Psychological Association of Manitoba

Temporary Registration Application

In order to facilitate the temporary registration of Psychologists and Psychological Associates already registered in another jurisdiction, PAM has created a Temporary Registration category. Those practitioners already registered for Autonomous Practice in another jurisdiction may apply for temporary registration in Manitoba, for a period of 30 consecutive days in a calendar period, by submitting the following documentation to the PAM office:

- 1. A letter requesting temporary registration outlining both the reason for the request and the work to be completed during the period of temporary registration.
- 2. Verification of Current Licensure (see Verification Form link on PAM website)
- 3. Criminal Record Check (Original)
- 4. Child Abuse Registry Check (Original)
- 5. Fee for Temporary Registration (see list of Fees on PAM Website)
- 6. Signed Declaration (see below)

Applicants are encouraged to provide this information as soon as possible, in order to allow for sufficient time to process the application. At the discretion of PAM Council, temporary registration may be extended on a case by case basis, following a review of a written request for such an extension.

Please note that it is the responsibility of the applicant to ensure that all documents are forwarded to the PAM Office. Applicants are encouraged to periodically contact the Registrar to verify the status of their application.

Documentation may be submitted to the following address:

Psychological Association of Manitoba ATTN: The Registrar 162-2025 Corydon Ave. #253 Winnipeg, MB R3P 0N5

DECLARATION FOR THE PURPOSE OF TEMPORARY REGISTRATION

| l, | , do hereby declare that I |
|--------------------------------------|---|
| am registered for the autonomous | s practice of Psychology in the jurisdiction of |
| .11 | furthermore declare that I am not currently the |
| subject of any ongoing disciplinary | y investigations or actions, that my registration to |
| practice Psychology (in any jurisdi | ction) has never been suspended/cancelled/revoked, |
| | ently in place on my license to practice Psychology, |
| | nt in good standing in the above noted jurisdiction. |
| | |
| By signing below I swear that all ir | nformation provided to the Psychological Association |
| of Manitoba, for the purposes of t | this application for temporary registration, is |
| complete, correct, and true. | |
| | |
| , | nake myself aware of, and remain in compliance with, |
| all Acts and By-Laws which govern | the practice of Psychology in Manitoba. |
| Lacknowledge that in the Province | e of Manitoba those Psychology Practitioners who hold |
| _ | re granted the title "Registered Psychologist", while |
| | entitled "Psychological Associate". |
| those with a master staegree are | entitied Tayonological Associate . |
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| Signature | |
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| Address | |
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| Date | |