l'autorisation d'exercice de la profession, les possibilités suivantes sont en vigueur :

1(1) L'inscription au Répertoire exige qu'un(e) psychologue remplisse chacune des conditions suivantes :

- (a) être inscrit(e), certifié(e) ou autorisé(e) à titre de psychologue pour fins d'exercice autonome de la psychologie dans la province ou le territoire où le(la) psychologue exerce son activité professionnelle;
- (b) détenir un diplôme de niveau doctoral accepté par l'organisme qui contrôle l'exercice légal de la profession dans la province ou le territoire où ce (cette) psychologue exerce son activité professionnelle.
- (c) pouvoir justifier de deux années d'expérience supervisée dans des services de santé, dont au moins une année après l'obtention du doctorat et une année (qui peut être une année post-doctorale) dans un ou des établissements offrant des programmes structurés de services de santé. (minimum de 3000 heures total)

1(2) Nonobstant le paragraphe 1(1)(a) ci-haut, un(e) psychologue, qui exerce sa profession dans une province ou un territoire qui n'a pas de prescriptions statutaires en matière d'inscription, de certification ou d'attribution de licence en vue de l'exercice de la psychologie peut être admis(e) à l'inscription au Répertoire s'il (si elle) :

- (a) détient un diplôme de niveau doctoral accepté par le Répertoire;
- (b) satisfait aux exigences du paragraphe 1(1)(c).

2(1) Nonobstant l'article 1, les conditions suivantes pourront remplacer celles de l'article 1 :

- (a) être inscrit(e), certifié(e) ou autorisé(e) à titre de psychologue pour fins d'exercice autonome de la psychologie dans la province ou le territoire où le(la) psychologue exerce son activité professionnelle et
- (b) détenir un diplôme de niveau doctoral accepté par l'organisme qui contrôle l'exercice légal de la profession dans la province ou le territoire où le(la) psychologue exerce son activité professionnelle et avoir cumulé quatre années d'expérience jugée recevable dans des milieux offrant des services de santé; (minimum de 6000 heures)

2(2) Nonobstant le paragraphe 2(1)(a), un(e) psychologue qui exerce sa profession dans une province ou un territoire qui n'a pas de prescriptions statutaires en matière d'inscription, de certification ou d'attribution de licence en vue de la pratique de la psychologie peut être admis(e) à l'inscription au Répertoire s'il (si elle) :

- (a) détient un diplôme de niveau doctoral accepté par le Répertoire et a cumulé quatre années d'expérience jugée recevable dans des milieux offrant des services de santé; (minimum de 6000 heures)

#### RAISONS AUTORISANT LA RADIATION ET/OU LA SUSPENSION DE L'INSCRIPTION

1. Ne pas avoir acquitté les frais
2. Ne pas avoir maintenu son statut de psychologue inscrit(e), certifié(e) ou autorisé(e) par un organisme provincial ou territorial
3. Radiation, annulation ou suspension du statut de psychologue inscrit(e), certifié(e) ou autorisé(e) dans sa province ou son territoire
4. Le fait de ne plus répondre aux normes de l'inscription au Répertoire canadien
5. Le fait de ne pas continuer à remplir les conditions de l'inscription au Répertoire canadien

#### DÉFINITIONS



- 1) **An Organized Health Service Setting** is an organization, institution or agency, or part thereof, established to provide health and/or mental health care services, with defined health service programs and a defined system of supervision. They could include a general hospital, a mental/psychiatric hospital or a rehabilitation hospital, an auxiliary hospital, a mental health/rehabilitation clinic or centre local de services communautaires (CLSC), centre de services sociaux (CSS), and psychology services of school boards, colleges and universities, as well as others as may from time to time be designated by the Board of Directors.
  - 2) **A Health Service Setting** is an institution or organization or part of an institution or organization established and clearly identified as existing for the provision of health services, or an office, or equivalent facility from which a health service psychologist offers a psychological service to a client or clients for a fee.
  - 3) **Supervised Experience** means acceptable experience under the supervision of a person acceptable to the Board of Directors.
  - 4) **Registered, Certified, or Licensed** means registered, certified, or licensed by a provincial/territorial regulatory organization for the independent practice of psychology in that province or territory.
  - 5) **Independent Practice** means practice without the statutory or regulatory requirement for supervision.
  - 6) **Four years of post-doctoral experience** (without the qualifier "supervised") means a minimum of 6000 hours of acceptable experience in the practice of psychology accrued over a period of not less than four years. This definition applies to Criteria 2(1), and 2(2).
  - 7)
    - i. **One year of supervised experience** means a minimum of 1500 hours of acceptable experience which includes at least 100 hours of direct individual supervision, over a period of not less than 12 months.
    - ii. In the case of group supervision, two hours shall count as one hour in calculating the aggregate total.
    - iii. Acceptable supervised experience refers to direct, formal contact with an experienced psychologist who is responsible for the educational development and guidance of the supervisee. Acceptable supervised experience does **not** include classwork, or other course related experiences.
    - iv. Acceptable supervised experience is that in which health services in psychology are directly provided by the applicant to individuals or groups of patients/clients. The applicant's own personal growth experience (e.g., personal therapy, encounter groups), is **not** acceptable. Supervision of others is **not** acceptable.
  - 8) Some applied graduate teaching can at times be construed as acceptable health service experience if this teaching is designed to provide graduate students with health service skills (e.g., diagnostic abilities, interviewing skills, therapeutic intervention skills). Direct face-to-face supervision of clinical cases is a prime example. Such teaching, however, can never comprise more than 75% of the aggregate hours of health service experience necessary to qualify for listing.
  - 9) For the purpose of determining eligibility for the Register of Retired Registrants, "No longer engaged in the active practice of psychology" means no longer providing psychological services as that term would be understood in any Canadian jurisdiction.
- 1) **Un établissement offrant des programmes structurés de services de santé** est un organisme, un établissement ou une agence, ou une subdivision des unes ou des autres, créés en vue de dispenser des services de santé et/ou des soins de santé mentale d'après des programmes structurés de services de santé et en s'appuyant sur un système de supervision bien défini; il peut s'agir d'un hôpital général, d'un hôpital pour malades mentaux ou psychiatriques, d'un hôpital de réadaptation, d'un hôpital auxiliaire ou d'une clinique de réadaptation en santé ou en santé mentale, d'un centre local de services communautaires (CLSC), d'un centre de services sociaux (CSS) et de services psychologiques dispensés par des commissions scolaires, collèges et universités, de même que d'autres établissements que le conseil d'administration pourra désigner à l'occasion.
  - 2) **Un service de santé** est un organisme, une institution ou un établissement, ou une subdivision de l'un ou de l'autre, créé et clairement identifié comme ayant pour but la prestation de services de santé, ou un bureau ou une installation équivalente à partir de laquelle un(e) psychologue offre des services de santé à des clients en retour d'honoraires.
  - 3) **Expérience supervisée** signifie une expérience jugée recevable sous la supervision d'une personne reconnue comme compétente par le conseil d'administration.
  - 4) **Psychologue inscrit(e), certifié(e) ou autorisé(e)** signifie inscrit(e), certifié(e) ou autorisé(e) par un ordre psychologique professionnel dans une province ou un territoire autorisé à réglementer l'exercice autonome de la psychologie dans cette province ou ce territoire.
  - 5) **Exercice autonome** signifie l'exercice de sa profession sans des exigences réglementaires de supervision.
  - 6) **Quatre années d'expérience après l'obtention du doctorat** (sans la mention supervisée) signifie un minimum de 6000 heures d'expérience jugée pertinente dans l'exercice de la psychologie, le total de ces heures d'expérience étant réparti au cours d'une période d'au moins quatre ans. Cette définition s'applique aux critères 2(1) et 2(2).
  - 7)
    - i. **Une année d'expérience supervisée** signifie un minimum de 1500 heures d'expérience jugée pertinente qui comprend au moins 100 heures de supervision directe individuelle, accumulées, le total de ces heures d'expérience étant reporté au cours de une période d'au moins douze mois.
    - ii. Dans le cas d'une supervision en groupe, deux heures seront comptées comme l'équivalent d'une heure dans le calcul du total de l'expérience supervisée.
    - iii. Une expérience supervisée jugée recevable se réfère à un contact direct et formel avec un(e) psychologue expérimenté(e) qui est responsable de la formation et de l'orientation du (de la) supervisé(e). Dans l'expérience jugée recevable, on ne tient pas compte des cours suivis ou de toute autre expérience se rapportant à ces cours.
    - iv. L'expérience supervisée jugée recevable est celle par laquelle des services psychologiques de santé sont directement dispensés par le (la) candidat(e) à des individus ou à des groupes de patients ou clients. Les expériences de développement personnel du (de la) candidat(e) (ex. : thérapie personnelle ou groupe de rencontre) **ne sont pas** jugées recevables. La supervision d'autrui **n'est pas** non plus jugée recevable.
  - 8) Il est possible que certaines formes d'enseignement appliqué de 2<sup>e</sup> et 3<sup>e</sup> cycles soient jugées recevables comme de l'expérience en service de santé si cette forme d'enseignement est destinée à donner à des étudiants de 2<sup>e</sup> et 3<sup>e</sup> cycles des habiletés dans le domaine des services de santé (ex. habiletés diagnostiques, des habiletés d'entrevues, des habiletés d'intervention thérapeutiques). Cependant, ce genre d'enseignement ne pourra jamais totaliser plus de 75% du nombre total d'heures d'expérience en service de santé nécessaire pour s'inscrire.
  - 9) Dans le but de déterminer l'admissibilité au Répertoire des psychologues inscrits(es) à la retraite, « Ne pas exercer la psychologie de façon active » signifie de ne plus offrir de services de psychologie, conformément à ce que l'on entend par cela dans n'importe quel territoire de compétence canadien.