



Saskatchewan College of Psychologists

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OUT OF PROVINCE EXCHANGE OF INFORMATION

(To be completed by the applicant's home jurisdiction and sent from the source.)

Registrant Full Name: _____

Registration/Certificate Number: _____ Issue Date: _____

Registration/Certification Status (i.e., full, provisional, etc.): _____ Expiry Date: _____

Is the applicant currently in "good standing" in your jurisdiction? _____ Yes _____ No

Are there any limitations, restrictions, or conditions on the registrant's license? _____ Yes _____ No

If yes, please list the limitation(s) and the reason(s): _____

Areas of practice competency the applicant is licensed under: _____

Does the applicant have a history of formal discipline either in your jurisdiction or another jurisdiction in which they were or are licensed? _____ Yes _____ No

Are there any outstanding complaints against this applicant, for which investigations have not been completed? _____ Yes _____ No

To your knowledge, has the applicant been investigated for or convicted of a criminal code violation/offense? _____ Yes _____ No (If yes, please explain): _____

Has the applicant passed the EPPP examination? _____ Yes _____ No

Date Taken: _____ Score _____

VERIFIED BY: _____
Signature of Official Province/State

Printed Name and Title

Regulatory Board

Address

Date Signed

(Board Seal)