



Saskatchewan College of Psychologists

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Criminal Record Check and Vulnerable Sector Screening

Chief of Police, or NCO i/c RCMP _____, Saskatchewan

A. Personal information to be completed by Applicant:

Surname	Given name(s)	
Former surname	Given names(s)	
Apt. number, Street address or Postal box number	Telephone number	
Town/City	Province	Postal Code
Signature	Date	

B. Information to be completed by the Municipal Police or the R.C.M.P.:

A name check of police records reveals:

- (1) No criminal record _____; or
- (2) The following criminal convictions or outstanding criminal charges _____; or
- (3) A possible criminal record that is being verified by fingerprint submission _____; or
- (4) Pardoned sexual offences _____; or
- (5) Findings of not guilty by reason of mental disorder _____; or
- (6) Probation, prohibition and other judicial orders which are in effect _____; or
- (7) Convictions/pending charges under Child and Family Services Act _____.

Date: _____
Signature, Name and Position _____

Collator/Dept. Stamp _____ Police Department or RCMP Detachment _____

C. Consent for the Police to Release Criminal Record Information (To be completed by the applicant having a criminal record).

I certify that I am the subject of the above listed or attached criminal convictions or outstanding criminal charges, that the record is accurate and I hereby authorize the police to disclose this record to the Saskatchewan College of Psychologists.

Date _____ Applicant's signature _____

RETURN TO: SASKATCHEWAN COLLEGE OF PSYCHOLOGISTS