



Saskatchewan College of Psychologists

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Application Form for Authorized Practice Endorsement (APE) under the Mutual Recognition Agreement (MRA) (Applicants registered in another jurisdiction)

Please print all answers in ink.

1. Name:

Surname

Given name(s)

2. I affirm that I am a registered/chartered member of the (please insert name of psychology regulatory body)

3. Applicant's registration number with regulatory body named in 2. _____

4. I currently hold membership in: a) the Canadian Register of Health Service Providers in Psychology (please initial one): 'yes' _____; 'no' _____.

5. I hold a Certificate of Professional Qualification in Psychology (CPQ):
'yes' _____; 'no' _____.

6. I affirm that, in the course of my employment or practice as a registered/chartered psychologist, and with reference to The Psychologists Act, 1997, s. 23, I am performing authorized practices within my stated area(s) of competency. Further, I affirm that no complaints have been upheld, in the past five years, in respect of my communication of those authorized practices.

Applicant's signature

Date

Please be reminded that a non-refundable application fee of \$250.00 must accompany this application.