

PLUS Application for Registration in Manitoba

The Psychological Association of Manitoba. 208-584 Pembina Hwy. Winnipeg MB R3M 3X7. Phone: (204) 487-0784. Fax: (204) 489-8688. E-Mail: pam@mymts.net

PERSONAL IDENTIFICATION

The Psychological Association of Manitoba is partnering with the Association of State and Provincial Psychology Boards to create a Universal Application. This application will be retained in the ASPPB databank for future use as applicants wish to become licensed in other states or provinces. Once this form and administrative fee of \$100 has been received by PAM, the applicant's information will be provided to ASPPB for further processing. ASPPB will contact the applicant to obtain additional application information.

1

Date of Application:

2

Surname:

First Given Name:

Middle Name(s):

Date of Birth:

3

Home Address:

Telephone:

Business Address:

Telephone:

Fax:

Preferred Mailing Address: Home _____ Work _____

E-mail:

AUTHORIZATIONS

1 I authorize the Psychological Association of Manitoba (PAM) to collect and maintain information from persons named in this application and from other persons or institutions as PAM in its discretion deems advisable in order to determine my eligibility for registration as a psychologist in the province of Manitoba. I agree to save harmless all officers, directors, employees, servants and agents of PAM and those granting information regarding my application for registration at the request of PAM 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 PAM 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.

2 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. I agree to abide by the Canadian Psychological Association's Canadian Code of Ethics for Psychologists and Standards for Providers of Psychological Service, The Psychologist's Registration Act, the Regulations under the Act, and any other guidelines, rules or regulations adopted by PAM. I will practice open disclosure of my regulatory standing with PAM. I am aware that as a Registered Psychologist or Psychological Associate, the Code and Standards will be legally binding upon me. I am aware that as a Regulatory Candidate, my Candidate standing can be withdrawn and registration as a Psychologist or Psychological Associate refused by PAM for failure to adhere to PAM's Standards and Guidelines

Signed:

Date:

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 a NACES member organization:

National Association of Credential Evaluation Services (NACES)
<http://www.naces.org/members.html>

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

APPLICATION EXPIRY

The Association collects and uses the information in this application to assess whether you qualify to be issued with a certificate for supervised practice as a psychologist in Manitoba. The Association discloses information only as required by law.

An application fee, which is non-refundable, is required for receipt and processing of your application. It is your responsibility to check with the Association to ensure that all necessary documentation has been received. An application for registration that has not been completed within 24 months after the date of application (see Box A1 of this form) will expire, and the application, and any supporting documents, will then be destroyed.

Please indicate in the space below, what requirements are still outstanding, before you will be ready to take the oral examination for full registration. This will allow us to expedite the final step of your registration, without again requiring a full application form from you, at that time.

Important: ASPPB does not determine your eligibility for licensure. When you submit a PLUS application for licensure, your completed application package is forwarded to PAM, where our Registration Committee then will determine your eligibility for licensure. **A CHILD ABUSE REGISTRY CHECK AND CRIMINAL RECORD CHECK (WITH VULNERABLE SECTOR SEARCH) MUST BE FORWARDED TO THE PAM OFFICE TO ACCOMPANY YOUR APPLICATION.**

Review of Completed Applications:

Complete applications received by the first of the month will be reviewed at the monthly PAM Registration & Membership Committee meeting. Applications received after the first will be reviewed at the next month's meeting.
