PROFESSIONAL LICENCING AND REGULATORY AFFAIRS
PSYCHOLOGIST
PROVISIONAL CERTIFICATE APPLICATION

Applicant Information				
Legal last name	Legal middle name(s)		Legal first name(s)	
Other Names by which you may be known		Date of Birth		
Email		Phone		
Address	City	Prov / Terr	Postal code	Country

Educational Information		
Name of the highest psychology degree obtained		Date you completed it
Name of Educational Institute		
City	Province / state	Country

Please provide a chronological summary of your post-secondary educational history relating to psychology, giving names of institutions attended, dates attended and degrees/diplomas received

Institution	**City, Prov/State, Country**	**Start date**	**End date**	**Name of degree/diploma**

Practicum History – Please include information about your practicum experience including hours, type (ax/tx), client type. If the 500 hours or 150 hours intervention or 100 hours formal assessment hours have not been met, an exemption request from the Registrar is required.

Supervisor(s)

List each licensed Psychologist who will be supervising your provisional practice. * A supervisory form must be completed.

Name	YT reg. #	Contact email	Phone

Declarations

If you answer yes to any of the questions below, please provide details. Further information may be requested.

Have you ever been refused registration, a licence or other authorization to practise by a regulatory authority that regulates a profession in any jurisdiction?	**Y N**
Do you have any practice limitation, restriction or condition imposed on your registration, licence, or other authorization by a regulatory authority that regulates a profession in any jurisdiction?	**Y N**
Have you ever been the subject of a complaint, investigation, reprimand, hearing, finding or appeal respecting your professional conduct or your competence to practise any profession in any jurisdiction?	**Y N**
Have you ever been a party to a process for mediation, conciliation, negotiation or any other means of facilitating the resolution, without a hearing, of a complaint respecting your professional conduct or your competence to practise any profession in any jurisdiction?	**Y N**
Are you or have you ever been the subject of a professional liability claim in any jurisdiction?	**Y N**

Have you ever been charged with an offence that relates to: **A) Unprofessional conduct?** **B) The practice of any other profession or occupation?** **C) Any other enactment of Canada or province/territory?**	**Y N**
Have you ever been found guilty of an offence that relates to: **A) Unprofessional conduct?** **B) The practice of any other profession or occupation?** **C) Any other enactment of Canada or province/territory?**	**Y N**
Has your registration, licence or other authorization to practise in another jurisdiction ever been suspended, limited, restricted or cancelled by the regulatory authority of that jurisdiction?	**Y N**
Are you or have you ever been registered in another health profession, other than psychology in any province, territory, state or country?	**Y N**

Personal Certification

I hereby certify that I am the person making application for registration as a psychologist in the Yukon, and that all statements are true and complete in every respect. I understand that falsification of information on this application may result in the cancellation of my application for registration or cancellation of an issued certificate.

I hereby consent to the regulator of Psychologists in Yukon to share, request, and receive details regarding any information disclosed in my application or certificates of standing.

_____ **Signature**	_____ **Date**

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the Access to Information and Protection of Privacy Act and under the Act associated to the activity related to the licence being requested. It will be used for the purposes of these acts and their regulations and to determine eligibility for licensure/registration. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at inquiry.plra@yukon.ca.