



## *Saskatchewan College of Psychologists*

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### **AUTHORIZED PRACTICE ENDORSEMENT (APE) ASSESSOR RATING FORM**

#### **GUIDING DOCUMENTS REGARDING THE APE:**

1. Section 13 of the Regulatory Bylaws of the Psychologists Act 1997, identifies the knowledge, skills, and abilities required to be eligible to apply for the APE.
2. POLICY OP-3.3 Authorized Practice Endorsement (APE)
3. OP-3.10 Registration and Authorized Practice Endorsement

#### **WHO SHOULD USE THIS FORM?**

1. A supervisor of a Provisional member who is at the end of their supervised practice and is proceeding to oral examination; **OR**
2. An independently licensed Psychologist from another jurisdiction who has been asked to attest to the diagnostic competence of an applicant for Full Practice licensure in Saskatchewan; **OR**
3. A Full Practice member of the College who has been asked to attest to the diagnostic competence of another Full Practice member of the College who does not have the APE and is seeking the endorsement.

#### **GENERAL COMMENTS THE APE AND DIAGNOSTIC PRACTICE:**

Diagnostic practice is a controlled act under the legislation and as such there is a separate process for application and endorsement. The knowledge, skills, and abilities listed in Section 13(1) of the Regulatory Bylaws were identified by the National regulators of Psychology as necessary for independent diagnostic practice.

Only individuals who have been awarded Full Practice licensure are eligible for the endorsement. One cannot undertake diagnostic practice without the APE on their license.

Until the APE is awarded, individuals seeking the endorsement must be under the direct supervision of a Full Practice member of the Saskatchewan College of Psychologists (SCP) who has the APE and shares the practice competencies you claim. This includes Full Practice members seeking the endorsement as well as those who are licensing under a recognized mobility agreement and are seeking the endorsement.

Provisional members seeking the APE must address diagnostic practice in their Supervision Plan. The Supervision Plan should allow for the demonstration and evaluation of the necessary knowledge, skills and abilities.

The Registration Committee of the SCP reserves the right to require the examination of applicants in the area of diagnostics, regardless of whether an applicant enters licensure through a recognized mobility agreement.

#### **THOSE ELIGIBLE TO RECOMMEND APPLICANTS FOR THE APE MUST BE:**

1. A Full Practice Psychologist (independent licensure) who has been established to be qualified to independently provide diagnoses, **AND**;
2. Shares the same declared area(s) of practice competence as those claimed by the applicant; **AND**;
3. In the case of a Provisional member is an approved supervisor..

#### **APE APPLICATION PROCESS FOR PROVISIONAL PRACTICE MEMBERS OF SCP:**

1. Provisional members can apply for the APE if they meet the requirements for the APE as outlined in Section 23 of *the Psychologists Act 1997*, the Regulatory Bylaws (Section 13), and the SCP policies OP 3.3 and OP 3.10;

**AND** they have successfully completed the 1500 hours of supervised practice and the Examination for Professional Practice in Psychology (EPPP);

**AND** they are applying for eligibility to take the SCP oral examination.

The APE will only be awarded if and when a Full Practice license is being awarded.

2. An Application Form, "Self-Report of APE Competence" form, and an "APE Supervisor / Assessor Rating Form" must be submitted to the SCP, for approval by the Registration Committee or its designate.
3. The non-refundable application fee must be submitted with the application for the APE.

#### **APE APPLICATION PROCESS FOR FULL PRACTICE MEMBERS OF THE SCP:**

1. Full Practice members who do not have the APE on their license, are eligible to apply for the APE if they meet the requirements as outlined in Section 23 of *the Psychologists Act 1997*, the Regulatory Bylaws (Section 13), as well as the OP 3.3 and OP 3.10.
2. A completed Application Form, the "Self-Report of APE Competence" form, and an "APE Supervisor / Assessor Rating Form" which has been completed by a Full Practice Psychologist with diagnostic privilege who can attest to the applicant's diagnostic competence.
3. The non-refundable application fee must be submitted with the application for the APE.

#### **APE APPLICATION PROCESS FOR FULL PRACTICE PSYCHOLOGISTS FROM OTHER JURISDICTIONS APPLYING UNDER RECOGNIZED MOBILITY AGREEMENTS:**

1. Applicants applying for licensure under a recognized mobility agreement **AND** who were licensed for independent practice that included diagnostic privilege, are eligible to apply for the APE if they meet the requirements as outlined in Section 23 of *the Psychologists Act 1997*, the Regulatory Bylaws (Section 13), as well as the OP 3.3 and OP 3.10.
2. A completed Application Form, the "Self-Report of APE Competence" form, and an "APE Supervisor / Assessor Rating Form" completed by a Full Practice Psychologist with diagnostic privilege who can attest to the applicant's diagnostic competence.
3. The non-refundable application fee must be submitted with the application for the APE.
4. If an applicant does not meet the legislated requirements for the APE, the Registration Committee has the right to require a period of supervision under an approved Supervision Plan and supervisor, and/or an oral examination. The applicant may still be awarded a Full Practice license without the APE if they are not eligible for the APE.
5. If an applicant is required to undergo supervision they will be required to resubmit the APE application materials following completion of the supervision period. If reapplication is made within 12

months of the initial application submission date, they will not be required to submit a new application fee. The applicant may be awarded the APE at this point or may be required to take an APE-focussed oral examination.

## **AUTHORIZED PRACTICE:**

(Bylaw 13(1) of the Regulatory Bylaws made under the Psychologists Act 1997)

### ***Authorized practice endorsement***

13(1) *A member who wishes to perform an authorized practice shall:*

*(a) apply for an Authorized Practice Endorsement on his or her licence;*

*(b) pay the prescribed application fee;*

*(c) meet the following requirements:*

*(i) knowledge of:*

*(A) psychopathology or abnormal psychology;*

*(B) personality and individual differences;*

*(C) psychological assessment; and*

*(D) psychodiagnostics;*

*(ii) skill in:*

*(A) establishing therapeutic rapport;*

*(B) eliciting information through interviewing*

*(C) assessing fundamental psychological processes such as mental state, cognition, emotions and behaviours;*

*(D) formulating and testing diagnostic hypotheses;*

*(E) communicating diagnostic information clearly and sensitively; and*

*(F) assessment of change in relevant psychological processes; and*

*(iii) formal training that includes:*

*(A) coursework and supervised experience in administering and interpreting assessment materials for a diverse range of problems;*

*(B) either coursework or supervised experience, or a combination of the two, in interviewing techniques;*

*(C) training in formulating and testing diagnostic hypotheses in a practice setting;*

*(D) supervised experience in communicating sensitive information; and*

*(E) either coursework or supervised experience, or a combination of the two, in assessment of change in order to evaluate the effectiveness of interventions;*

*(d) submit a written evaluation from the member's supervisor of the member's competence and training in the area of diagnostics; and*

*(e) successfully complete an oral interview in relation to diagnostic competence.*

(2) *For the purposes of clause (1)(c):*

*(a) the knowledge component set out in paragraph (A) is understood to encompass knowledge of problems of learning, behaviour and mental ability;*

*(b) the knowledge component set out in paragraph (B) is understood to encompass knowledge of psychosocial and life-span development;*

*(c) the knowledge component set out in paragraph (D) is understood to encompass knowledge of psychoeducational diagnostic techniques and interventions.*

(3) *A member who does not successfully complete the oral interview on three successive occasions may not reapply for the Authorized Practice Endorsement for a period of three years after the confirmation of the third unsuccessful interview.*

(4) *For the purposes of subsection 23(4) of the Act, a person who is a provisional member or a member who is a pre- or post-doctoral resident or intern may perform an authorized practice under the direct supervision of a member who has obtained an Authorized Practice Endorsement.*

## **Rating Form for Supervisors or Assessors**

For each required area below, please rate the applicant by placing an "X" in the appropriate area. You are encouraged to provide written comments regarding the applicant's general qualification in each area.

### **Knowledge of:**

- **Psychopathology or abnormal psychology**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- **Personality and Individual differences**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- **Psychological assessment**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- **Psychodiagnostics**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

### **OVERALL APPRAISAL OF STATE OF KNOWLEDGE:**

|           |      |            |                |
|-----------|------|------------|----------------|
| Very Good | Good | Acceptable | NOT acceptable |
|-----------|------|------------|----------------|

**Comments:**

### **Skill in:**

- **Establishing therapeutic rapport**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- **Eliciting Information through interviewing**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- **Assessing fundamental psychological processes such as mental state, cognition, emotions and behaviours**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- **Formulating and testing diagnostic hypotheses**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- **Communicating diagnostic Information clearly and sensitively**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- **Assessment of change in relevant psychological processes**

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

### **OVERALL APPRAISAL OF DEGREE OF SKILL:**

|           |      |            |                |
|-----------|------|------------|----------------|
| Very Good | Good | Acceptable | NOT acceptable |
|-----------|------|------------|----------------|

Comments:

**Formal training that includes:**

- Course work and supervised experience in administering and interpreting assessment materials for a diverse range of problems

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|           |      |            |              |

- Either course work or supervised experience, or a combination of the two, in interviewing techniques

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- Training in formulating and testing diagnostic hypotheses in a practice setting

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- Supervised expedience in communicating sensitive Information

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

- Either course work or supervised experience, or a combination of the two, in assessment of change in order to evaluate the effectiveness of Interventions

|           |      |            |              |
|-----------|------|------------|--------------|
| Very Good | Good | Acceptable | NOT adequate |
|-----------|------|------------|--------------|

**OVERALL APPRAISAL OF ADEQUACY OF FORMAL TRAINING:**

|           |      |            |                |
|-----------|------|------------|----------------|
| Very Good | Good | Acceptable | NOT acceptable |
|-----------|------|------------|----------------|

Comments:

**SUMMARY JUDGEMENT OF ASSESSOR:**

(Place and X in the appropriate box below, and initial)

| <b><u>Applicants Under A Mobility Agreement</u></b>                                                                                                                                                                         | <b><u>Provisional and Full Practice Member Applicants</u></b>                                                                                                                                                                                                                                                                 | <b><u>Failure to Perform Authorized Practice Independently</u></b>                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| It is my judgement that the applicant is capable of performing competently and to my knowledge has performed Authorized Practice independently in their practice as a Psychologist in their home jurisdiction.<br><br>_____ | The applicant is capable of performing, and has performed competently under my supervision, the Authorized Practice congruent with the requirements outlined within legislation and policy. It is my judgement that the applicant is capable of practising the Authorised Practice competently and independently<br><br>_____ | It is my judgement that the applicant is NOT capable of practising the Authorised Practice competently and independently and SHOULD NOT PRACTICE INDEPENDENTLY AT THIS TIME.<br><br>_____ |

\_\_\_\_\_  
Assessor's Name (printed)

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Applicant's Signature