COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

BOARD MEETING PACKAGE

2025.04

DATE: DECEMBER 12, 2025

TIME: 9:00AM - 4:00PM

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
T: 416.961.8817 1.800.489.8388 F: 416.961.2635 www.cpbao.ca

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BOARD MEETING AGENDA 2025.04

DECEMBER 12, 2025
9:00 AM to 4:00 PM

Strategic Direction Reflection:
S1 - *Excellence in Care*
S2 - *Membership Engagement*
S3 - *Innovation in Regulation*
S4 - *Continuous Quality Improvement Culture*

AGENDA ITEM	TIME	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION *
.00	**09:00AM–09:05AM (5 mins)**	**CALL TO ORDER AND LAND ACKNOWLEDGMENT** ***(I. Nicholson)***			
.01		**APPROVAL OF AGENDA & MINUTES**			
.01A	09:05AM – 09:20AM (15 mins)	Review & Approval of Agenda *(I. Nicholson)*	**Decision**	**2**	--
.01B		Update on Declarations of Conflicts of Interest[1] *(I. Nicholson)*	**Discussion**	--	--
.01C		Review & Approval of Minutes – Board Meeting 2025.02 September 26, 2025 *(I. Nicholson)*	**Decision**	**5**	--
.01D		Review of Board Action List *(T. DeBono)*	**Discussion**	**18**	--
.01E		Board Training Day Evaluation Report (September 25, 2025) *(I. Nicholson)*	**Discussion**	**20**	**S4**
.01F		Board Meeting Evaluation Report (September 26, 2025) *(I. Nicholson)*	**Discussion**	**25**	**S4**
.02		**CONSENT AGENDA ITEMS**	**Decision**		
.02A	09:20AM–09:25AM (5 mins)	Quarterly Committee Reports	--	--	--
		(1) Executive Committee Report		**28**	**S1**
		(2) Registration Committee Report		**30**	
		(3) Inquiries, Complaints and Reports Committee Report		**34**	
		(4) Discipline Committee Report		**38**	
		(5) Quality Assurance Committee Report		**41**	
		(6) Client Relations Committee Report		**44**	

[1] **Information Item added as Appendix A:**
Board Directors Annual Conflict of Interest Declarations (2025-2026)

AGENDA ITEM	TIME	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION *
		(7) Fitness to Practice Committee Report		**45**	
		(8) Finance & Audit Committee Report		**46**	
		(9) Governance and Nominations Committee Report		**51**	
		(10) Equity, Diversity, and Inclusion Working Group Report		**52**	
		(11) Jurisprudence and Ethics Examination Committee Report		**53**	
.02B		Staff Presentations	--	**55**	**S1**
.02C		Board Chair's Report	--	**56**	**S1**
.02D		Registrar & CEO's Report	--	**57**	**S1**
.03		**IN CAMERA ITEMS**[2]			
.03A	09:25AM – 09:45AM (20 mins)	Legal Matter *(Legal Counsel)*	**Discussion**	--	--
.04		**POLICY ISSUES**			
.04A	09:45AM – 10:45AM (60 mins)	Consultation Results - Registration Modernization: Regulatory Amendment Requests *(T. DeBono)*	**Decision**	**58**	**S3, S4**
10:45 AM – 11:00 AM (15 mins)		**BREAK**			
.04B	11:00AM – 11:05AM (5 mins)	Legislative Updates – Oral Report *(T. DeBono)* • *As of Right* • *Ministry of Health Announcement: Scope of Practice Consultation – RxP*	**Information**	--	**S3, S4**
.04C	11:10AM-11:20AM (10 mins)	ACPRO Update – Oral Report *(T. DeBono)*	**Information**	--	**S3**
.04D	11:20AM – 11:30AM (10 mins)	JEE Module (Psychology) Development Update – Oral Report *(L. Mackanyn)*	**Information**	--	**S3, S4**
.04E	11:30AM – 11:45AM (15 mins)	The Behaviour Analyst Certification Board (BACB©) *(T. DeBono)*	**Decision**	**280**	**S3**
.04F	11:45AM – 12:00PM (15 mins)	Board & Committees Competency and Suitability Profile *(Z. Yetnikoff)*	**Decision**	**282**	**S2, S3, S4**
12:00PM – 1:00PM (60 mins)		**LUNCH**			
.04G	01:00PM – 01:10PM (10 mins)	Governance Modernization: Policy Update *(Z. Yetnikoff)* • *Policy I-13: Non-Voting Psychological Associate Seat on the Board*	**Decision**	**285**	**S2, S3, S4**

[2] **Not available to the Public** – Council will go in-camera in accordance with *RHPA, Schedule 2 Section 7(2)(e)* to discuss opinions received from the solicitors for the College.

AGENDA ITEM	TIME	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION *
.04H	01:10PM – 01:25PM (15 mins)	Quality Assurance Committee Policy Updates *(J. Kitchen)* • *Policy II – 5(i): Quality Assurance Committee: Terms of Reference/Role* • *Policy II – 5(iv): Continuing Professional Development Program Audit: Criteria for Exemption or Deferral*	**Decision**	**289**	**S3, S4**
.05		**BUSINESS ISSUES**			
.05A	1:25PM – 1:35PM (10 mins)	Staff Satisfaction Survey Results Update – Oral Report *(T. DeBono)*	**Information**	**--**	**S3**
.05B	1:35PM – 1:40PM (5 mins)	Registrant Engagement and Communications Strategy Update – Oral Report (*S. Morton)*	**Information**	**--**	**S2**
.05C	1:40PM – 1:45PM (5 mins)	CPMF 2025 Reporting Cycle Update – Oral Report *(J. Kitchen)*	**Information**	**297**	**S3, S4**
.05D	1:45PM – 2:00PM (5 mins)	Key Performance Indicators (KPI) - Oral Report *(J. Kitchen)*	**Information**	**--**	**S4**
.05E	2:10PM – 2:20PM (10 mins)	Transfer of Reserve Funds (*T. DeBono*)	**Decision**	**299**	**S4**
2:20PM – 2:35PM		**BREAK**			
.05F	2:35PM – 2:55PM (20 mins)	Hiring of Third Party-Assessment for Board Effectiveness *(Z. Yetnikoff)*	**Decision**	**302**	**S3, S4**
.05G	2:55PM – 3:10PM (15 mins)	Integrated Risk Management Report (*T. DeBono*)	**Information**	**304**	**S4**
.06		**STRATEGIC ISSUES**			
.06A	3:10PM – 3:15PM (5 mins)	Strategic Direction Implementation: Chart Update *(T. DeBono)*	**Discussion**	**306**	**All**
.07		**OTHER BUSINESS**			
.07A	3:15PM – 3:30PM	Set 2026 Board Election Date – 3 Seats Open: • March 31, 2026	**Information**	**--**	**S2**
.07B		Next Board Meetings Scheduled: • March 26, 2026 – Training Day (in-person) • March 27, 2026 – Board Meeting (in-person)	**Information**	**--**	**--**
.07C		Proposed Next Board Meeting: • June 19, 2026 (virtual)	**Decision**	**--**	**--**
.08	**3:30PM**	**ADJOURNMENT**			

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BOARD MEETING MINUTES 2025.03

To view the Meeting Materials and Briefing Notes corresponding to these Minutes please click here.

SEPTEMBER 26, 2025

PRESENT:
Ian Nicholson, Ph.D., C.Psych., Board Chair
Peter Bieling, Ph.D., C.Psych., Board Vice-Chair
Marian Boer, Ph.D., C.Psych.
Fred Schmidt, Ph.D., C.Psych.
Jacob Kaiserman, Psy.D., C.Psych.
Rachel Wayne, Ph.D., C.Psych.
Glenn Webster, M.Ed., C.Psych. Assoc.
Maggie Toplak, Ph.D., C.Psych.
Kieva Hranchuk, Ph.D., R.B.A (Ont.), BCBA – D
Conrad Leung, M.ADS, R.B.A (Ont.), BCBA
Kay Narula, M.ADS., R.B.A (Ont.), BCBA
Olivia Ng, M.A., R.B.A (Ont.), BCBA
Ken Moreau, Public Director
Pascale Gonthier, Public Director
Mary Kalantzis, Public Director
Scott Warnock, Public Director

REGRETS:
David Kurzman, Ph.D., C.Psych.
Esther Vlessing, Public Director
Nadia Mocan, Public Director
Paul Stopciati, Public Director
Indira Bains, Public Director

STAFF:
Tony Debono, MBA, Ph.D., C. Psych., Registrar & CEO
Zimra Yetnikoff, Deputy Registrar & Director, Investigations and Hearings
Jennifer Kitchen, Director, Professional Affairs
Lesia Mackanyn, Director, Registration
Stephanie Morton, Director, Corporate Services
Odessa Medallon, Assistant to the Registrar, Recorder

2025.03.00 CALL TO ORDER
The Chair called the meeting to order at 9:03AM and began the meeting with a land acknowledgement in recognition and respect for Indigenous peoples.

DRAFT

The meeting was held at the College and livestreamed via YouTube.

2025.03.01 APPROVAL OF THE AGENDA AND MINUTES

.01A APPROVAL OF AGENDA

It was MOVED by Scott Warnock
That the Agenda for the Board Meeting be approved as presented. **CARRIED**

.01B DECLARATIONS OF CONFLICTS OF INTEREST

The Chair asked if any members of Council wished to provide an update on their declarations of conflict of interest (Appendix A of the meeting package) pertaining to the items on the Agenda. No updates were provided.

The Chair reminded Council members that the potential for conflicts should be kept in mind throughout the meeting and declarations made at any time, if appropriate.

.01C MINUTES FROM THE COUNCIL MEETING 2025.02 JUNE 20, 2025

It was MOVED by Ken Moreau
That the Minutes of Council Meeting 2025.02 June 20, 2025 be approved. **CARRIED**

.01D REVIEW OF ACTION LIST

The Registrar provided an update on the Action List and noted items that were completed, outstanding or on today's meeting Agenda.

.01E BOARD MEETING EVALUATION REVIEW

The Board reviewed the June 20, 2025 Board Meeting Evaluation results.

2025.03.02 CONSENT AGENDA

It was MOVED by Fred Schmidt
That the Board received the consent agenda items. **CARRIED**

2025.03.03 LEGAL MATTER

It was MOVED by Ken Moreau
That the Board go IN-CAMERA to discuss Item.03A Legal Matter.
CARRIED

This agenda item was moved IN-CAMERA accordance with RHPA, Schedule 2 Section 7(2)(e) to discuss information received from the solicitor for the College.

It was MOVED by Ken Moreau
That the Board return to regular session. **CARRIED**

DRAFT

2025.03.04 POLICY ISSUES

.04A REGISTRATION MODERNIZATION: REGULATORY AMENDMENT REQUESTS

The Chair opened the discussion by acknowledging feedback received from registrants and system partners regarding current discussions on registration regulatory amendments on entry-to-practice standards in psychology. He emphasized that while he has personally long supported doctoral-level training as the standard for independent practice, the College's duty under the *Regulated Health Professions Act, 1991* is to work with government to ensure the public has access to an adequate number of qualified, competent providers. He reviewed the government's concerns that Ontario's higher registration requirements may create unnecessary barriers compared to other Canadian jurisdictions, noting that all provinces assess the same core competencies under the Mutual Recognition Agreement. It was noted that there is no clear evidence that jurisdictions with lower entry requirements experience greater public risk, and that many master's-trained individuals already practice safely in Ontario. The Chair concluded by stating that Board's primary responsibility is to act in the public interest by ensuring access to competent psychological care across the province.

It was MOVED by
That the Board approve the requested regulatory amendments for presentation to the Ministry of Health and to the Office of the Fairness Commissioner.

IN FAVOR:
Registrant Directors: 8
Public Directors: 3

OPPOSED:
Registrant Directors: 3
Public Directors: 1

ABSTENTION:
Registrant Directors: 0
Public Directors: 0

CARRIED

It was MOVED by Jacob Kaiserman
That the motion passed on September 27, 2019 directing the College to pursue amendments to O.Reg. 74/15 - Registration under the *Psychology Act, 1991* to discontinue Master's level registration be rescinded and removed from the Board's Action List.

IN FAVOR:
Registrant Directors: 11
Public Directors: 4

OPPOSED:
Registrant Directors: 0
Public Directors: 0

ABSTENTION:
Registrant Directors: 0
Public Directors: 0

CARRIED

It was MOVED by Scott Warnock
That the potential Memorandum of Understanding with the College of Psychologists of British Columbia (now the B.C. College of Health and Care Professionals) not be pursued and removed from the Board's Action List.

IN FAVOR:
Registrant Directors: 10
Public Directors: 4

OPPOSED:
Registrant Directors: 1
Public Directors: 0

ABSTENTION:
Registrant Directors: 0
Public Directors: 0

CARRIED

It was MOVED by Ken Moreau
That the potential Memorandum of Understanding with the College of Psychologists of British Columbia (now the B.C. College of Health and Care Professionals) not be pursued and removed from the Board's Action List.

IN FAVOR:
Registrant Directors: 11
Public Directors: 4

OPPOSED:
Registrant Directors: 0
Public Directors: 0

ABSTENTION:
Registrant Directors: 0
Public Directors: 0

CARRIED

New Motion Added:

It was MOVED by Ken Moreau
That the College develop an annual assessment tool and mechanism to review effectiveness of the proposed registration amendments.

IN FAVOR:
Registrant Directors: 11
Public Directors: 4

OPPOSED:
Registrant Directors: 0
Public Directors: 0

ABSTENTION:
Registrant Directors: 0
Public Directors: 0

CARRIED

Following the motions, the Board directed the College to assess the impacts of these decisions should they be approved at the subsequent Board meeting.

Action Item Office of the Registrar
Develop an annual assessment mechanism to review effectiveness of the proposed registration amendments and present to the Board.

.04B REGULATORY UPDATES – ORAL REPORT

i. "As of Right" Legislation

The Registrar provided an oral update on "As of Right" exemptions in Ontario. It is anticipated that psychology will be added into the included professions but awaiting further Ministry announcements (ABA is not regulated as an independent profession anywhere else in Canada so not currently applicable).

ii. Ministry of Health Announcement: Scope of Practice Consultation – RxP

The Registrar provided an update to the Board that the College shared the Ministry of Health's public consultation regarding the potential expansion of the scope of practice of psychology to include the prescription of specific medications and the ordering/interpreting of specialized assessment measures. The consultation ran from September 17 – November 3, 2025.

.04C MAINTENANCE OF ONTARIO EXAMINATION FOR PROFESSIONAL PRACTICE IN APPLIED BEHAVIOUR ANALYSIS (OEPPABA)

The Director of Registration informed the Board of the first administration of the OEPPABA that was held on May 26, 2025. Of the 101 eligible applicants, a total of 66 Transitional Route 2 applicants elected to take the examination. The current Statement of Work (SOW) with *Meazure Learning Inc.* needed updating to establish the costs for future administrations (e.g. validation, scoring, updating/writing items, and examination form selection).

If approved by the Board, the College will engage *Meazure Learning Inc*. and SMEs for occasional maintenance activities, such as key validation, scoring, updating/writing items, and examination form selection, e.g. once per 1-2 years. The Board will revisit the maintenance plan in 1-2 years, pending any significant examination performance issues.

It was MOVED by Conrad Leung
That the Board approve the ongoing maintenance of the Ontario Examination for Professional Practice in Applied Behaviour Analysis (OEPPABA) required for Behaviour Analysts registering via Transitional Route 2 or the Entry Level Route.
CARRIED

It was MOVED by Conrad Leung
That the College obtain updated Statement of Work from Meazure Learning Inc. to determine costs for ongoing maintenance of the OEPPABA.
CARRIED

Action Item Office of the Registrar
College to obtain updated Statement of Work from *Meazure Learning Inc*. to determine costs for ongoing maintenance of the OEPPABA.

.04D APPROVAL OF KEY PERFORMANCE INDICATORS (KPI)

The Director of Professional Affairs provided the Board with a briefing note on the proposed Key Performance Indicators (KPIs) of the College. In the 2024 CPMF Report of the College to the Ministry, this measure was partially met, and the College indicated its plan to develop further KPIs. The Senior Team developed the proposed KPIs informed by the College's strategic plan. It was noted that here are no budgetary implications; however, the data provided from KPIs will inform the Senior Team and the Board of resourcing needs.

It was MOVED by Peter Bieling
That the Board review and approve the proposed Key Performance Indicators (KPIs) of the College, in compliance with the Ministry's CPMF requirements.
CARRIED

.04E CLIENT RELATIONS COMMITTEE (CRC) POLICY UPDATE

The Director of Professional Affairs provided the Board with a briefing note on the proposed updates on CRC-related policies. Specifically:

1. *Policy II – 7(ii) Funding for Therapy and Counselling for Clients of Members Alleging Sexual Abuse while Receiving Supervised Psychological and ABA Services.*

   Updates to this policy have been proposed to reduce redundancy between the policy and the legislative requirements set out in the HPPC and *Ontario Reg 59/94*.

It was MOVED by Rachel Wayne
That the Board approve amendments to *Policy II – 7(ii) Funding for Therapy and Counselling for Clients of Members Alleging Sexual Abused while Receiving Supervised Psychological and ABA Services*. **CARRIED**

2. *Policy II – 7(iii) Client Relations Committee: Eligibility for Funding for Therapy and Counselling for Victims of Sexual Abuse*

   Section. 85. 7 (4) of the Code articulates eligibility requirements for the Funding for Therapy Program and the Board has the authority to prescribe alternative eligibility requirements for funding. To determine if the Board had approved additional eligibility criteria in the past, a review of previous meeting minutes was conducted. These materials suggest that Council previously acted on its authority by approving additional eligibility criteria in December 1994 and then December 1997, however, it does not appear that this was ever formalized in a Client Relations policy.

It was MOVED by Jacob Kaiserman
That the Board approve *Policy II – 7(iii) Client Relations Committee: Eligibility for Funding for Therapy and Counselling for Victims of Sexual Abuse*. **CARRIED**

.04F INQUIRIES, REPORTS AND COMPLAINTS COMMITTEE (ICRC) POLICY UPDATE

The Director of Investigations & Hearings provided the Board with a briefing note proposing to rescind *Policy II-3(ii) Release of the Member's Response to the Complainant*. The policy was reviewed by the ICRC and Executive Committee and brought to the Board for approval.

The current policy mandated the release of the registrant's response, pending consideration of a request to withhold, redact or summarize a response. It did not achieve its intended goals. Proceeding to rescind the policy will mean less time and costs associated with these kinds of decisions.

It was MOVED by Olivia Ng
That the Executive Committee recommend to Council that it rescind *Policy II-3(ii) Release of the Member's Response to the Complainant.* **CARRIED**

.04G DISCIPLINE COMMITTEE (ICRC) POLICY UPDATE

The Director of Investigations & Hearings also provided the Executive Committee with a briefing note proposing amendments to policies related to Discipline Committee. These policies were reviewed by the Discipline Committee and Executive Committee and were brought to the Board for approval:

DRAFT

1. *Policy II-4(iii) Support to Witnesses at Hearings*
   The Discipline Committee believed it would be helpful to clarify that reasonable rates would be paid for independent legal counsel to support witnesses subject to a defense motion to obtain their personal records. In the same provision, the committee also wanted to clarify that the College would object to payment for counsel only on reasonable grounds. The suggested amendments provide a basis for raising concerns about a particular counsel or the rates charged.

It was MOVED by Kay Narula
That the Executive Committee recommend to Council that it update Discipline Committee *Policy II- 4(iii) Support to Witnesses at Hearings*. CARRIED

2. *Policy II-4(iv) Recovery of Discipline Costs*
   The Discipline Committee believed it would be helpful to have an explicit reference to the source of the tariff rates referred to in the policy. The tariff rates are set out in the Discipline Committee's Rules of Procedure.

It was MOVED by Scott Warnock
That the Executive Committee recommend to Council that it update Discipline Committee *Policy II- 4(iv) Recovery of Discipline Costs.* CARRIED

.04H FINANCE AND AUDIT COMMITTEE (FAC) POLICIES UPDATE

The Registrar provided the Board with a Briefing Note outlining the recommended amendments to two Finance and Audit Committee policies. These policies were reviewed by the Finance and Audit Committee and Executive Committee and were brought to the Board for approval:

1. *Policy III F - 2: Reserve Funds*
   Given the current financial needs of the College, it is recommended to increase the minimum amount to be held in the Contingency Reserve Fund to $1,000,000, its current amount, and to increase the aggregate value cap of all reserve funds to $4 million. It is also advised that future end of year surpluses be allocated to the Contingency Reserve Fund, Investigations and Hearings Reserve Fund, and/or to new projects that add value to the College (e.g. IT-related advancements).

It was MOVED by Kay Narula
That the Board approve the proposed amendments to *Policy III F-2 – Reserve Funds*. CARRIED

2. *Policy III F – 4 Per Diems and Council and Committee Compensation*
   To ensure consistency and clarity in the application of per diem rates, amendments were proposed to formalize and clarify certain provisions of the policy. Amendments to the policy included: expanding the list of eligible Chair roles to include Panels, Working Groups, and Oral Exams; applying Chair and Vice-Chair rates only when an individual is formally designated and acting in that role during the specific meeting or activity, and setting a cap to one full-day per diem a member may claim per calendar day, regardless of the number or length of meetings.

DRAFT

It was MOVED by Paul Stopciati
That the Board approve the amendments to *Policy III F-4: Per Diems and Board & Committee Compensation.* **CARRIED**

.04I GOVERNANCE MODERNIZATION STRATEGIES

At its meeting on June 20, 2025, the Board passed a motion to pursue governance modernization strategies, including: updating governance language; reducing Board size; moving towards more equal public and professional representation on Board; introducing more separation between Board and Committees; establishing a competency-based model for Board and Committees; and adopting a hybrid election/appointment process for the Board.

a. Proposed Amendments to the Bylaws

The existing legislative framework provides the Board with the ability to pursue these governance modernization strategies, to a lesser or greater extent. Some modernization goals would require legislative amendments. The following draft By-law amendments will provide the Board with the opportunity to independently achieve its governance modernization objectives:

By-law 1: *Interpretation Provisions*, was revoked on March 27, 2009. The Board believed this By-law was unnecessary because of the terms defined under the *Regulated Health Professions Act, 1991*. Having now identified a need to include definitions in by-law, the Board may reintroduce an Interpretations by-law. The other proposed changes include updates to *By-laws 5, 19, 20* and *21*. Finally, it should be noted that approving amendments to *By-law 1* will also mean updating terms throughout all By-laws, as well as other College documents.

The most significant changes are those proposed in the draft amendments to *By-law 20*. The proposed changes include the following considerations:

- Reduce the seats on the Board to the minimums set out in the Act;
- Moving away from geographic/title/profession-based districts to province-wide districts, with profession-specific numbers limited to those set out in the Act;
- The specifics of the role given to a revived Governance and Nominations Committee;
- The various steps of the election process and associated timelines;
- The process for coming up with a slate of candidates for election;
- The process for recommending and approving Academic Directors;
- The voting process, and how votes will be weighed, given the Board complement rules in the Act.

It was MOVED by Scott Warnock
That the following by-law amendments to support Board-approved governance modernization strategies be approved for enactment:

a) *By-law 1*: *Interpretation Provisions* (enacted in a new form)
b) *By-law 5*: *Selection of Committee Chairs and Committee Members*;

DRAFT

c) ***By-law 19*: *Appointment of Non-Council Members to Committees of the College and Conditions for Disqualification*;**
d) ***By-law 20*: *Elections to Council, Qualifications, Terms of Office and Conditions for Disqualification*; and**
e) ***By-law 21*: *Committee Composition*.**

IN FAVOR: 14
OPPOSED: 0
ABSTENTION: 1

CARRIED

It was MOVED by Fred Schmidt
That the Board request amendments to the *Psychology and Applied Behaviour Analysis Act, 2021* that would seek parity between public and professional representation on the Board, and that would reduce the size of the Board overall.

IN FAVOR: 14
OPPOSED: 1
ABSTENTION: 0

CARRIED

It was MOVED by Olivia Ng
Should amendments to By-law 1: Interpretation Provisions be approved for enactment in a new form, that the Board approve updating the terminology in all College Bylaws, policies, and other documents and communications.

IN FAVOR: 14
OPPOSED: 1
ABSTENTION: 0

CARRIED

Action Item Deputy Registrar
Staff to update the terminology in all College Bylaws, policies, and other documents and communications.

b. Proposed Amendments to College Policies

While many of the governance changes proposed were by way of By-law amendments, some of the changes also required policy support. In particular, the introduction of a hybrid election/appointment process for the Board and employing a Board & Committees Competency and Suitability Profile, required a mechanism to assess applications against such a profile. New policies and amendments were proposed to clarify the roles and responsibilities of Directors, Committee Chairs and Vice-Chairs, and the Executive Committee, all in support of the College's governance modernization goals.

It was MOVED by Marian Boer

That the Board reinstate *Policy II-9(i)* and thereby revive the Nominations and Leadership Development Committee, to be renamed the Governance and Nominations Committee (GNC).

IN FAVOR: 14
OPPOSED: 1
ABSTENTION: 0

CARRIED

It was MOVED by Kay Narula
That the Board approve amendments to *Policy II-1(i)*, updating the Executive Committee's terms of refence/role, in light of the revival of the GNC.

IN FAVOR: 14
OPPOSED: 0
ABSTENTION: 1

CARRIED

It was MOVED by Scott Warnock
That the Board approve the creation of *Policy I-16*, to provide clarity and transparency regarding the role and responsibilities of Board Directors.

CARRIED

It was MOVED by Fred Schmidt
That the Board approve the creation of *Policy I-17*, to provide clarity and transparency regarding the role of Committee Chairs and Vice-Chairs, in light of proposed amendments to *By-law 5*.

CARRIED

.04J PROPOSED AMENDMENTS TO BY-LAW 23: PROFESSIONAL CORPORATIONS

The proposed change corrected a citation error. Upon review, it was noted that there was no subsection (5) in By-law 23, the correct reference should be subsection 23.1. In addition, the reference to paragraph 4 of subsection 23(3) to the Code needed to be updated. Following Ministry amendments in June 2009, the relevant provision in the Code is now subsection 23(5). The paragraph formerly numbered as 4 in subsection 23(3) no longer exists.

This amendment to the by-law was a minor, non-substantive correction and did not fall under matters outlined in section 94(2) of the Code that requires a 60-day consultation with the membership. Hence, this amendment was exempt from that requirement.

It was MOVED by Olivia Ng
That the Board approve the amendments to *By-Law 23: Professional Corporations*, specifically subsection 23.2, to update statutory reference in the Health Professions Procedural Code.

CARRIED

2025.05.05 BUSINESS ISSUES

.05A AUDIT 2024-2025: AUDITED FINANCIAL STATEMENTS YEAR- ENDING MAY 31, 2025 – Presentation of Audited Financial Statements (Ms. Liana Bell, Hilborn LLP)

The Board welcomed Ms. Bell, Auditor with Hilborn LLP, and invited her to present the Audited Financial Statements for the year ending May 31, 2025. The Finance and Audit Committee and the Executive Committee had reviewed the draft Audited Financial Statements with Ms. Liana Bell of Hilborn LLP at their meeting held on August 28, 2025. Ms. Bell discussed the following documents that had been provided for the Board's review:

- Audit Findings Report
- Draft Audited Financial Statements

Ms. Bell commented that the College staff and management were well prepared for the audit and cooperated fully. She noted that the College has appropriate internal controls and that all accounting estimates were appropriate and reasonable. There were no unusual transactions and or any disagreements with management.

It was MOVED by Ken Moreau
That the Audited Financial Statements for the fiscal year ending May 31, 2025 be approved as presented. CARRIED

It was MOVED by Kay Narula
That the firm of Hilborn LLP be appointed as Auditors for the College for the year ending May 31, 2026. CARRIED

2025.03.06 STRATEGIC ISSUES

.06A STRATEGIC DIRECTION IMPLEMENTATION UPDATE

The Registrar provided the Board with the updated *Strategic Direction Implementation Table.* This table is used to chart the work undertaken and accomplished in fulfilling the College's Strategic Direction. Items added since the Board of June 20, 2025, were shown in **Bold**.

2025.03.07 OTHER BUSINESS

.07A NEXT BOARD MEETINGS:

- December 12, 2025 (Virtual)
- March 19, 2026 -Training Day (in-person)
- March 20, 2026 (in-person)

.07B HR MATTER

This agenda item was discussed IN CAMERA due The Minutes for this item will be provided by the Recorder.

It was MOVED by Scott Warnock
That the Board go IN-CAMERA to discuss Item.07B HR Matter. CARRIED

DRAFT

This agenda item was moved IN-CAMERA accordance with RHPA, Schedule 2 Section 7(2)(e) to discuss personnel matters.

2025.02.08 ADJOURNMENT

There being no further business,

It was MOVED by Glenn Webster
That the Board Meeting be adjourned. **CARRIED**

The Board Meeting was adjourned at 03:30 PM.

_____
Ian Nicholson, Ph.D., C.Psych., Board Chair

_____
Peter Bieling, Ph.D., C.Psych., Board Vice-Chair

Minutes approved at the Board Meeting on December 12, 2025

DRAFT

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD ACTION LIST

Item:	Responsibility:	Action:	Status:	Target Completion Date
2019.03.03C	Office of the Registrar	To pursue amendments to O.Reg. 74/15 - Registration under the *Psychology Act, 1991* to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates. Submit the Master's Level Registration Report to the Ministry of Health.	**Rescinded**	**September 2025** *Board approved motion to rescind and remove from Action List to discontinue Master's-level registration.*
2023.04.03B	Registration Committee	Develop a pilot implementation of evaluating CFTA candidates for Autonomous practice	**Rescinded**	**September 2025** *Board approved motion to not pursue and remove from Action List development of pilot implementation of evaluating CFTA candidates for Autonomous practice.*
2024.02.03A	Office of the Registrar	Examine strategies to increase membership engagement in College consultations.	**In Process** *College to present at the March 2026 Board Meeting*	December 2025 – **March 2026**
2024.06.03C	Registration Committee	Provide guidelines on how to process VSC with positive check.	**In Process** *College to present at the March 2026 Board Meeting*	December 2025 – **March 2026**
2025.02.03F	Registration Committee	Provide required operational updates in anticipation of changes regarding registration modernization.	**In Process** *Operational updates to be provided pending Board and Ministry approval of registration regulation amendments*	TBA

Item:	Responsibility:	Action:	Status:	Target Completion Date
2025.02.03G	Office of the Deputy Registrar	Staff to develop and present proposed amendments to the College By-laws to support Council's approved governance modernization strategies, including: updating governance language; reducing Council size; adopting a hybrid appointment/election process; implementing a competency-based framework for Council and Committees; and enhancing the separation between Council and Committees.	**Completed** *By-laws have been updated. Available on the College website.*	**December 2025**
2025.02.03G	Office of the Deputy Registrar	Staff to apprise the Ministry of Health of any amendments to the RHPA and/or Act that would be necessary to achieve the Board's governance modernization goals.	**In process** *Necessary amendments are under review.*	*TBA*
2025.03.04A	Office of the Registrar	Develop an annual assessment tool and mechanism to review effectiveness of the proposed registration amendments and present it to the Board.	**Not started** *This action item will commence pending registration regulation changes.*	*TBA*
2025.03.04C	Registration Department	College to obtain updated Statement of Work from *Meazure Learning Inc.* to determine costs for ongoing maintenance of the OEPPABA.	**In process** *An initial SOW has been received from Meazure; undergoing review by staff.*	*TBA*
2025.03.04I	Office of the Deputy Registrar	Staff to update the terminology in all College Bylaws, policies, and other documents and communications.	**In process** *The College has completed updates to the by-laws and the policies & procedures manual. Website update in progress.*	**March 2026**

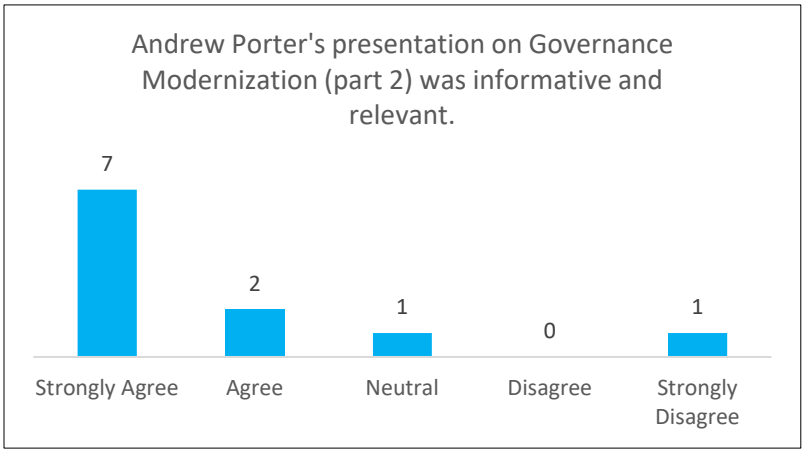
COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

SEPTEMBER 2025 BOARD TRAINING DAY - EVALUATION REPORT

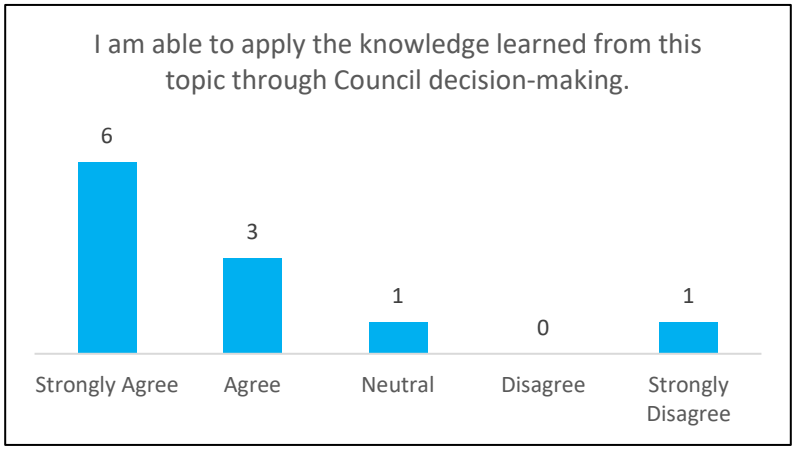
FEEDBACK RESULTS

The evaluation was completed on-line by **11/14** Board Directors who attended (**78%**). Their feedback indicated that most attendees found the presentation to be of value.

1. When asked if Andrew Porter's presentation on Governance Modernization (part 2) was informative and interesting:



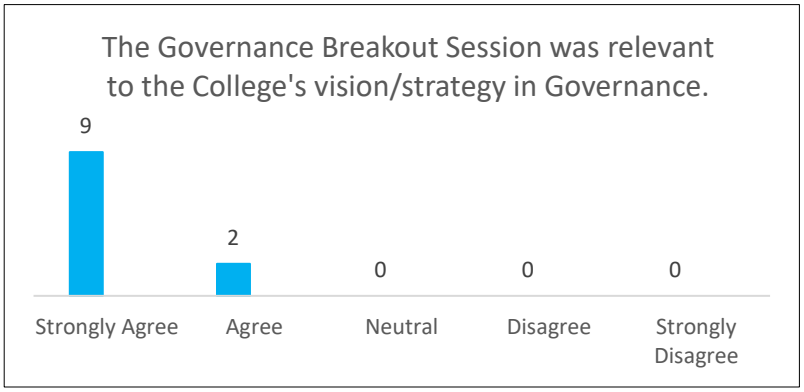
2. When asked if members are able to apply the knowledge learned from this topic:



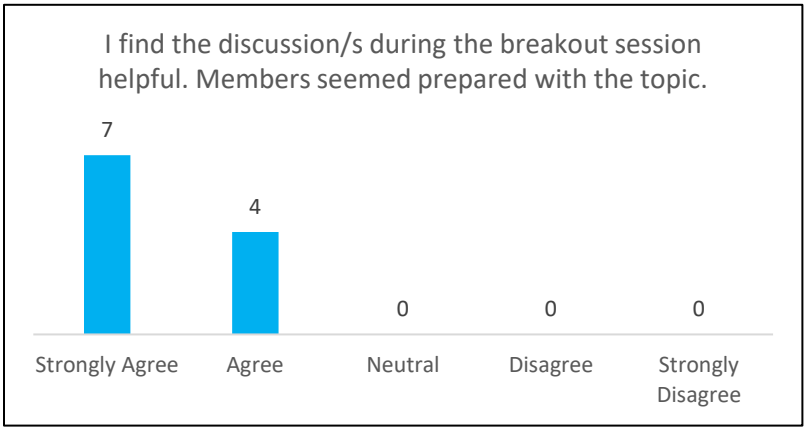
3. When asked for additional comments on this specific discussion/presentation:

Comment 1:	Organized and helpful. Having the slides ahead of time was very helpful as some of the text was very small to see on the larger screen during the presentation.
Comment 2:	Very timely and relevant discussion. Appreciated that it built on the previous presentation.
Comment 3:	Great!

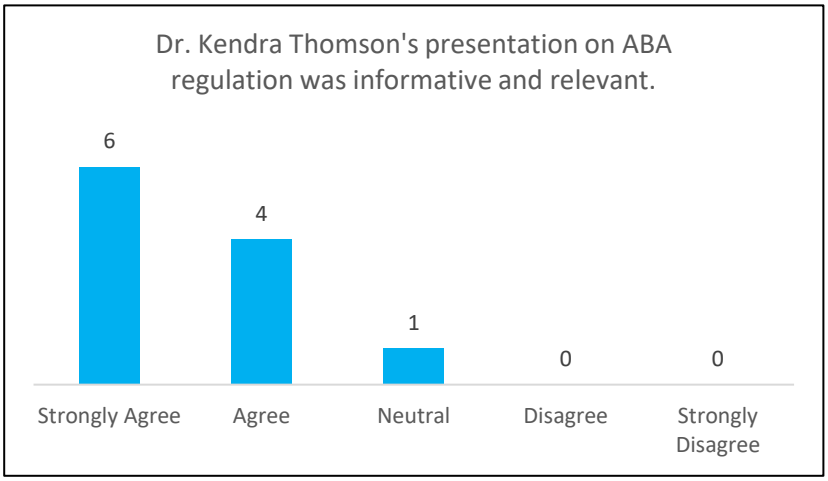
4. When asked if the Governance Breakout Session was relevant to the College's vision/strategy in Governance.



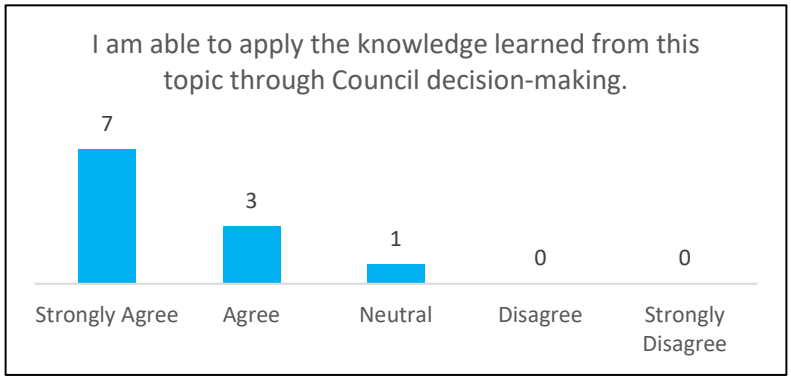
5. When asked if they find the discussion/s during the breakout session helpful and if members seemed prepared with the topic.



6. When asked if Dr. Kendra Thomson's presentation on ABA regulation was informative and relevant.



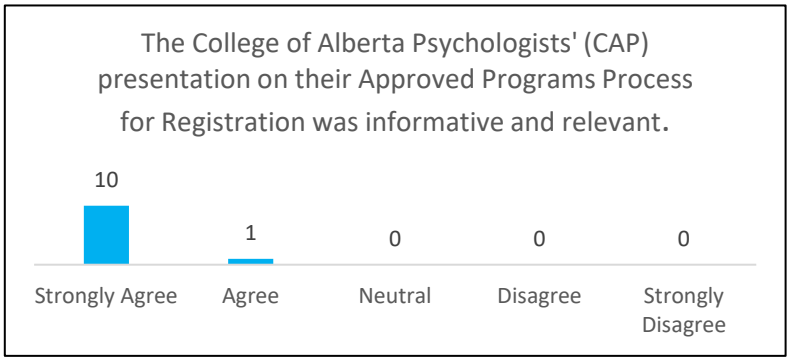
7. When asked if members are able to apply the knowledge learned from this topic:



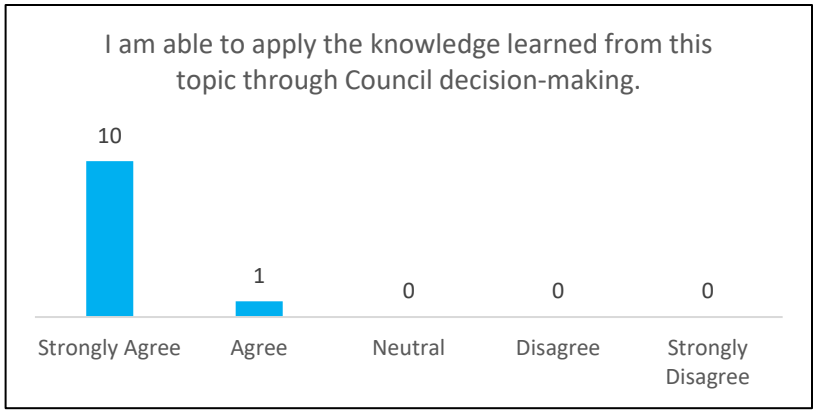
8. When asked for additional comments on this specific discussion/presentation:

Comment 1:	Clear presentation of the training standards for prospective RBAs at Brock.
Comment 2:	Getting to see the academic pathway behind the BA profession was great context

9. When asked if the College of Alberta Psychologists' (CAP) presentation on their Approved Programs Process for Registration was informative and relevant.



10. When asked if members are able to apply the knowledge learned from this topic:

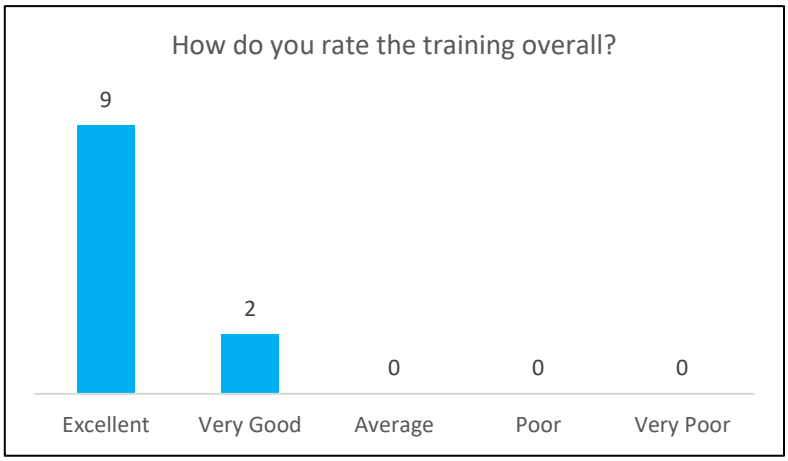


11. When asked for additional comments on this specific discussion/presentation:

Comment 1:	Given the issues that needed to be decided imminently the next day, I would appreciated more time for questions with the presenters as I did not get a chance to ask everything that I wanted to ask.
Comment 2:	Very helpful in navigating some nuances in our own province.
Comment 3:	Really nice to see that others grapple with similar challenges. Validating…

12. When asked about the length of the Seminar:

13. When asked to rate the training overall:



14. SUGGESTED TOPICS OR SPEAKERS: Do you have any suggestions for future Training Day topics or speakers?

Comment 1:	If possible, I would have appreciated more opportunities to speak directly with OFC or MOH in advance given what is transpiring now at our College.
Comment 2:	Hearing from other jurisdictions on their regulatory models for psychologists would be informative.
Comment 3:	AI expert presentation

15. When asked what could be improved in the way Training Days are conducted:

Comment 1:	A lot of content in one day. I would recommend 2 presenters and discussion max per training day.
Comment 2:	This was one of the better training days in terms of context for future council deliberations and decisions.

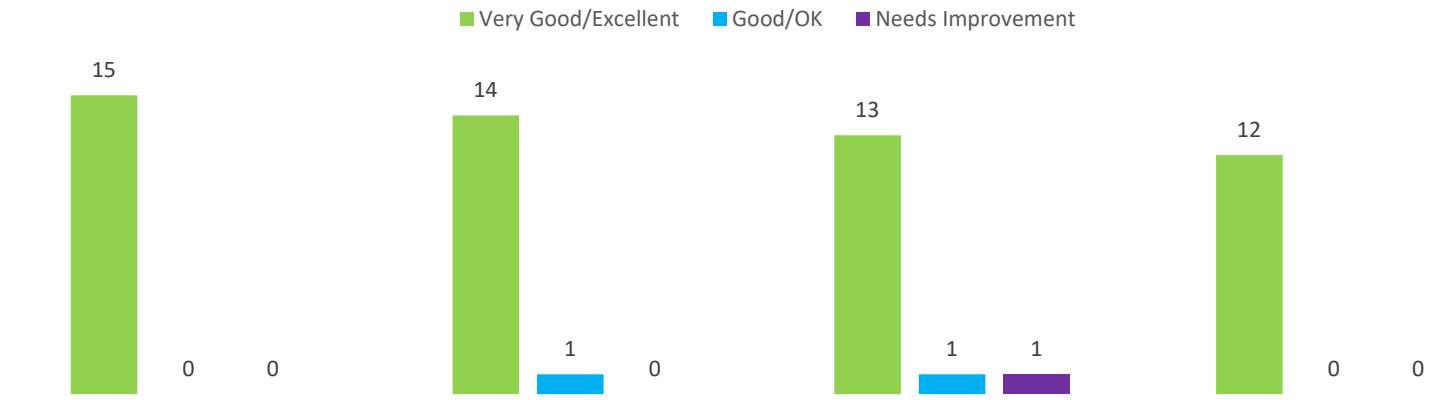
COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

2025.04.01F

BOARD MEETING EVALUATION SUMMARY

BOARD MEETING SEPTEMBER 26, 2025

15/16 BOARD DIRECTORS PRESENT COMPLETED EVALUATION

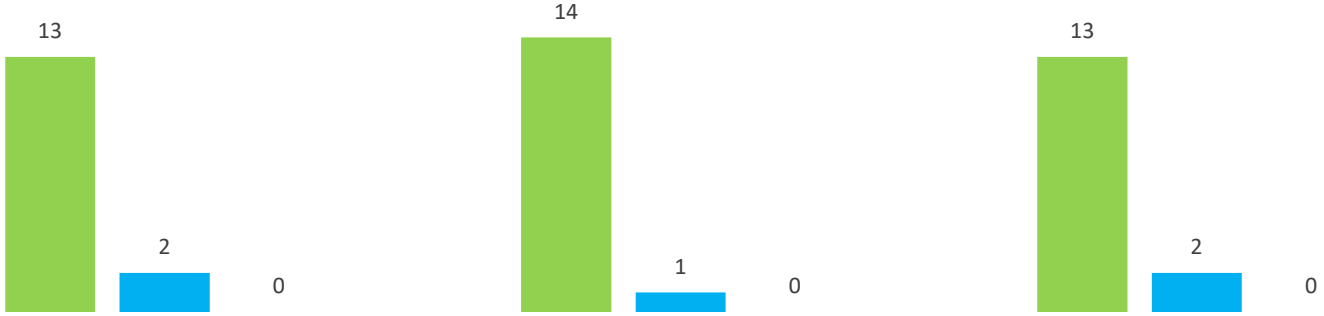


Q1: The Council meeting materials were received in a timely manner.

Q2: The materials were sufficient to assist me in forming an opinion on decisions to be made by Council. Briefing Notes and Reports were clear and contained needed information.

Q3: Agenda items were appropriate for Council discussions. Topics were relevant to the mandate and strategic direction of the College.

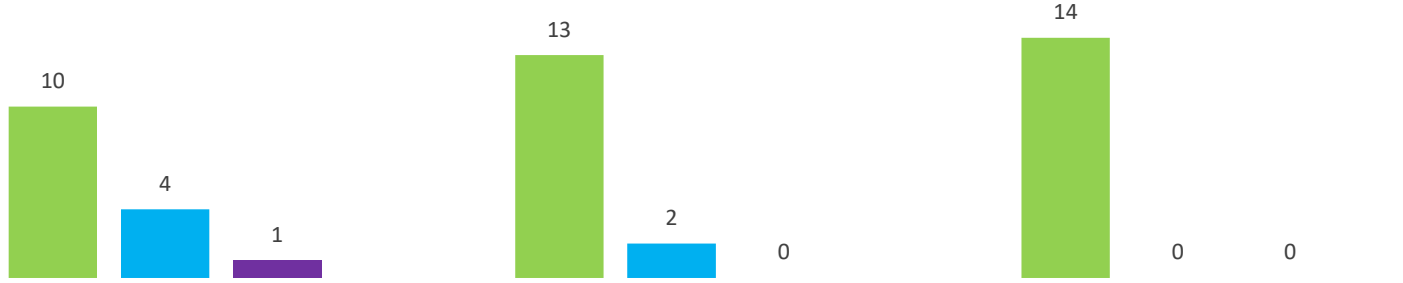
Q4: The public interest was described in Briefing Notes and considered in all discussions.



Q5: Time was used effectively to each agenda item. Questions and discussions remained on topic.

Q6: There was opportunity for me to be actively engaged in all discussions and I felt comfortable participating in the Council discussions.

Q7: I was satisfied with the way in which other members of Council contributed to discussions and debate. There was a positive climate of trust and respect. Disagreements were handled openly, honestly, and directly.



Q9: Where appropriate, Next Steps and Action Items were clearly identified.

Q10: In general, Council Members appeared prepared for the meeting.

Q11: The President chaired the meeting in a manner that enhanced Council's performance and decision-making.

ADDITIONAL COMMENTS

Q1: The Council meeting agenda and materials were received in a timely manner.	• I think they could have been received a bit sooner if possible, but it was ok for me in the end. • Given the complexity and nature of some of the issues, it may have been helpful to have the opportunity to have background information, discuss the issues prior to the meeting.
Q2: Agenda items were appropriate for Council discussions. Topics were relevant to the mandate and strategic direction of the College.	• Much completed today. Agenda was quite full. • The order in which some items were presented could have been improved upon in order to support informed decision-making.
Q3: The materials (agenda, briefing notes, attachments) were useful and sufficient to assist me in forming an opinion on decisions to be made by Council.	• There was not enough data to support the decision making about some of the specific registration changes that were proposed.
Q4: The public interest was considered in all discussions.	*No comments received*
Q5: Time was used effectively to each agenda item. Questions and discussions remained on topic.	• More time dedicated to regulation modernization would have allowed for a more fulsome discussion that could address known viewer/member concerns and rationales for change. • I very much appreciate our President's excellent composure and ability to keep us on task during these intense discussions.
Q6: There was opportunity for me to be actively engaged in all discussions and I felt comfortable participating in the Council discussions.	• Regulation modernization was a contentious topic. There were moments of discomfort amongst Council and staff members. • Very spirited but respectful debate.
Q7: I was satisfied with the way in which other members of Council contributed to discussions and debate. There was a positive climate of trust and respect. Disagreements were handled openly, honestly, and directly.	• Would like to have heard more from our public members • Open discussion was welcomed with professionalism from all members of Council. • I am proud to be part of a group that held such respectful and thoughtful discussions on highly contentious subject matter.
Q8: Where appropriate, Next Steps and Action Items were clearly identified.	• I believe a concluding agenda item summarizing our action items from the day would be helpful. We are often rushed to conclude the day so that people can make travel arrangements.
Q9: In general, Council Members appeared prepared for the meeting and engaged in discussion and decision-making.	• Some few members seemed unaware of environment of interprovincial trade and fairness commissioner

Q10: The President chaired the meeting in a manner that enhanced Council's performance and decision-making.	*No comments received*
Q11: What is one thing that worked well in this meeting?	• Respect for others' opinions amongst the council members. • Open discussion. • We got through all the agenda items in a timely fashion. • President and CEO were balanced fair and succinct • Chair allowed fullsome comments and respectfully brought discussions back to focus when needed-without people feeling cut-off. • Given the obvious significance of the discussion I thought this was a great meeting and despite it all we kept to reasonable time. • The education session prior to the meeting was very helpful. More time to review and discuss would have been helpful to me. Perhaps the opportunity to have had the education session a week prior online (especially given the nature of the issues), with a follow up session may have been helpful.
Q12: What could be improved for future meetings?	• being fully informed about all aspects regarding an important decision well in advance of having to make the decision. chair is good and fair • More time dedicated to important decisions to allow for discussion and reflection. • I do find myself wishing that council members would be conscious of how many turns they've taken speaking on a single issue. There was some repetition of points already made, and I think that may have disguised a "silent majority" that was present. Spirited discussion? Yes please. Filibustering? No thank you. • I would like more information about what the potential outcomes may be in relation to several of the issues, especially the issue of title change, changes to requirements for training and supervision.

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02A(1)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

EXECUTIVE COMMITTEE

COMMITTEE MEMBERS:

Ian Nicholson, Chair	Board Director
Peter Bieling, Vice-Chair	Board Director
Olivia Ng	Board Director
Paul Stopciati	Board Director (Public)
Scott Warnock	Board Director (Public)
Rachel Wayne	Board Director
Glenn Webster	Board Director

STAFF

Tony DeBono, Registrar & CEO
Zimra Yetnikoff, Deputy Registrar & Director, Investigations and Hearings
Odessa Medallon, Assistant to the Registrar

MEETINGS

The Executive Committee met on:

- September 26, 2025 (after Board Meeting)
- November 21, 2025

ITEMS FOR BOARD DECISION

The Executive Committee discussed the following matters which are being brought forward for Board's consideration and approval:

- Registration Modernization Amendments – Consultation Results *(submitted to-date)*
- The Behaviour Analyst Certification Board (BACB)
- Board & Committees Competency and Suitability Profile
- Transfer of Reserve Funds
- Hiring of Third Party-Assessment for Board Effectiveness

Three College policy items were also reviewed to be brought forward for Board's consideration at its December 2025 meeting. These included amendments to policies within the purview of the:

- Quality Assurance Committee
    - *Policy II – 5(i): Quality Assurance Committee: Terms of Reference/Role*
    - *Policy II – 5(iv): Continuing Professional Development Program Audit: Criteria for Exemption or Deferral*

- Executive Committee
    - *Policy I-13: Non-Voting Psychological Associate Seat on the Board*

ACTIONS

The Executive Committee took the following actions:

- Made 2025-2026 Governance and Nominations Committee appointments at its September 26, 2025 meeting;
- Newly appointed Public Director of the Board – Col. (Ret.) Cameron Ross was appointed to College Committees - Discipline, Inquiries, Complaints and Reports, Fitness to Practice and Client Relations Committees.
- Appointed Dr. Jacob Kaiserman as Chair of the Client Relations Committee, in view of Ms. Esther Vlessing's resignation from the Board.
- Reviewed the Variance Report and the Unaudited Financial statements, all to August 31, 2025. The Committee recommended that these documents be presented to the Board. These are included in the Consent Agenda Reports section of the Board Meeting materials package.

SUBMITTED BY

Ian Nicholson, Ph.D., C. Psych., Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02A(2)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

REGISTRATION COMMITTEE

COMMITTEE MEMBERS:

Peter Bieling, Ph.D., C.Psych.	Co-Chair, Board Director
Maggie Toplak, Ph.D., C.Psych.	Co-Chair, Board Director
Conrad Leung, M.ADS., R.B.A. (Ont)	Co-Chair, Board Director
Amardeep Badwall-Brown, M.A., R.B.A. (Ont.)	College Registrant
Lixian Bao, Ph.D., C.Psych.	College Registrant
Gani Braimoh, Psy.D., C.Psych.	College Registrant
Patricia Behnke, Ph.D., C.Psych.	College Registrant
Marian Boer, Ph.D., C.Psych.	Board Director
Suzana Curcija, M.Ed., R.B.A. (Ont.)	College Registrant
Michal Gilboa-Hermel, M.A., C.Psych.	College Registrant
Kate Guyett, M.A., R.B.A. (Ont.)	College Registrant
Kieva Hranchuk, Ph.D., R.B.A (Ont.)	Board Director
Mary Kalantzis	Board Director (Public)
Nicole McLister, M.Ed., C.Psych.Assoc.	College Registrant
Ken Moreau	Board Director (Public)
Mohammad Nikkhou, Ph.D., C.Psych.	College Registrant
Morgan Sanchez, M.ADS, R.B.A. (Ont.)	College Registrant
Frederick Schmidt, Ph.D., C.Psych.	Board Director
Paul Stopciati	Board Director (Public)
Sheila Tervit, Ph.D., C.Psych.	College Registrant

Staff Support to Registration Committee:

Lesia Mackanyn	Director: Registration
Myra Veluz	Senior Registration Assistant
Deneika Greco	Registration Assistant
Wahiba Akhtar	Registration Assistant
Anna Miller	Registration Assistant
Shannon Elliott	ABA Coordinator
Emily Sarmento	Registration Coordinator
Nuzhat Ahmed	Registration Assistant
Nanthini Joseph	Registration Assistant
Katherine Bell	Registration Assistant

MEETINGS OF THE REGISTRATION COMMITTEE:

September 12, 2025: Plenary Session

The Committee met on September 12th for a Plenary Session; this meeting included all panels. The College's staff presented an update about the October administration of the Ontario Examination for

Professional Practice in Applied Behaviour Analysis (OEPPABA). Staff also updated the Committee on the Application for Temporary Telepsychology Practice under the Manitoba-Ontario MOU. The remainder of the Plenary Session was focussed on discussion regarding rollout of the vulnerable sector screening requirement for all College applicants.

September 11, 2025: Panel A (Psychology Registration Cases)
The Registrar referred a total of 28 cases to Panel A.
These cases included:

- 2 cases involving academic credential reviews (0 doctoral, 2 masters);
- 17 cases involving training plans for supervised practice members or eligible candidates (5 doctoral, 12 masters);
- 0 cases involving examination outcome;
- 0 case involving a reciprocity application;
- 1 case involving removal or modification of limitation and/or condition;
- 0 cases involving request from return to autonomous certificate from Inactive certificate;
- 8 cases involving requests for adding of area of practice.

September 12, 2025: Panel B (Psychology Registration Cases)
The Registrar referred a total of 34 cases to Panel B.
These cases included:

- 3 cases involving academic credential reviews (0 doctoral, 3 masters);
- 14 cases involving training plans for supervised practice members or eligible candidates (6 doctoral, 8 masters);
- 1 case involving examination outcome;
- 0 cases involving a reciprocity application;
- 2 cases involving removal or modification of limitation and/or condition;
- 0 cases involving request from return to autonomous certificate from Inactive certificate;
- 14 cases involving requests for adding of area of practice.

September 12, 2025: Panel C (Behaviour Analyst Registration Cases)
The Registrar referred a total of 4 cases to Panel C.

- 4 cases involving a Transitional Route 2 Entry application;
- 0 cases involving a Supervised Practice (Entry Level Route) application.

November 14, 2025: Panel A (Psychology Registration Cases)
The Registrar referred a total of 36 cases to Panel A.
These cases included:

- 4 cases involving academic credential reviews (1 doctoral, 3 masters);
- 27 cases involving training plans for supervised practice members or eligible candidates (11 doctoral, 16 masters);
- 0 cases involving examination outcome;
- 0 cases involving a reciprocity application;
- 0 cases involving removal or modification of limitation and/or condition;
- 1 case involving request from return to autonomous certificate from Inactive certificate;
- 4 cases involving requests for adding of area of practice.

November 13, 2025: Panel B (Psychology Registration Cases)
The Registrar referred a total of 33 cases to Panel B.

These cases included:

- 5 cases involving academic credential reviews (0 doctoral, 5 masters);
- 18 cases involving training plans for supervised practice members or eligible candidates (6 doctoral, 12 masters);
- 1 case involving examination outcome;
- 0 cases involving a reciprocity application;
- 0 cases involving removal or modification of limitation and/or condition;
- 0 cases involving request from return to autonomous certificate from Inactive certificate;
- 9 cases involving requests for adding of area of practice.

November 13, 2025: Panel C (Behaviour Analyst Registration Cases)
The Registrar referred a total of 5 cases to Panel C.

- 4 cases involving a Transitional Route 2 Entry application;
- 1 case involving a request to recognize a new doctoral level degree.

SUBMITTED BY
Peter Bieling, Ph.D., C.Psych., Co-Chair
Maggie Toplak, Ph.D., C.Psych., Co-Chair
Conrad Leung, M.ADS., R.B.A (Ont.), BCBA, Co-Chair

TERMS

- ***Academic Credential Review (psychology registrants)****: Cases where after an initial review, the Registrar has referred an application for supervised practice to the Registration Committee for a further review to determine whether the applicant has an acceptable graduate level psychology degree.*

- ***Training Plan (psychology registrants)****: Applies to supervised practice members and eligible candidates. If after an initial review, it appears that a candidate is missing required components in the area for which they have declared competence to practise, the Registrar will refer the candidate's application to the Registration Committee for a review of their education and training. The Committee will determine whether the candidate must augment their knowledge and skills via a training plan.*

- ***Change of Area of Practice (psychology registrants)****: Autonomous practice psychologist or psychological associate members who wish to be authorized to practice psychology in a new area and/or with a new client group.*

- ***Examination Outcome****: Individual cases that require a review of the outcome of, or an issue with, the Oral Examination, JEE, EPPP, or* OEPPABA*.*

- ***Reciprocity Application:*** *Reviews of cases where an applicant has applied from a jurisdiction in which the College has entered into a written reciprocity agreement.*

- ***Removal or modification of limitation and/or condition****: Autonomous practice members who wish to have a registration related limitation and/or condition removed (or modified) from their certificate of practice.*

- ***Return to Autonomous Certificate from Inactive Certificate****: Members who have held an Inactive Certificate of Registration for longer than 2 years and who wish to return to a Certificate of Registration Authorizing Autonomous Practice.*

- **Transitional Route Entry Application (behaviour analyst registrants)**: *Cases where after an initial review, the Registrar has referred an application for transitional route entry to the Registration Committee for a further review to determine whether the applicant has met the minimum criteria.*

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02A(3)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

COMMITTEE MEMBERS:

Allyson Harrison (Chair), College Registrant
Scott Warnock (Vice-Chair), Board Director (Public)
Basmah Alkatranji, College Registrant
Indira Bains, Board Director (Public)
Marie-Sjaan Berends-Booth, College Registrant
Kirsten Barr, College Registrant
Mary Susan Crawford, College Registrant
Allison Eades, College Registrant
Oliver Foese, College Registrant
David Gold, College Registrant
Jacob Kaiserman, Board Director
Mehakpreet Mahey, College Registrant
Nadia Mocan, Board Director (Public)
Ken Moreau, Board Director (Public)
Kay Narula, Board Director
Olivia Ng, Board Director
Jasmine Peterson, College Registrant
Cameron Ross, Board Director (Public) (as of November 21, 2025)
Naomi Sankar-DeLeeuw, College Registrant
Simmi Santha, College Registrant
Fred Schmidt, Board Director
Krystal Street, College Registrant
Esther Vlessing, Board Director (Public) (until October 28, 20225)
Mark Watson, College Registrant
Glenn Webster, Board Director
Crystal Willett, College Registrant
Christie Yao, College Registrant
Leah Zalan, College Registrant

STAFF

Zimra Yetnikoff, Director, Investigations & Hearings

COMMITTEE ACTIVITIES

ICRC Meetings

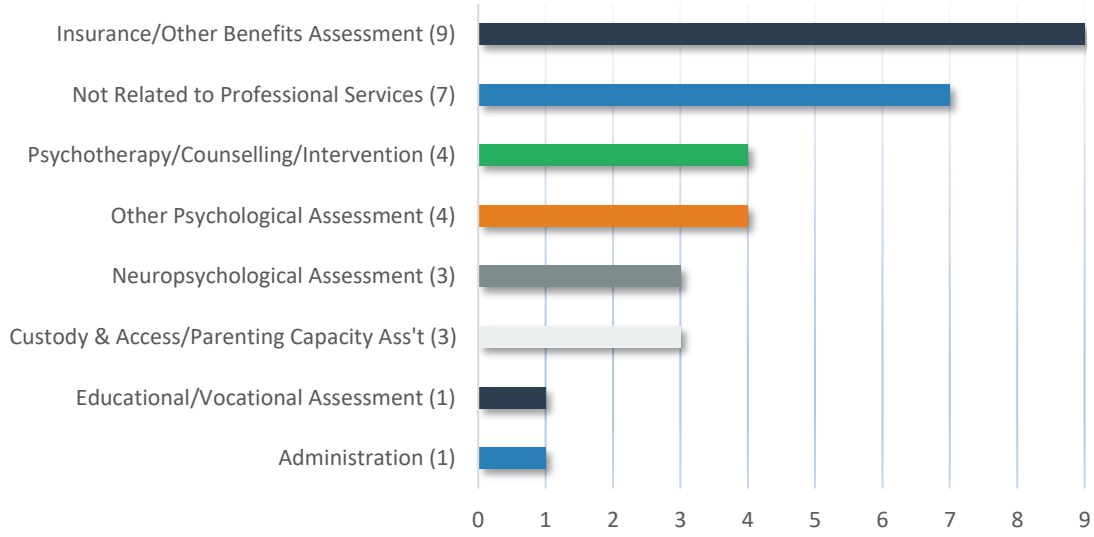
The ICRC met on September 12, October 16 and November 10, 2025, to consider 34 cases. In addition, 18 teleconferences were held in the 2nd quarter to consider 32 cases. The next scheduled ICRC takes place on December 5, 2025, with 15 cases on the agenda.

New Complaints and Reports

In the 2nd Quarter, the College received 32 new complaints related to the psychology profession and three complaints related to the ABA profession.

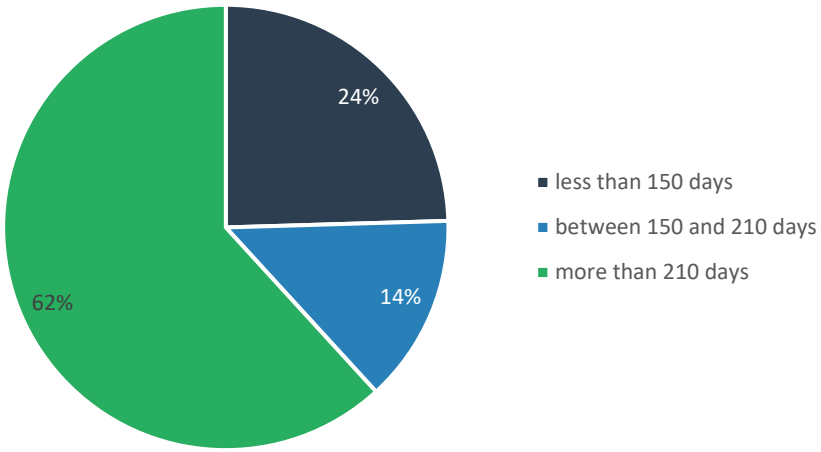
The nature of service related to the ABA complaints are Supervision (1) and Intervention (2).

The nature of service in relation to the psychology matters are:



Timeline Snapshot

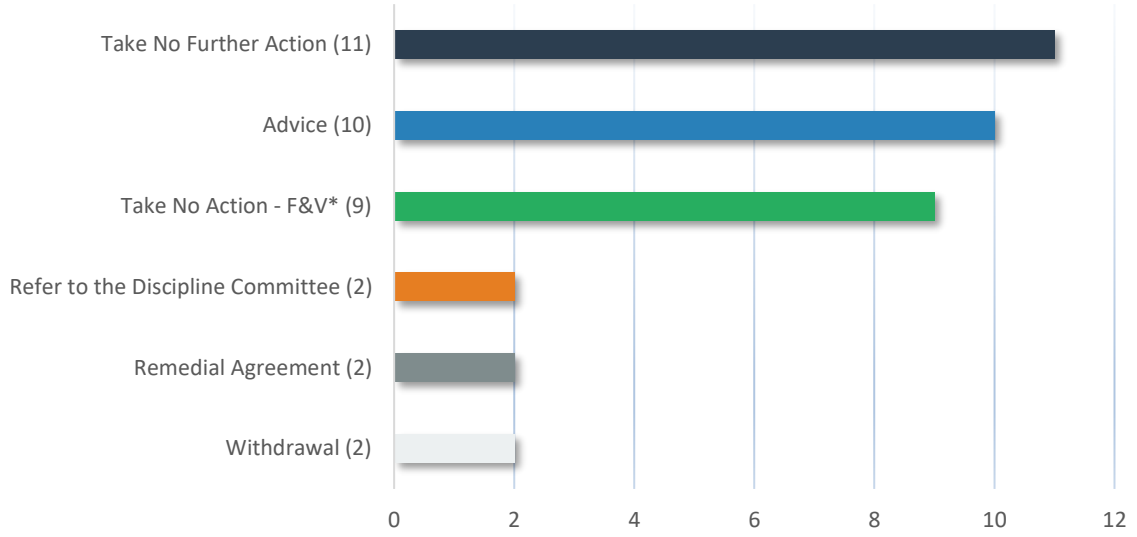
There are currently 212 open ABA and psychology complaints being actively investigated.



ICRC Dispositions

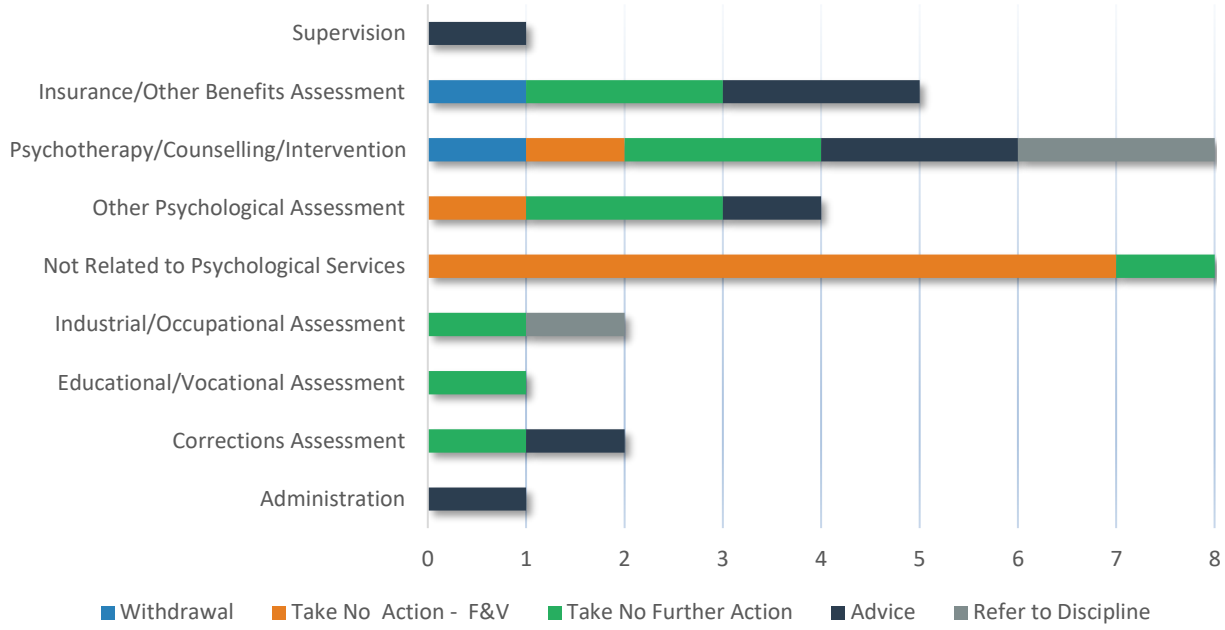
The ICRC disposed of three ABA case this quarter. The ICRC provided Advice in one matter, where the nature of service was Intervention, and decided to Take No Further Action in another, where the nature of service was Supervision. The ICRC decided not to investigate the third complaint, also regarding Supervision, believing it to be frivolous, vexatious, made in bad faith, moot, or an abuse of process.

The ICRC disposed of 36 psychology cases during the 2nd Quarter, as illustrated below.



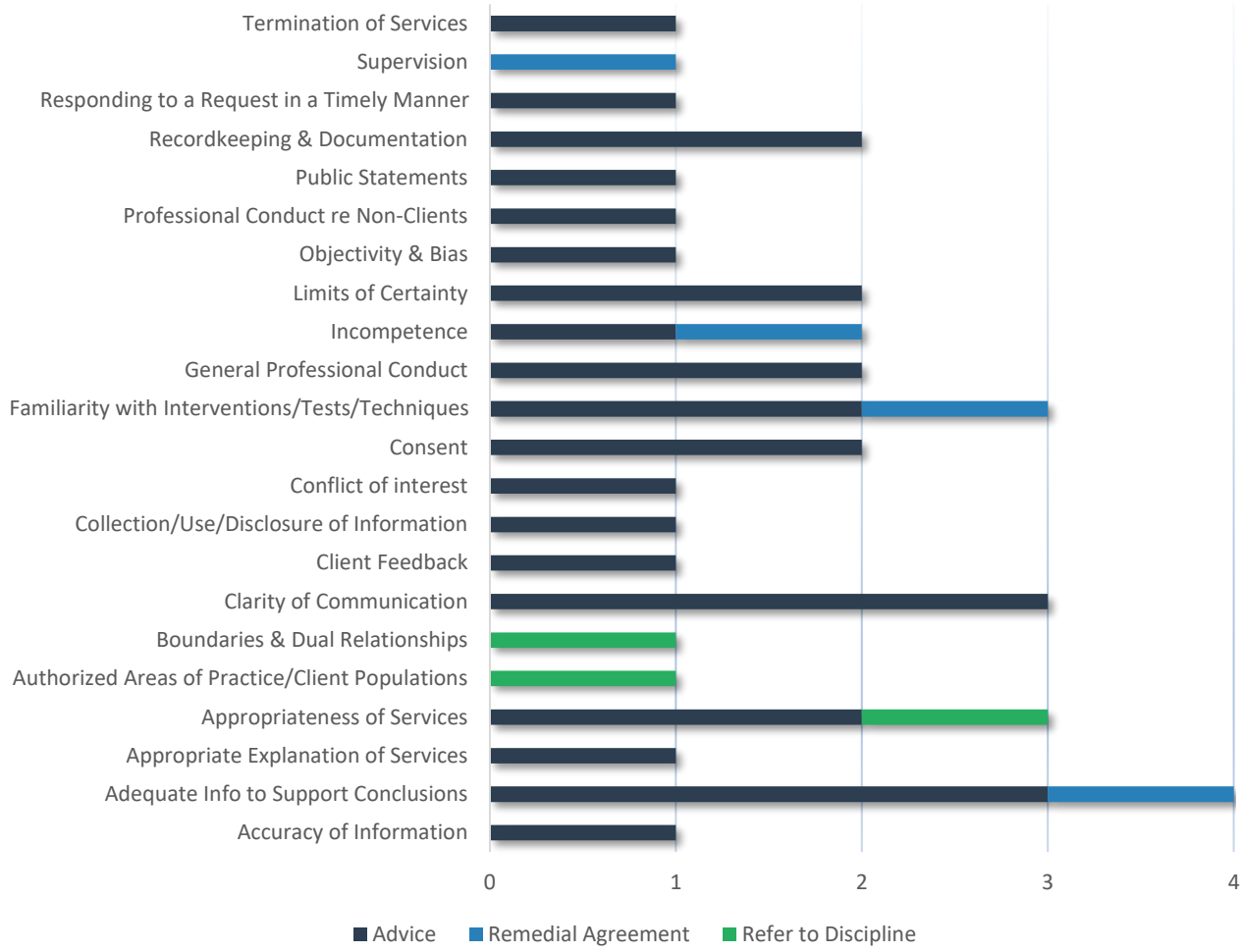
*F&V: Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, pursuant to s.26(4) of the Health Professions Procedural Code.

The dispositions of the 36 psychology cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 36 psychology cases disposed of included the consideration of 94 allegations. The ICRC took some action with respect to 36, or 38%, of these allegations.



Health Professions Appeal and Review Board (HPARB)

In the 2nd Quarter, three HPARB reviews of ICRC decisions were requested. The College received two HPARB decisions. In both these matters, the Board provided notice that it would not proceed with a review.

SUBMITTED BY
Allyson Harrison, Ph.D., C.Psych., Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02A(4)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

DISCIPLINE COMMITTEE

COMMITTEE MEMBERS

Janice Currie (Chair) College Registrant
Ian Nicholson, Board Director
Peter Bieling, Board Director
Jacob Kaiserman, Board Director
David Kurzman, Board Director
Fred Schmidt, Board Director
Marian Boer, Board Director
Rachel Wayne, Board Director
Glenn Webster, Board Director
Maggie Toplak, Board Director
Kieva Hranchuk, Board Director
Conrad Leung, Board Director
Olivia Ng, Board Director
Kay Narula, Board Director er
Paul Stopciati, Board Director (Public)
Nadia Mocan, Board Director (Public)
Scott Warnock, Board Director (Public)
Indira Bains, Board Director (Public)
Pascale Gonthier, Board Director (Public)
Mary Kalantzis, Board Director (Public)
Ken Moreau, Board Director (Public)
Cameron Ross, Board Director (Public) (as of November 21, 2025)
Anthony Hopley, College Registrant
Deidre Boyle, College Registrant
Lynette Eulette, College Registrant
Lyzon Babchishin, College Registrant
Maggie Mamen, College Registrant
Marissa Leuzzi, College Registrant
Michael Grand, College Registrant
Robert Gauthier, College Registrant
Maria Romano, College Registrant
Smita Vir Tyagi, College Registrant
Bruce Robert David Cook, College Registrant

STAFF SUPPORT:
Zimra Yetnikoff, Director, Investigations & Hearings

REFERRALS TO DISCIPLINE

1. Dr. Marie-Sylvie Roy: https://members.cpbao.ca/public_register/show/2289

A referral was made to the Discipline Committee on November 14, 2025. This matter is currently at the Pre-Hearing Conference stage.

2. Dr. Tracy Abarbanel: https://members.cpbao.ca/public_register/show/21196

A referral was made to the Discipline Committee on November 21, 2025. This matter is currently at the Pre-Hearing Conference stage.

PRE-HEARINGS

1. **Ms. Christine Vestervelt: https://members.cpbao.ca/public_register/show/25462**

   A Pre-Hearing Conference is scheduled to take place on December 22, 2025.

2. **Dr. Gina Madrigrano: https://members.cpbao.ca/public_register/show/20052**

   A Pre-Hearing Conference is scheduled to take place on March 11, 2026.

HEARINGS

1. **Mr. Eldon Bossin: https://members.cpo.on.ca/public_register/show/21448**

   A Hearing is scheduled to take place on December 3, 2025.

2. **Dr. Philip Classen: https://members.cpbao.ca/public_register/show/20213**

   A Motion Hearing is scheduled to take place on January 5, 2026.

3. **Mr. Christopher Heap (3 matters): https://members.cpo.on.ca/public_register/show/2873**

   A Hearing is scheduled to take place on January 9, 2026.

ONGOING MATTERS

4. **Dr. Irina Trofimova (2 matters): https://members.cpo.on.ca/public_register/show/20198**

   A Pre-Hearing Conference for two related matters took place on December 12, 2024. The Hearing for this matter has not yet been scheduled.

5. **Dr. Vytas Velyvis: https://members.cpo.on.ca/public_register/show/49563**

   This matter is currently at the Pre-Hearing Conference stage.

6. **Dr. Romeo Vitelli (3 matters): https://members.cpo.on.ca/public_register/show/1461**

   These matters are currently at the Pre-Hearing Conference stage.

7. **Dr. Ronald Frey (2 matters): https://members.cpbao.ca/public_register/show/19100**

   A Pre-Hearing Conference for two related matters took place on September 9, 2025. The Hearing for this matter has not yet been scheduled.

8. **Dr. Kenneth Zucker: https://members.cpbao.ca/public_register/show/1666**

A Pre-Hearing Conference took place on October 9, 2025. The Hearing for this matter has not yet been scheduled.

SUBMITTED BY
Janice Currie, Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02A(5)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

QUALITY ASSURANCE COMMITTEE

COMMITTEE MEMBERS

David Kurzman, Ph.D., C.Psych. (Chair)	Board Director
David Howard, M.A., C.Psych. (Vice-Chair)	College Registrant
Bhawna Aggarwal, M.S., R.B.A. (Ont.)	College Registrant
Pascale Gonthier	Board Director (Public)
Lital Grinberg, M.A., C.Psych.Assoc.	College Registrant
Sabrina Hassan, Ph.D., C.Psych.	College Registrant
Conrad Leung, M.ADS., R.B.A (Ont.), BCBA	Board Director
Nadia Mocan	Board Director (Public)
Ken Moreau	Board Director (Public)
Sandra O'Doherty, Ph.D., R.B.A (Ont.), BCBA-D	College Registrant
Tara Ouellette, M.A., R.B.A (Ont.), BCBA	College Registrant
Wanda Towers, Ph.D., C.Psych.	College Registrant
Darlene Walker, Ph.D., C.Psych.	College Registrant

STAFF

Jennifer Kitchen, Director, Professional Affairs
David Fierro, Manager, Quality Assurance

COMMITTEE ACTIVITY

During the second quarter, the Quality Assurance (QA) Committee met on October 23, 2025. The Committee reviewed two policies pertaining to the administration of the College's QA Program, with the aim of modernizing and updating the policies to enable proportionate, targeted, and agile processes. The Committee recommended the proposed changes to Policy II – 5(i) and Policy II – 5(iv) be submitted to the Board for approval. The Committee will continue its review of all remaining policies throughout the term.

The Committee also reviewed draft revisions to the Peer Assisted Review report form to ensure applicability for both professions of psychology and applied behaviour analysis. The Committee made further recommendations and will consider an updated draft at a future meeting.

REGISTRANT MATTERS

Panels of the Committee also met on September 17, October 17, and November 24, 2025, to review registrant-specific matters related to participation in, and compliance with, the requirements of the QA Program.

SELF-ASSESSMENT GUIDE (SAG)

In-process	
SAG Review, Targeted Selection (2025)	3
Total Matters Pending at End of Q2	**3**

Concluded	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**
SAG Consideration Request (2025) - Take No Further Action		1			1
SAG Review, Targeted Selection (2025) - Take No Further Action		12			12
SAG Review, Targeted Selection (2025) - Resigned		1			1
SAG Review, Targeted Selection (2025) - Refer for S.82 Assessment		1			1
Total Matters Concluded					**15**

Panels of the Committee concluded 15 matters related to registrant fulfillment of the self-assessment requirements:

- In one *SAG Consideration Request (2025)*, the Panel acknowledged the registrant's extenuating circumstances which prevented timely completion of the self-assessment requirements and took no further action.
- In 12 *SAG Reviews, Targeted Selection (2025)*, no further action was taken; however, feedback to assist registrants with future participation was provided.
- In one *SAG Review, Targeted Selection (2025)*, the Panel's review of the matter was suspended as the registrant resigned from the College.
- In one *SAG Review, Targeted Selection (2025)*, the Panel identified specified concerns and ordered the registrant to participate in an assessment under section 82 of the Health Professions Procedural Code.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

In-process	
CPD Audit, Targeted Selection (2025)	3
CPD Audit, Random Selection (2025)	2
Total Matters Pending at End of Q2	**5**

Concluded	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**
CPD Consideration Request (2025) - Take No Further Action	1	1			2
CPD Audit, Random Selection (2024) - Take No Further Action		1			1
CPD Audit, Targeted Selection (2025) - Take No Further Action		10			10
CPD Audit, Targeted Selection (2025) - Refer for S.82 Assessment		1			1
CPD Audit, Targeted Selection (2025) - Resigned		1			1
CPD Audit, Random Selection (2025) - Take No Further Action		35			35
Total Matters Concluded					**50**

Panels of the Committee also concluded 49 matters related to registrant fulfillment of the continuing education and professional development requirements:

- In one *CPD Consideration Request (2025)*, the Panel acknowledged the registrant's extenuating circumstances which prevented fulfillment of the CPD requirements during their assigned cycle. It took no further action and provided feedback to ensure compliance moving forward.

- In 46 *CPD Audits, Targeted & Random Selection (2024 & 2025),* no further action was taken; however, feedback was provided to assist registrants with future participation.
- In one *CPD Audit, Targeted Selection (2025)*, the Panel's review of the matter was suspended as the registrant resigned from the College.
- In one *CPD Audit, Targeted Selection (2025)*, the Panel identified specified concerns and ordered the registrant to participate in an assessment under section 82 of the Health Professions Procedural Code.

PEER ASSISTED REVIEWS (PAR) AND S.82 ASSESSMENTS

In-process	
PARs, Stratified Random Selection (Carried Over from Previous Years)	2
PAR, Random Selection (Carried Over from Previous Years)	1
PAR, SAG Referral (Carried Over from Previous Years)	1
S.82 Assessment, Targeted Selection (2025)	1
Total Matters Pending at End of Q2	**5**

Concluded	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**
S.82 Assessment, Targeted Selection (2024) – Referral to ICRC		1			1
PARs, (Carried Over from Previous Years) - Take No Further Action	3	1			4
Total Matters Concluded					**5**

Panels of the Committee also reviewed two assessment reports:

- A Panel reviewed one Peer Assisted Review report of a registrant's practice. The Panel did not identify any concerns but endorsed recommendations made by the College Assessor that would enhance professional practices; no further action was taken.
- A Panel reviewed one assessment report conducted under section 82 of the Health Professions Procedural Code and referred the matter to Investigations, Complaints and Reports Committee (ICRC) due to specified concerns.

SUBMITTED BY
David Kurzman, Ph.D., C.Psych., Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02A(6)

SECOND QUARTER, SEPTEMBER 1 – NOVEMBER 30, 2025

CLIENT RELATIONS COMMITTEE

COMMITTEE MEMBERS

Jacob Kaiserman, Psy.D., C.Psych., (Chair)	Board Director
Pascale Gonthier	Board Director (Public)
Diana Mandeleew, Psy.D., C.Psych.	College Registrant
Kimberley Moore, M.ADS, R.B.A. (Ont.), BCBA	College Registrant
Melanie Morrow, M.A., C.Psych. Assoc.	College Registrant
Rachel Wayne, Ph.D., C.Psych.	Board Director
Cameron Ross	Board Director (Public)

STAFF

Jennifer Kitchen, Director, Professional Affairs
Julie Hahn, Practice Support and Client Relations Coordinator

COMMITTEE ACTIVITIES

A panel of the Committee met once during the quarter to review a Funding for Therapy Application, on September 8, 2025. The panel granted funding to the applicant.

FUNDING FOR THERAPY PROGRAM

There are currently 9 individuals whose therapy or counselling is being funded by the College.

SUBMITTED BY

Dr. Jacob Kaiserman, Chair

COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

BOARD REPORT

2025.04.02A(7)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

FITNESS TO PRACTICE COMMITTEE

COMMITTEE MEMBERS:

Ian Nicholson, Chair	Board Director
Esther Vlessing	Board Director (Public) *(until October 28, 2025)*
Glenn Webster	Board Director
Pamela Wilansky	College Registrant
Uma Bucha	College Registrant

The Fitness to Practice Committee held no meetings during the second quarter of this year.

SUBMITTED BY

Ian Nicholson, Ph.D., C.Psych., Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.03.02A(8)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

FINANCE AND AUDIT COMMITTEE

COMMITTEE MEMBERS:

Ian Nicholson, Chair	Board Director
Indira Bains	Board Director (Public)
Courtney Domingue	College Registrant
Alana Holmes	College Registrant
David Kurzman	Board Director
Paul Stopciati	Board Director (Public)

STAFF

Tony DeBono, Registrar & CEO
Zimra Yetnikoff, Deputy Registrar & Director, Investigations and Hearings
Stephanie Morton, Director, Corporate Services
Odessa Medallon, Assistant to the Registrar

MEETINGS

The Finance and Audit Committee met on:

- November 10, 2025

COMMITTEE ACTIVITIES

The Finance and Audit Committee (FAC) met by videoconference on November 10, 2025. The Committee reviewed the Unaudited Financial Statements and Variance Report to August 31, 2025; the end of the first quarter. In considering the Statement of Revenue & Expenses, the FAC reviewed the Variance Report which explained items that deviated from the budget by the level of materiality set by the Board; items which exceeded the expected budget by $5,000 or were underspent by $10,000. The Committee was satisfied with the information presented and voted to receive the reports. Based on the documents reviewed at this meeting, it is the view of the Committee that the College continues to operate on a sound financial basis.

The Committee also considered the College reserve funds. It recommended to the Executive Committee the transfer of $700,000 to the Investigations and Hearings Reserve Fund and $471,513 retained as unrestricted funds. This is presented separately in Board Agenda item *2025.06.05F.*

The also reviewed the College's proposal to hire a consultant to conduct a third-party assessment of Board effectiveness at a minimum every two years. The FAC has approved to bring the proposal to the Executive Committee for review and to the Board for approval.

The memorandum confirming the remittances of taxes to the Canada Revenue Agency and the Ontario Employer Health Tax for the period June 1, 2025, to August 31, 2025, was received.

ATTACHMENTS

1. Statement of Revenue and Expenses to August 31, 2025 (Q1)
2. Balance Sheet to August 31, 2025 (unaudited)

SUBMITTED BY

Ian Nicholson, Ph.D., C. Psych., Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO
STATEMENT OF REVENUE & EXPENSES
June - August, 2025

	Annual Budget	Budget YTD	Actual YTD	$ Variance YTD	2025-2026 % YTD	Expected % YTD	% Variance YTD	Year End to 31 May-26
REVENUE	7,254,925.50	1,818,731.35	1,869,283.88	50,552.53	26%	25%	1%	7,254,925.50
COST OF SALES	352,422.00	102,818.02	62,789.68	-40,028.34	18%	29%	-11%	352,422.00
GROSS MARGIN	6,902,503.50	1,715,913.33	1,806,494.20	90,580.87	26%	25%	1%	6,902,503.50
EXPENDITURES								
Governance	219,508.28	39,252.08	14,966.52	-24,285.56	7%	18%	-11%	219,508.28
Registration	115,000.00	28,749.99	14,012.50	-14,737.49	12%	25%	-13%	115,000.00
Client Relations,Communications & Education	47,000.00	11,750.01	3,397.50	-8,352.51	7%	25%	-18%	47,000.00
Quality assurance	57,375.00	14,343.75	2,431.25	-11,912.50	4%	25%	-21%	57,375.00
Investigations and resolutions	350,000.00	87,500.04	55,574.63	-31,925.41	16%	25%	-9%	350,000.00
Hearings	713,500.00	178,375.02	153,404.49	-24,970.53	22%	25%	-3%	713,500.00
Liaison (Professional Organizations)	44,825.00	7,531.25	7,276.73	-254.52	16%	17%	-1%	44,825.00
Administration	5,253,866.57	1,300,466.64	1,211,319.34	-89,147.30	23%	25%	-2%	5,253,866.57
Total Expenditures	6,801,074.85	1,667,968.78	1,462,382.96	-205,585.82	22%	25%	-3%	6,801,074.85
EXCESS OF REVENUE OVER EXPENDITURES	101,428.65	47,944.55	344,111.24	296,166.69	339%	25%	314%	101,428.65

Underspent by $10,000

Overspent by $5,000

These statements have been prepared based on information provided by management/owners. These statements are for internal purposes only and should not be relied on by third parties.

College of Psychologists and Behaviour Analysts of Ontario
Balance Sheet Comparison
As of August 31, 2025

	Total		
	As of Aug. 31, 2025	As of Aug. 31, 2024 (PY)	Change
Assets			
Current Assets			
Cash and Cash Equivalent			
10000 Petty Cash	200.00	200.00	0.00
10100 Bank	312,895.46	448,951.30	-136,055.84
10199 Telpay Clearing	0.00	0.00	0.00
10250 Cash Equivalents	9,676,101.19	8,061,174.08	1,614,927.11
12001 Undeposited Funds	0.00	0.00	0.00
Total Cash and Cash Equivalent	**$ 9,989,196.65**	**$ 8,510,325.38**	**$ 1,478,871.27**
Accounts Receivable (A/R)			
10400 Accounts Receivable - Control	9,014.96	29,402.93	-20,387.97
Total Accounts Receivable (A/R)	**$ 9,014.96**	**$ 29,402.93**	**-$ 20,387.97**
10300 Short Term Investments	0.00	0.00	0.00
10410 Accounts Receivable - Other	0.00	0.00	0.00
10550 Interest Receivable	0.00	0.00	0.00
10600 Prepaid Expenses	77,410.37	119,982.56	-42,572.19
10800 Government Funding-ABA	-77,220.78	-82,881.78	5,661.00
Total Current Assets	**$ 9,998,401.20**	**$ 8,576,829.09**	**$ 1,421,572.11**
Non-current Assets			
Property, plant and equipment			
12000 Furniture & Equipment			0.00
12010 Furniture & Equipment - Cost	179,152.15	175,176.02	3,976.13
13000 Accum Amort Furniture & Equip	-153,296.89	-125,238.61	-28,058.28
Total 12000 Furniture & Equipment	**$ 25,855.26**	**$ 49,937.41**	**-$ 24,082.15**
12100 Computer Equipment			0.00
12110 Computer Equipment - Cost	222,266.49	200,436.00	21,830.49
13100 Accum Amort Computer Equipment	-170,562.37	-135,464.45	-35,097.92
Total 12100 Computer Equipment	**$ 51,704.12**	**$ 64,971.55**	**-$ 13,267.43**
12200 Leasehold Improvements			0.00
12210 Leasehold Improvements - Cost	1,331,174.87	1,331,174.87	0.00
13200 Accum Amort Leaseholds	-690,432.79	-589,262.99	-101,169.80
Total 12200 Leasehold Improvements	**$ 640,742.08**	**$ 741,911.88**	**-$ 101,169.80**
12300 Website Development			0.00
12310 Website Development - Cost	0.00	0.00	0.00
13300 Accum Amort Website Devt	0.00	0.00	0.00
Total 12300 Website Development	**$ 0.00**	**$ 0.00**	**$ 0.00**
Total Property, plant and equipment	**$ 718,301.46**	**$ 856,820.84**	**-$ 138,519.38**
10302 Long Term Investment	0.00	0.00	0.00
Total Non Current Assets	**$ 718,301.46**	**$ 856,820.84**	**-$ 138,519.38**
Total Assets	**$ 10,716,702.66**	**$ 9,433,649.93**	**$ 1,283,052.73**

	Total		
	As of Aug. 31, 2025	As of Aug. 31, 2024 (PY)	Change
Liabilities and Equity			
Liabilities			
Current Liabilities			
Accounts Payable (A/P)			
21000 Accounts Payable - Control	174,195.05	169,351.83	4,843.22
Total Accounts Payable (A/P)	**$ 174,195.05**	**$ 169,351.83**	**$ 4,843.22**
21100 Accounts Payable - Other	247,146.02	233,967.86	13,178.16
22000 Employee Tax Deductions Payable	39,728.37	46,872.21	-7,143.84
22100 Payroll Clearing	0.00	0.00	0.00
23000 Prepaid Fees	4,847,953.54	4,551,223.46	296,730.08
24000 Peer Mentorship - Clearing	0.00	0.00	0.00
25500 GST/HST Payable	0.00	0.00	0.00
Direct Deposit Payable	0.00	0.00	0.00
Payroll Liabilities			0.00
AD&D	0.00		0.00
HOOPP	0.00		0.00
Life Insurance Premium	0.00	0.00	0.00
LTD	0.00	0.00	0.00
RRSP	0.00	0.00	0.00
RRSP Co	0.00		0.00
Vacation Pay	0.00	0.00	0.00
Total Payroll Liabilities	**$ 0.00**	**$ 0.00**	**$ 0.00**
Total Current Liabilities	**$ 5,309,022.98**	**$ 5,001,415.36**	**$ 307,607.62**
Non-current Liabilities			
27000 Deferred Leasehold Inducement	161,257.64	186,719.38	-25,461.74
Total Non-current Liabilities	**$ 161,257.64**	**$ 186,719.38**	**-$ 25,461.74**
Total Liabilities	**$ 5,470,280.62**	**$ 5,188,134.74**	**$ 282,145.88**
Equity			
30000 Opening Balance Equity	0.00	0.00	0.00
31100 Investigtns&Hearing ReserveFund	300,000.00	354,838.76	-54,838.76
31200 Contingency Reserve Fund	1,000,000.00	1,000,000.00	0.00
31300 Fee Stabilization Reserve Fund	0.00	140,992.32	-140,992.32
31400 Website&DatabaseDevtReserveFund	165,872.02	165,872.02	0.00
31500 Premises Reserve Fund	227,742.00	227,742.00	0.00
31600 FairRegn Practices Reserve Fund	0.00	0.00	0.00
Retained Earnings	3,208,696.78	1,841,351.60	1,367,345.18
Profit for the year	344,111.24	514,718.49	-170,607.25
Total Equity	**$ 5,246,422.04**	**$ 4,245,515.19**	**$ 1,000,906.85**
Total Liabilities and Equity	**$ 10,716,702.66**	**$ 9,433,649.93**	**$ 1,283,052.73**

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02A(9)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

GOVERNANCE AND NOMINATIONS COMMITTEE

COMMITTEE MEMBERS:

Peter Bieling, Chair	Board Director
Indira Bains	Board Director (Public)
Conrad Leung	Board Director
Ken Moreau	Board Director (Public)
Fred Schmidt	Board Director

STAFF

Tony DeBono, Registrar & CEO
Zimra Yetnikoff, Deputy Registrar & Director, Investigations and Hearings
Odessa Medallon, Assistant to the Registrar

MEETINGS

The Governance and Nominations Committee held its inaugural meeting on:

- October 27, 2025

COMMITTEE ACTIVITIES

The Governance and Nominations Committee (GNC) met by videoconference on October 27, 2025 and considered key governance items.

- Reviewed the **Board & Committees Competency and Suitability Profile** for recommendation to the Executive Committee and approval of the Board. If approved, the Profile will be adopted for use by the Governance and Nominations Committee in preparing for and conducting the 2026 Board Elections, including the screening and assessment of potential candidates. The Profile will also serve as a reference for future appointments (Board & Committees) and on-going Board development.
- Reviewed and received the **2026 Board Elections Communications Timeline** for information, noting key milestones that will guide outreach and candidate engagement ahead of the election cycle.
- A decision was made to recommend to the Finance and Audit Committee (FAC) the **hiring of a third-party consultant to conduct an assessment of Board effectiveness**, supporting the College's commitment to continuous improvement in governance practices.
- Reviewed its **Annual Plan**, received for information, which outlines planned activities and priorities for the 2025-2026 year.

SUBMITTED BY

Peter Bieling, Ph.D., C. Psych., Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02A(10)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

EQUITY, DIVERSITY, AND INCLUSION WORKING GROUP

COMMITTEE MEMBERS:

Donna Ferguson, Chair,	College Registrant
Kofi Belfon	College Registrant
Michael Grand	College Registrant
Tae Hart	College Registrant
Ian Nicholson	Board Chair

STAFF SUPPORT:

Tony DeBono, Registrar & CEO
Odessa Medallon, Assistant to the Registrar

MEETINGS

The Equity, Diversity, and Inclusion (EDI) Working Group met on:

- October 6, 2025

FOR INFORMATION

The Working Group worked on the following:

- The future EDI Working Group was discussed.
- Begun exploring the collection of demographic data from College registrants and applicants. This initiative represents one of the short-term goals outlined in the Ethics and Human Rights Plan, approved by the Board in March 2025.

SUBMITTED BY

Donna Ferguson, Psy.D., C.Psych., Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02A(11)

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

JURISPRUDENCE AND ETHICS EXAMINATION COMMITTEE

COMMITTEE MEMBERS

Jennifer McTaggart, (Chair), College Registrant
Audrey Cooley, College Registrant
Sophie Duranceau, College Registrant
Donna Ferguson, College Registrant
Gwen Jenkins, College Registrant
Ian Nicholson, Board Director
Karina Royer-Gagnier, College Registrant
Scott Warnock, Board Director (Public)

MEETINGS

The Jurisprudence and Ethics Examination Committee met virtually on November 18, 2025 for a half-day business meeting and item review, which was also attended by College staff.

COMMITTEE ACTIVITIES

The Committee reflected on the challenges facing the profession due to the registration regulation changes currently being proposed by the College, noting that these have created confusion about the purpose and intent of the Jurisprudence and Ethics Exam (JEE) changes reviewed and approved by the Board in December 2024. Members emphasized that the JEE revisions were developed independently and with strong rationale yet are now being perceived as part of the larger registration reforms.

The Chair explained that while the two sets of changes are separate, they stem from similar external pressures, particularly government expectations to reduce barriers to becoming a psychologist and increase workforce supply. The move from a high-stakes exam to a lower-stakes e-learning module aligned with approaches used in other professions and provided a feasible, incremental improvement within the timelines set.

Several members expressed that the JEE revision was guided by positive intentions but is being "lumped in" with the new proposals in ways that create misunderstanding. They noted that the College could improve communication to distinguish the JEE redesign from the current registration changes.

The Committee has passed a motion requesting the College to provide more information to the membership and public regarding the rationale for changing the JEE administration.

<u>Update on Changes to JEE Administration</u>

The group reviewed progress on transitioning the Jurisprudence and Ethics Exam (JEE) to a low-stakes e-learning module.

The group explored whether the new JEE modules should include disclaimers, guidance, or pointers toward legislation for various populations (e.g., workplace injury, school settings, forensic work) without requiring in-depth knowledge for entry-level practice. There was a discussion on how to highlight for candidates that additional legal obligations exist depending on practice area, and the Committee agreed

to add special populations or "higher stakes domain of practice" section that reference legislation relevant to that practice area (e.g.., forensics, WSIB/insurance, child/youth, custody/access). Some suggested scenario-based questions or general items asking candidates to identify which legislation applies when working with certain groups.

The discussion closed with noting that competency expectations may shift under proposed registration changes, but psychologists will still be required to work within their competence and be aware of applicable legislation when entering specialized areas.

Jurisprudence and Ethics Examination – September 2025 Report

The group received the report of the September 2026 exam prepared by Dr. Marla Nayer, examination consultant. The exam was written as an online exam by 157 candidates with a pass rate of 80% for the whole group. Ten of the 157 candidates wrote with accommodations.

Key validation was reviewed by Drs. Jennifer McTaggart and Ian Nicholson and Ms. Audrey Cooley. Key validation used the guidelines that were updated in October 2016 for identification of items requiring consideration. These results are within the parameters set by the Committee as an acceptable pass/failure rate for a high stakes exam.

SUBMITTED BY

Jennifer McTaggart, Ph.D., C.Psych., Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02B

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

STAFF PRESENTATIONS

Tony DeBono, Registrar & CEO

- October 23, 2025 – Association of State and Provincial Psychology Boards, *Finance and Audit Committee Presentation of Annual Audit Summary*, St. Louis, Missouri, USA.
- November 4, 2025 – Osgoode Law School, The Osgoode Certificate in Professional Regulation and Discipline in the Health Care Sector, Discussion Panelist, *Regulating Professions in 2025*, Toronto, ON (virtual).
- November 19, 2025 – Western University, Faculty of Education, School and Applied Child Psychology Program - Ethics Course, *Ethical Decision-Making in Professional Practice*, London, ON.

Zimra Yetnikoff, Deputy Registrar & Director, Investigations and Hearings

- September 16, 2025 – Council on Licensure, Enforcement and Regulation (CLEAR), *Social Media Jeopardy*, Chicago, Illinois
- October 22, 2025 – Canadian Network of Agencies for Regulation (CNAR), *Frequent Fliers, Bad Seeds and Irredeemables; What Can Regulators Do About Bad Judgement?* Calgary, Alberta
- November 17, 2025 – Health Profession Regulators of Ontario (HPRO) Investigations & Hearings group meeting, *Frequent Fliers* summary presentation, Toronto

COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

BOARD REPORT

2025.04.02C

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

BOARD CHAIR'S REPORT

Since our last Council meeting, I have had the privilege of participating in meetings of the College's Jurisprudence and Ethics Examination Committee, and chairing the Committee Appointments Working Group, the Finance and Audit Committee, and the Executive Committee meetings.

I also was in individual meetings, with our Executive Director and a number of our Council members. During these last few months, I had the good fortune to assist the Executive Director in the orientation of our new College Council member. I also had meetings with the presidents of the Ontario and Canadian Psychological Associations.

I am also on the Association of State and Provincial Psychology Board's (ASPPB's) Long-Range Planning Committee as the Association works towards modernizing its mechanisms for interacting with its member regulatory bodies. At the annual meeting of ASPPB, I presented with the ASPPB President and the Executive Director to the membership on the potential for that Committee to be moving toward a joint US-Canada Uniform Licensing Act, seeking input from the members present at the meeting. I was also invited to present at the ASPPB Annual Meeting on Ontario's support for registrants who act as supervisors for candidates entering the profession. Much of the focus was on the Fourth edition of the *Supervision Resource Manual For Psychology Registration.* Many thanks to Lesia Mackanyn, Director, Registration for her support in the development of my presentation.

SUBMITTED BY
Ian R. Nicholson, Ph.D., C. Psych.

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.02D

SECOND QUARTER, SEPTEMBER 1, 2025 – NOVEMBER 30, 2025

REGISTRAR & CEO'S REPORT

Much has been written and discussed about the College over the past few months, so I will keep my message brief. The College staff remain fully committed to executing the decisions of the Board of Directors, and we do so with a sense of pride. Self-governance is not an easy endeavour and can lead to vigorous debate within the Boardroom; this Board's willingness to debate and discuss varying viewpoints is one of its most prized attributes and deeply appreciated by the staff. The ability to think divergently and then to arrive at an accepted decision through a quorum of the Board is a delicate balance. The Board is wise to evaluate multiple perspectives of complex issues prior to rendering a decision, which then is supported with "one voice."

The Board and staff have faced criticism by some of the College's registrants for proposed changes to psychology registration, including the assertion that the College should not include on its Board of Directors, Behaviour Analysts, members of the public, or non-doctoral psychology professionals. Rest assured that the College staff will continue to treat all Board and Committee members with the same respect you have come to trust. As of July 1, 2024, we became the College of Psychologists and Behaviour Analysts of Ontario, and we haven't looked back. Behaviour Analysts on the Board of Directors have been integral to the College's strategic success in offering important perspectives. Lastly, to our public members, the College staff have the utmost respect for you and for your service to the people of Ontario. Thank you for offering your time, your dedication, and your valued insights as members of the public. Contrary to some of the criticism in the professional psychology space, having public and diverse professional voices on the Board of Directors helps promote decision-making in the interest of the public, and not the profession.

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BRIEFING NOTE

2025.04.04A

DECEMBER 2025 BOARD MEETING

REGISTRATION AMENDMENTS: CONSULTATION RESULTS

STRATEGIC DIRECTION REFLECTION

Innovation in Regulation; Continuous Quality Improvement Culture

MOTION FOR CONSIDERATION

That the Board approve the requested regulatory amendments for presentation to the Ministry of Health and to the Office of the Fairness Commissioner.

PUBLIC INTEREST RATIONALE

Employing a "Right Touch" approach to improving the fairness and efficiency of the registration process will help facilitate the onboarding of new professionals in Ontario. It is in the public interest of Ontario, and of Canadian residents, to increase the mobility of regulated psychology professionals across the country, and to decrease barriers to their registration. Modernization of the College's current registration regulation is necessary to address its moderate to high-risk rating of the Office of the Fairness Commissioner (OFC) and is in alignment with the impending "As of Right" exemptions which are expected to commence on January 1, 2026.

BACKGROUND

Early History

Psychology in Ontario was initially regulated by the *Psychologists Registration Act*[1]. For the first six years post proclamation, psychology professionals with a Master's degree were grandparented if they had four years of experience accepted by the College. When the *Psychology Act, 1991*[2] was proclaimed into law, the scope of practice authorized to members of the College did not differentiate between Psychologists (Doctoral-level trained) or Psychological Associates (Master's-level trained).[3] No distinction is made in the Act between professionals holding these two titles with respect to scope of practice or authority to perform controlled acts. The College made efforts during the early years of the *Regulated Health Professions Act, 1991 (*RHPA) to restrict those registered with Master's-level education from performing controlled acts unless they met additional registration requirements. In 1999 this requirement was reviewed by the Health Professions Appeal and Review Board (HPARB), which concluded that there was no authorized distinction between registrants with different academic credentials. As such, the College continued to register both Psychologists and Psychological Associates through different pathways as set out in the registration regulation. However, once registered, both Psychologists and Psychological

[1] RSO 1960, c.315.

[2] S.O. 1991, c. 38.

[3] Due to the Canadian Free Trade Agreement, this distinction is less clear. There are currently more Psychologists registered with a master's degree in Ontario than there are Psychological Associates.

Associates have the same scope of practice and same the obligation to practice within their authorized areas of competence. Any difference is in title only.

Modern History

In 2010, the College Council appointed a Task Force and in 2013 they presented their report suggesting two options: Change to limited Master's-level registration and grandparent Psychological Associates as Psychologists; or discontinue Master's-level registration, grandparent Psychological Associates as Psychologists and develop a mechanism for evaluating internationally trained applicants. The Council voted in favour of the latter option. In 2015, the College consulted with members and stakeholders to discontinue Master's-level registration, grandparent Psychological Associates as Psychologists and develop a mechanism for evaluating internationally trained applicants. The consultation also highlighted concerns regarding the Council's decision among some respondents.

On September 21, 2018, the Council passed a motion to "continue registration of individuals with a master's degree plus four years of supervised experience and grant them the title of Psychologists and investigate a mechanism to accomplish this". This motion, in effect, rescinded the 2013 decision to close Master's-level registration but supported the granting of the title Psychologist to all Ontario registrants. In the spring of 2019, the College engaged in another consultation process seeking feedback from registrants and interest holders on the proposal to grant the title Psychologist to all providers of psychological services in Ontario as suggested in the March 2013 and September 2018 motions. Council considered the consultation feedback at its September 27, 2019 *(attached)* meeting and decided "to pursue amendments to O. Reg. 74/15 - Registration under the *Psychology Act, 1991*, to discontinue Master's level registration and, at that time, grant the title Psychologist to all existing Psychological Associates." This led to the Master's Closure Report in March 2024.

Identification of Risks

Throughout Council's modern history as summarized above, the OFC has reported concerns about the fairness of psychology registration. For example, in its 2011-2012 report, the OFC indicated that "…*The College of Psychologists of Ontario is proposing to eliminate the master's degree route. However, eight other provinces will maintain both routes, and under labour mobility provisions Ontario would license psychologists from those provinces with a master's degree. The OFC is concerned that this would create a double standard, requiring a doctoral degree for some applicants but not others…*"

The 2012-2013 report noted, "…*The OFC raised concerns about proposals that Ontario require psychologists to earn a doctoral degree, while other provinces accept a master's degree-creating a potential double standard under labour mobility provisions...*".

In their 2013-2014 report, the OFC wrote *"Through two cycles of assessment, the OFC has identified the same concerns about licensing psychologists: that is, the College of Psychologists of Ontario (CPO) must explain the rationale for all of its licensing requirements, and must assess those requirements using objective criteria directly linked to the core competencies of the profession. To date, the CPO has not implemented these recommendations."*

In its 2016-2017 report, the OFC noted, "*the College of Psychologists of Ontario reintroduced a proposal to close the Psychological Associate class while maintaining a doctoral degree as the standard for entry to practice for Canadian and American educated applicants. The OFC has found the proposal unfair because it would restrict qualified applicants' access to the profession of psychology."*

The OFC began identifying risk ratings in their 2022-2023 assessment, and the College of Psychologists was rated as one of two of the poorest performers amongst all Ontario health regulators with a risk rating of "medium to high risk." The OFC provided feedback regarding the pattern of Health Professions Appeal and Review Board (HPARB) appeals from applicants who fail to become registered, "restrictive registration processes coupled with a material shortage of mental health professionals," and required supervised practice for internationally trained psychologists.

The OFC, again, identified risk factors to the College in their most recent assessment of its registration practices (2023-2024), including the ability to address labour market shortages, but in this cycle the College was the sole health regulator with this rating. This rating was provided following the March 2024 Council meeting where the Master's Closure Report was approved by Council. The Commissioner noted that the continued focus on the doctoral credential as opposed to competencies contributed to the risk rating.

CPBAO Takes Steps to Address These Risks

Since receiving the OFC's direct feedback in September 2024 regarding its "medium to high risk" assessment of the CPBAO's registration practices, the CPBAO Board has taken robust and proactive steps to address these risks. The Board began by looking to changes it could make in the context of current legislative parameters.

At its December 13, 2024 meeting, the CPBAO Council decided to transition the Jurisprudence and Ethics Exam (JEE) to a low-stakes format, with the plan for it to become an on-demand, learning module with a no-fail examination. The CPBAO Council also decided to revise the Registration Guidelines to remove the maximum number of attempts permitted to pass registration examinations, for both psychology and applied behaviour analysis.

At its March 21, 2025, meeting, the CPBAO Council approved a plan to introduce approved programs for both the professions of psychology and ABA. Approved programs would allow the College to expedite registration for graduates of appropriate programs, in addition to those already approved by the CPA. At its June 21, 2025, meeting the CPBAO Council also approved the APA and PCAS as accrediting bodies for doctoral degrees, further expanding the College's ability to expedite registration.[4]

At its September 26, 2025 meeting, the CPBAO Board considered changes that would reduce barriers and increase fairness in registration, that would require legislative change. These proposed changes include:

1. Registration as a psychologist based on a graduate degree from Council-approved programs (including programs with accreditation by College-approved accrediting bodies);
2. Council approval of accrediting bodies internationally beyond USA (e.g., UK, Australia);
3. Removal of the minimum 4-year work experience requirement for candidates with a Master's degree; and
4. Elimination of the Oral Examination.

Council believed that these changes would increase access to the profession while maintaining high standards, both promoting and protecting the public interest.

[4] The CPA is an approved accrediting body under s.5(1)(1)(i) of O.Reg. 193/23 (Registration Regulation). On June 21, 2025, the CPBAO Council also approved the APA and PCAS as "another accrediting body" able to accredit doctoral degrees, pursuant to this Regulation.

PUBLIC CONSULTATION

Under the RHPA, proposed regulatory amendments must be circulated for a minimum 60-day public consultation period. To meet this requirement, the College undertook the following:

- **October 10, 2025** – The consultation was launched and circulated to all College registrants and the public via email.
  The consultation materials were **posted on the College website**, both on the Public Consultations page and on the Landing Page for the proposed amendments to O. Reg. 193/23 (*Registration*).
- **October 13, 2025** – The College further promoted the consultation across its social media channels, including Facebook, LinkedIn, and X (Twitter), to broaden public reach.
- **October 20, 2025** – A reminder email was sent to individuals who had not opened the initial message.
- **October 31, 2025** – A reminder notice was published in the October 2025 edition of *HeadLines* to further encourage participation.

The following materials were provided as part of the consultation package:

1. A summary of the proposed changes
2. The full text of the *Psychology and Behaviour Analysis Act, 2021* and the *proposed amendments shown in tracked changes*
3. The full text of the Ontario Regulation 193/23 (*Registration*) and the *proposed amendments shown in tracked changes*
4. A three-column comparison chart outlining the proposed revisions to the Registration Regulation
5. A link to an online survey to provide feedback

The College received feedback through its survey form, as well as by direct email regchanges@cpbao.ca.

CONSULTATION RESULTS

Note: The consultation period remains open until December 9, 2025. The results presented in this briefing note reflect feedback received as of December 3, 2025. The complete consultation results will be reflected in this document following the close of consultation and will be provided as updated in Attachment B: Quantitative Survey Response Information of this briefing note.

As of **December 3, 2025 (12PM)** – English and French-speaking respondents (individuals may have responded multiple times, as responses could be provided anonymously) has completed the survey:

- Registrant of the College of Psychologists and Behaviour Analysts: **N= 1, 687; 23.16%**
- Member of the Public (*includes graduate students, other regulated health professionals in Ontario, psychologists in other jurisdictions, and non-registrant professors*): **N= 4,347; 59.67%**
- Organization/System Partner: **N= 254, 3.48%**
- Other (*also includes retired registrants, graduate students, other regulated health professionals in Ontario, psychologists in other jurisdictions, and non-registrant professors*): **N=996; 13.67%**

On the question whether the Regulation Amendments proposed by the College of Psychologists and Behaviour Analysts of Ontario are in the public interest, respondents have answered:

- No: **N= 6,493; 89.14%**
- Yes: **N= 791; 10.85%**

Total: 7,284

Themes of Concerns:
• Insufficient training and supervision
• Risk of Harm
• Removal of Oral Examination
• Lowering of Professional Standards
• Other, Not Subject to the Consultation (Practice areas, Jurisprudence and ethics examination)

Summary of Results:
- Majority of comments were negative, with a significant number of doctoral psychologists disagreeing with a single title.
- Negative comments were often consistent with the templated responses distributed by advocacy groups, including the OPA
- A high number of public responses, with some responses being duplicated multiple times. For example, one consultation comment was duplicated across 100+ separate members of the public.
- Few comments about the specific regulation amendments themselves, and more global comments about agreement or disagreement.
- Responses tended to be polarized as strongly supporting one opinion or another
- Letters Received:
    - Ontario Association of Mental Health Professionals (OAMHP)
    - Adler Graduate School
    - American Academy of Clinical Neuropsychology (AACN)
    - Brain Injury Community Re-entry (BICR)
    - Canadian Psychological Association (CPA)
    - Canadian Council of Professional Programs (CCPP)
    - Council of Professional Associations of Psychology (CPAP)
    - Dr. Nicolás Narvaez-Linares Open Letter
    - University of Waterloo – Clinical Psychology Program
    - University of Western Ontario – Graduate Students in Clinical Science and Psychopathology
    - York University – Clinical Neuropsychology Stream

RISK
Right-touch regulation means to ensure that the level of regulation by a regulatory authority is proportionate to the level of risk to the public. The College has received a moderate-to-high risk rating from the OFC for unfair and unnecessarily restrictive registration practices. Failing to adequately respond to the OFC's feedback could result in further compliance orders, up to and including intervention from the Minister of Health and the Lieutenant Governor in Council as per the *RHPA*.

Council to comply with Minister's request
(2) If the Minister requires a Council to do anything under subsection (1), the Council shall, within the time and in the manner specified by the Minister, comply with the requirement and submit a report. 1991, c. 18, s. 5 (2).

Regulations
(3) If the Minister requires a Council to make, amend or revoke a regulation under clause (1) (c) and the Council does not do so within sixty days, the Lieutenant Governor in Council may make, amend or revoke the regulation. 1991, c. 18, s. 5 (3).

College supervisor

5.0.1 (1) The Lieutenant Governor in Council may appoint a person as a College supervisor, on the recommendation of the Minister, where the Minister considers it appropriate or necessary. 2014, c. 14, Sched. 2, s. 9.

Factors to be considered
(2) In deciding whether to make a recommendation under subsection (1), the Minister may consider any matter he or she considers relevant, including, without limiting the generality of the foregoing, (a) the quality of the administration and management, including financial management, of the College; (b) the administration of this Act or the health profession Act as they relate to the health profession; and (c) the performance of other duties and powers imposed on the College, the Council, the committees of the College, or persons employed, retained or appointed to administer this Act, the health profession Act, the Drug and Pharmacies Regulation Act or the Drug Interchangeability and Dispensing Fee Act. 2009, c. 26, s. 24 (2).

Given the pattern of OFC assessment results over several years and Mr. Glasberg personally visiting the Council at their September 2024 Training Day to verbally provide his assessment and to answer their questions, further delay has significant risks of non-compliance. One of the responsibilities of the OFC is to report to the Minister of Health about a health profession's non-compliance, if necessary. With "As of Right" legislation exemptions expecting to launch on January 1, 2026, this is also an opportunity for the College to take a role in removing unnecessary barriers and increasing the mobility of safe and competent psychology practitioners across the country.

In addition, while the CPBAO Board should be cognizant of the polarized and negative valence of responses received, there are risks to making, or being seen to make, decisions based on volume, especially in a context of professional advocacy. Right-touch regulation requires the Board to prioritize its duties when making decisions, which include working "in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals,"[5] and "to serve and protect the public interest."[6]

NEXT STEPS

Upon approval by the Board of Directors, the proposed regulatory amendments to the Psychology and Applied Behaviour Analysis Act, 2021 and Registration Regulation 193/23 will be submitted to the Minister of Health and Fairness Commissioner.

ATTACHMENTS

- A - *Information related to common themes emerging in the consultation to registration modernization* (page 65)
- B - *Quantitative Survey Response Information (as of December 3, 2025)* (page 74)
- C - *Council September 2019 Briefing Note on Use of the Title Psychologist by All Practitioners* (page 78)
- D - *Council September 2019 Approved Minutes page 3/8 to 5/8* (page 104)

[5] Section 2.1 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991* (Code).
[6] Section 3(2) of the Code.

Appendices:

- Appendix A: *Ontario Association of Mental Health Professionals (OAMHP) Letter (page 107)*
- Appendix B: *Adler Graduate School Letter (page 113)*
- Appendix C: *American Academy of Clinical Neuropsychology (AACN) Letter (page 119)*
- Appendix D: *Brain Injury Community Re-entry (BICR) Letter (page 121)*
- Appendix E: *Canadian Psychological Association (CPA) Letter (page 122)*
- Appendix F: *Canadian Council of Professional Programs (CCPP) (page 131)*
- Appendix G: *Council of Professional Associations of Psychology (CPAP) Letter (page 135)*
- Appendix H: *Open Letter (page 139)*
- Appendix I: *University of Waterloo – Clinical Psychology Program Letter (page 260)*
- Appendix J: *University of Western Ontario – Graduate Students in Clinical Science and Psychopathology Letter (page 268)*
- Appendix K: *York University – Clinical Neuropsychology Stream Letter (page 276)*

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & CEO

Zimra Yetnikoff,
Deputy Registrar & Director, Investigations & Hearings

Lesia Mackanyn,
Director, Registration

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

Attachment A – Information related to common themes emerging in the consultation to registration modernization

In response to some frequently asked questions and hypotheses posited in the survey feedback, College staff has collected some information on several common themes for the Board's review, as follows:

Transparency of the Modernization Process

The Registrar met with the CEO of the OPA and CPA on April 30, 2024, and provided the OFC results the same day, as the issue of the doctoral credential would be of interest to the Associations and to give them ample opportunity for advocacy. The Ministry of Health and the Fairness Commissioner subsequently met with the Council at their September 2024 training day providing an opportunity to ask questions about the OFC's assessment and about Ministry priorities.

At the meeting of the Association of Canadian Psychology Regulatory Organizations (ACPRO) on October 17 & 18 2024, the Registrar informed ACPRO colleagues, and guests CPA, Council of Professional Associations of Psychologists (CPAP) and Canadian Council of Professional Psychology Programs (CCPPP) about changes the CPBAO Council would need to consider given feedback from the Ministry of Health and the OFC. The Registrar provided a similar update at the Association of State and Provincial Psychology Boards (ASPPB) in Dallas, Texas at the October 2024 meeting where CPA had a representative present. According to the October 25 & 26 2024, CPA Readout, the Board of Directors approved the exploration of a proposal for accreditation of Masters psychology programs, but specified a different scope of practice and title than doctoral accreditation.[1] The Registrar provided a subsequent update at the April 24 – 27, 2025 ASPPB meeting in Montreal and then again at the ACPRO virtual meeting in June 2025 (CPA & CPAP were both present).

Approved Programs Across Canada

The CPA may or may not choose to accredit Masters programs with the full scope of practice as dictated by Ontario law. However, if the CPA chooses not to, the College still has an obligation to have clear and transparent pathways to obtaining registration upon completion of appropriate Master's education. The CPBAO has already taken positive steps in this direction. At its March 21, 2025, meeting, the CPBAO Council decided to address some of the risks identified by the OFC, by approving a plan to introduce approved programs for both the professions of psychology and ABA. Approved programs would allow the College to expedite registration for graduates of programs in addition to those approved by the CPA, APA, and PCAS.[2]

Successful examples of approved programs already exist across Canada. Nova Scotia approves Acadia University's MSc in Clinical Psychology and Mount Saint Vincent University's MA in School Psychology. Quebec also has approved programs not accredited by the CPA, such as D.Ps. from University of Québec at Chicoutimi, PsyD from University of Québec in Outaouais, PhD from University of Québec at Trois-Rivieres,

[1] As noted above, the scope of practice issue has been decided in Ontario. While other jurisdictions may be able to approve a different scope of practice for master's-trained psychology professionals, the CPBAO may not do so.

[2] The CPA is an approved accrediting body under s.5(1)(1)(i) of O.Reg. 193/23 (Registration Regulation). On June 21, 2025, the CPBAO Council also approved the APA and PCAS as "another accrediting body" able to accredit doctoral degrees, pursuant to the Regulation.

PsyD/PhD from University of Québec a Montréal, and D.Ps. from University of Sherbrooke. Alberta has approved specific graduate programs, with its list available here: https://www.cap.ab.ca/Portals/0/adam/Content/zKfgjnf4-k-d-1vfphNh9Q/ButtonLink/1_Criteria%20for%20Evaluating%20Academic%20Credentials%20-%20April%202023.pdf[3]

Finally, jurisdictions that don't have specific approved programs do allow them in principle. In New Brunswick, the language used is: "approved education program" means a program leading to a doctoral level psychology degree or an equivalent program as approved by the Council required to qualify for registration as a psychologist." In PEI, the language is, "has successfully completed a doctoral degree program in psychology approved by the Board, at an educational institution approved by the Board." In Newfoundland and Labrador, the requirement is a "graduate degree in psychology from a recognized psychology program…" In Manitoba, it is, "has received from an educational institution approved by the council a doctoral degree upon a program of studies…" Yukon, Northwest Territories, and Saskatchewan permit programs approved or recognized by Council (Masters or Doctoral). BC has a new equivalence framework, and registration requirements are at the bylaw level, not in regulation.

Findings of the Discipline Committee by Degree

Psychology professionals work in sensitive contexts where dissatisfaction with the provided service can arise. In a 2023 report commissioned by the College of Dental Hygienists of Ontario, after controlling for the size of each College (per 1,000 registrants), the College of Psychologists of Ontario (as named at the time) had the second most complaints (Exhibit 1). Despite the relatively high number of complaints, very few cases have been referred to the Discipline Committee, as they are able to be addressed at the Inquiries, Reports, and Complaints Committee stage.

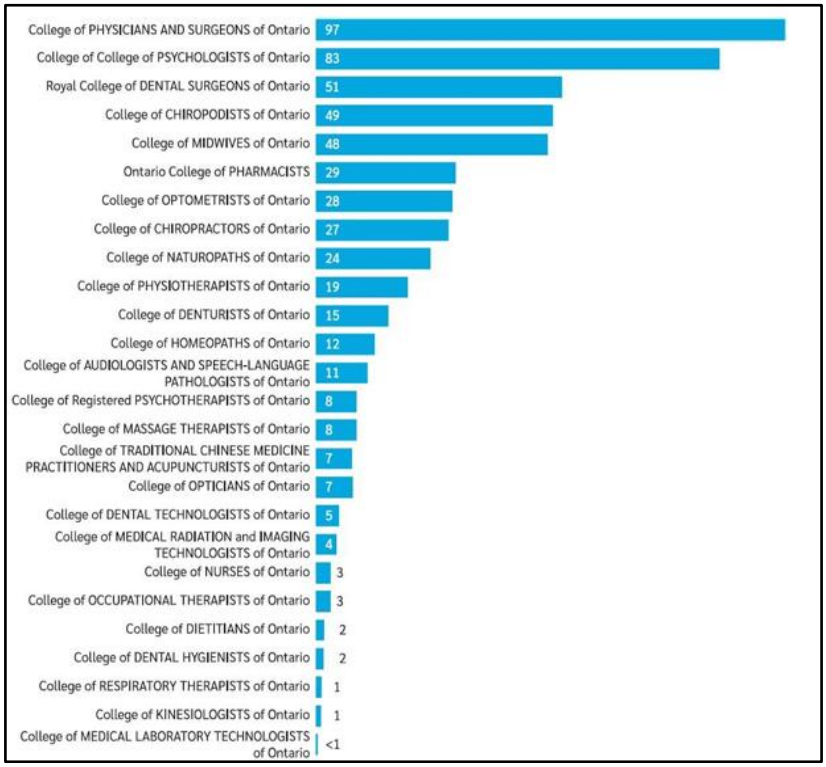


Exhibit 1. Number of Complaints Per 1,000 Registrants of RHPA Colleges

[3] See Appendix A: CAP Approved Programs, at page 13, including at the University of Alberta and University of Calgary

Findings of professional misconduct and/or incompetence were made with respect to a total of 66 registrants, throughout the lifetime of the College: 11% had a Masters degree versus 89% with a Doctoral degree[4]. Forty-seven percent of doctoral cases were graduates of the following universities: OISE/UofT, YorkU, UOttawa, and Queen's University[5] (Exhibit 2). Master's registrants who received discipline graduated from one of six schools, with seven total cases (Exhibit 3). Given the low base rate of referrals to the Discipline Committee, this information should be interpreted with caution. There is no information to suggest that in Ontario, Masters-level providers are less safe than Doctoral clinicians.

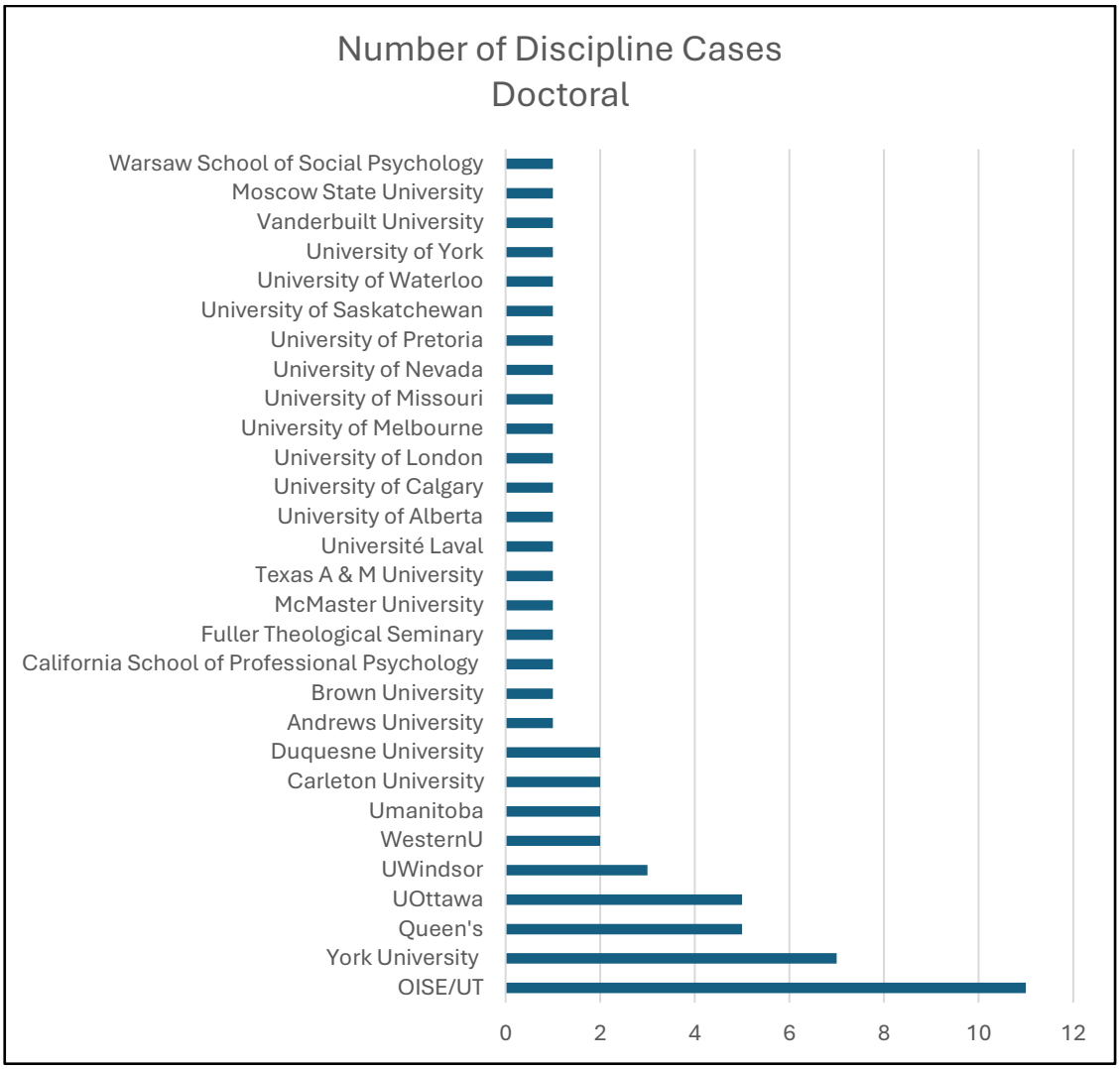


Exhibit 2. Number of Registrants with Discipline Decisions - Doctoral

[4] May 31, 2022, Master's-level registrants = 17% of total Ontario membership
[5] Some universities have more than one psychology program

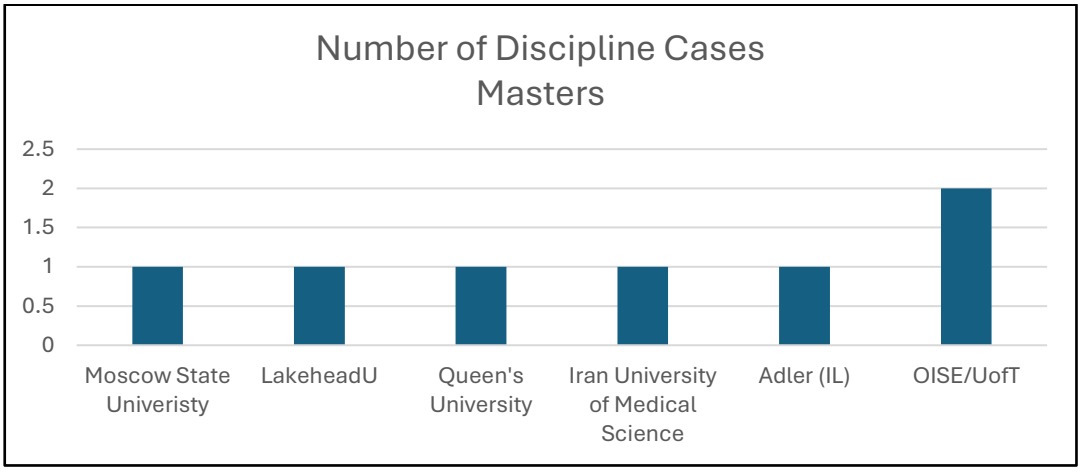


Exhibit 3. Number of Registrants with Discipline Decisions - Masters

National Numbers

Despite Ontario being the most populous province, it has fewer psychologists than Quebec or Alberta (Exhibit 4). The number of registrants per 1,000 in each Canadian jurisdiction is presented below; Ontario is amongst the bottom (Exhibit 5). This issue is compounded by the fact that Ontario has the most CPA-accredited doctoral programs in Canada. Despite the more recent calls for PsyD training, to-date there are no CPA-accredited PsyD programs in Ontario and in the past ten years, three new PhD programs received accreditation in Ontario, all of which were PhD (McMaster, UofT UTSC, and WesternU School and Applied Child). There is one PsyD program in Ontario at the Adler Graduate School, but is ineligible for CPA-accreditation due to its corporate structure.

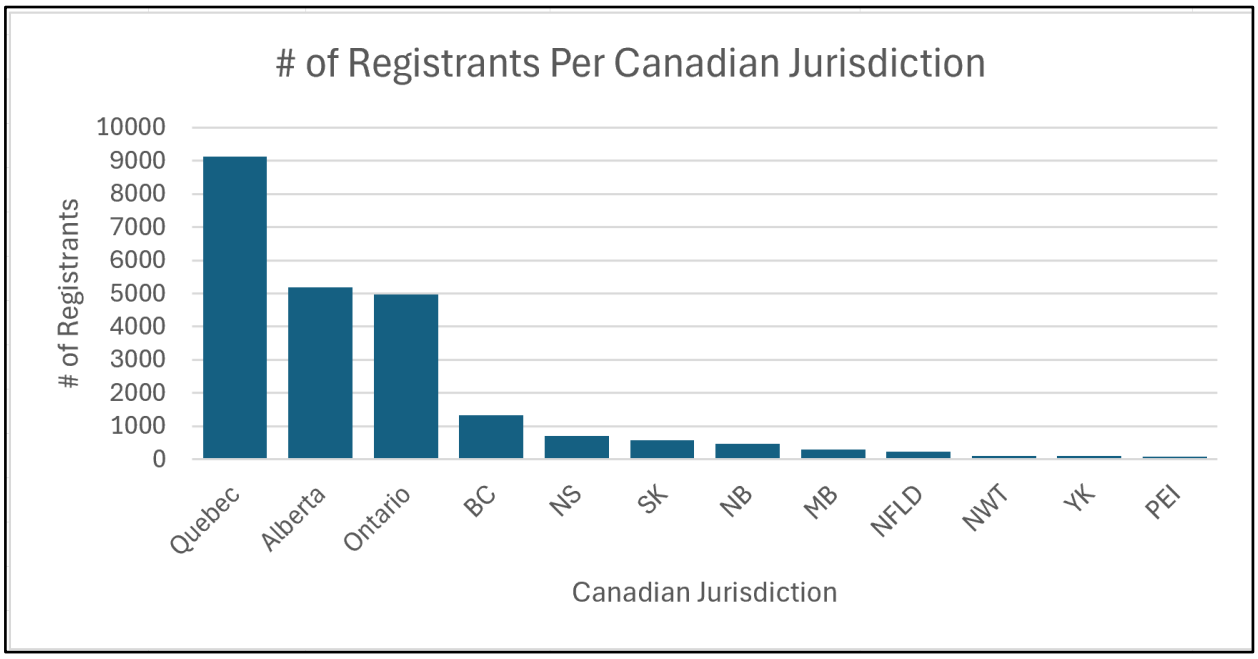


Exhibit 4. Number of Registrants Per Canadian Jurisdiction

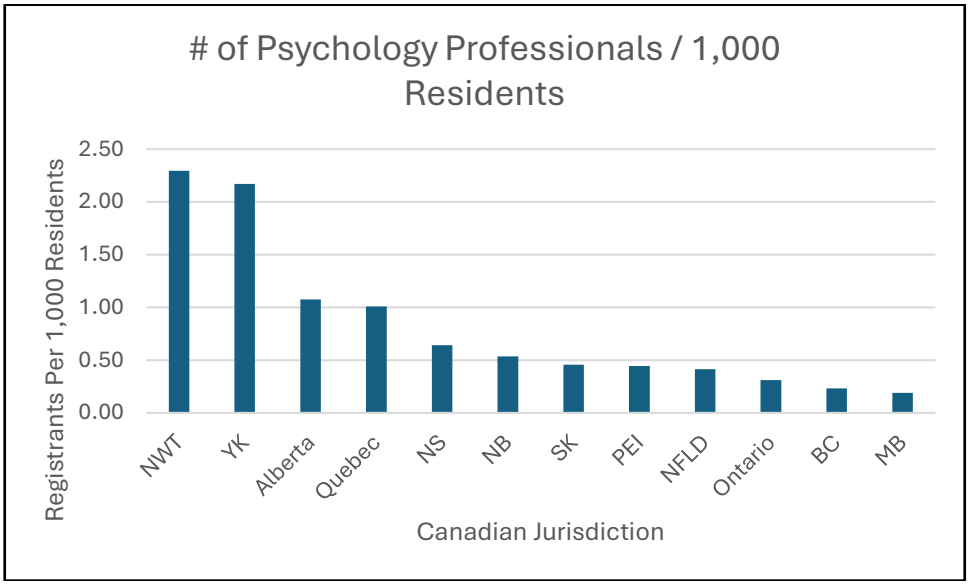


Exhibit 5. Number of Psychology Professionals / 1,000 Residents

Oral Examination

The issue of examinations is also of interest to the OFC. The College currently relies on a psychometrically valid measure of psychology knowledge (i.e., EPPP), a jurisprudence and ethics examination (to be transitioned to a learning module format to align with ABA), and an Oral Examination[6]. Although the Oral Exam has been administered for many years at the College, there is insufficient data to support its continued use in the registration process. Since 2015, the failure rate of the Oral Exam has been 1.6% (23/1451) and those who failed the examination eventually passed except for four candidates, bringing the actual failure rate to 0.3%.

The Oral Exam consists of three members of the profession who use a semi-structured evaluation system, which has some level of subjectivity that could potentially risk accusations of discrimination and appeals to the Health Professions Appeal and Review Board (HPARB). There are no standardized questions in the Oral Exam so a candidate's experience can vary considerably. Also, since the Oral Exams are only administered twice per year, it delays the College's ability to transition a psychology supervised practice registrant to autonomous practice, increasing the perception of the Oral Exam as a barrier to registration for independent practice. Alberta, Northwest Territories, Newfoundland and Labrador, and Yukon also do not administer an Oral Exam. Across North America, less than a third of jurisdictions (16 out of 58) have an Oral Examination. There is no empirical evidence of increased harm or incompetent practice without the Oral Exam in jurisdictions that do not require such an exam.

Labour Mobility

The Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991* defines the duty of all health regulatory Colleges as follows: *2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.*
The Honourable Mr. Ford's provincial strategy is to decrease barriers to the free trade of goods and services, including the mobility of regulated professionals to Ontario. Psychology (along with other professions) will

[6] Interviews are also used by the College as an additional means of verifying readiness for autonomous practice

be added to the list of *As of Right* professions as of January 1, 2026. This signifies that Ontario will be required to accept the immediate practice of qualified psychology professionals from other Canadian jurisdictions while their application for Ontario registration with the College is processed. This will have the effect of eliminating barriers for psychology professionals to labour mobility between Ontario and any other Canadian jurisdiction. Labour mobility of professionals is both a provincial and a national priority, and professional regulators are challenged to adapt to meet the needs of the Nation.

It should also be noted that the College is a signatory, as well as the other 10 jurisdictions who then regulated psychology in Canada, to the Mutual Recognition Agreement (2001/2004) whose purpose was *"to establish the conditions under which a psychologist who is licensed/registered to practice without supervision in one Canadian jurisdiction will have his/her qualifications recognized in another jurisdiction that is a Party to this Agreement"* (p. 2). In the agreement, it was noted that all jurisdictions would assess the competence of any potential registrant according to five competencies (Interpersonal relationships, Assessment and evaluation, Intervention and Consultation, Research, Ethics and Standards) as use that basis for registration. In effect, all jurisdictions have agreed that all psychology registrants must meet minimal standards for competence in these core competencies to practice. Please refer to *Exhibit 6. Canadian Jurisdictional Requirements* for registration requirements across Canadian jurisdiction.

Province/Territory	Academic Entry Requirements	Supervised Experience	Examinations
British Columbia	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice	**Doctoral** Pre-doctoral internship 1-year postdoctoral supervised practice	EPPP On-demand jurisprudence exam Oral examination
Alberta	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice **Masters** *Title:* Psychologist *Scope of Practice:* Independent Practice	**Doctoral or Masters** 1 year supervised practice	EPPP

Saskatchewan	**Doctoral** *Title:* Registered Doctoral Psychologist *Scope of Practice:* Independent Practice **Masters** *Title:* Registered Psychologist *Scope of Practice:* Independent Practice	**Doctoral:** As Provisional member (not yet licensed for independent practice) 1 year (1500 hours) supervised post-Doctoral practice under an approved Supervision Plan and Supervision Agreement, ***or*** a CPA or APA accredited pre-Doctoral internship *Title:* Registered Doctoral Psychologist (Provisional) *Scope of Practice:* practice under supervision **Masters** As Provisional member (not yet licensed for independent practice) 1 year (1500 hours) supervised post-Masters practice under an approved Supervision Plan and Supervision Agreement *Title:* Registered Psychologist (Provisional) *Scope of Practice:* practice under supervision	EPPP Oral examination
Yukon Territory	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice **Masters** *Title:* Psychologist *Scope of Practice:* Independent Practice ***Education including graduate psychology coursework in formal assessment as well as pre- and post-degree clinical supervision hours in formal assessment**	1600 hours, including supervised experience in formal assessment	EPPP Jurisprudence and Ethics for the Practice of Psychology in the Yukon Exam Yukon First Nations 101 course (Yukon University)

Manitoba	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice **Masters** *Title:* Psychological Associate *Scope of Practice:* Practice supervised by a Psychologist	**Doctoral** 1 pre- and 1 post-year **Masters (2 classes)** PA (Supervised Practice): 2 years post-degree supervision required PA (Independent Practice): 4 years post-degree supervision required	EPPP Jurisprudence exam in addition to oral examination (both Doctoral and Masters)
Ontario	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice **Masters** *Title:* Psychological Associate *Scope of Practice:* Independent Practice	**Doctoral** 1 pre-doctoral residency and 1 year post-doctoral supervised practice **Masters** 5 years total; 4 years post-Masters work experience + 1 year supervised practice	EPPP Jurisprudence and Ethics Examination; and Oral Examination for both Doctoral and Masters level
Quebec	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice	Pre-doctoral, supervised, 2,300 hours	Mandatory French Proficiency No EPPP No oral examination No supervised practice Ethics course
Northwest Territories	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice **Masters** *Title:* Psychologist *Scope of Practice:* Independent Practice	1 year (1,600 hours) while on an Intern's Registry.	EPPP
New Brunswick	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice	**Doctoral** 1 pre- and 1 post-year	EPPP Oral examination or interview

Nova Scotia	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice **Masters** *Title:* Psychologist *Scope of Practice:* Independent Practice	**Doctoral** 1 pre- and 1 post-year **Masters** 4 years post	EPPP Oral examination
Newfoundland & Labrador	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice **Masters** *Title:* Psychologist *Scope of Practice:* Independent Practice	**Doctoral** 1 pre- and 1 post-year **Masters** 2 years post	EPPP No oral examination
Prince Edward Island	**Doctoral** *Title:* Psychologist *Scope of Practice:* Independent Practice **Masters** *Title:* Psychological Associate *Scope of Practice:* Independent Practice	**Doctoral** 1 pre- and 1 post-year **Masters** 2 years post	EPPP Oral examination

Exhibit 6: Canadian Jurisdictional Requirements

Adapted from the CPA: https://cpa.ca/accreditation/ptlicensingrequirements/

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

Attachment B: Quantitative Survey Response Information (as of December 3, 2025)

Note: *The consultation period remains open until December 9, 2025. The results presented in this briefing note reflect feedback received* ***as of December 3, 2025****. The complete consultation results will be reflected in this document following the close of consultation and uploaded on the College' Board Meetings site for the public's access.*

STATISTICS

Consultation Period: **October 10, 2025 – December 9, 2025 (ongoing; 60-day period)**

Emails Sent: **7,564**

1. Registrants of the College
2. Public Directors
3. Staff of the College
4. College Subscribers (Public)

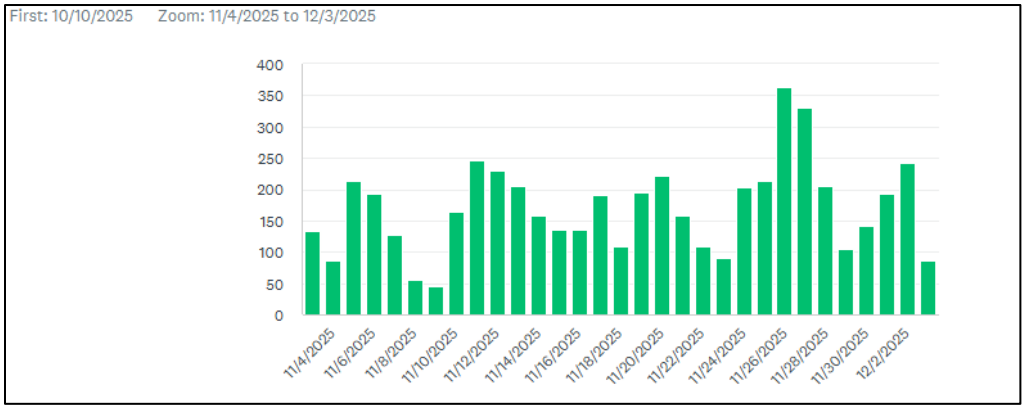
2 Reminder/s Sent**:**
(October 20, 2025) – to non-openers via e-mail
(October 31, 2025) – via College's official newsletter HeadLines

Total Responses Received: **7,284 (as of December 3, 2025, 12:00PM)**

Response Rate:

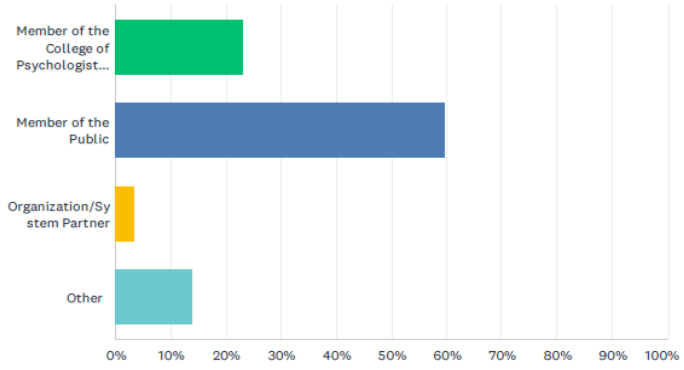
English	7,189
French	95
Total	**7,284**

Trends – responses week:



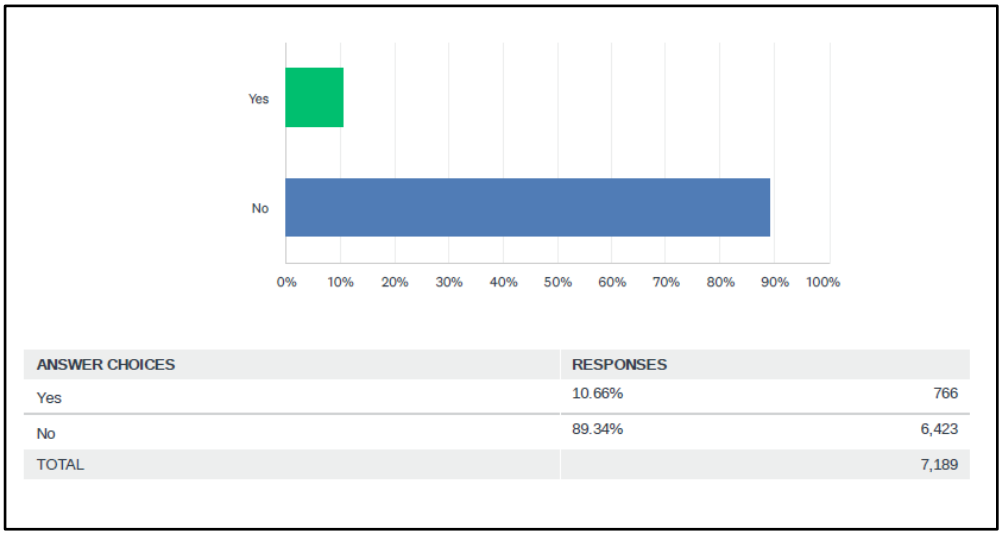
For English-speaking Respondents:

1. Please indicate if you are:
   - Member of CPBAO – **22.99%**
   - Member of the Public – **59.77%**
     - *Graduate Students in Psychology*
     - *Retired Members (self-identified)*
     - *Other regulated health professionals in Ontario*
     - *Psychologists in other jurisdictions, and*
     - *Non-registrant professors*
   - Organization/System Partner – **3.48%**
   - Other – **13.76%**
     - *Graduate Students in Psychology*
     - *Retired Members (self-identified)*
     - *Other regulated health professionals in Ontario*
     - *Psychologists in other jurisdictions, and*
     - *Non-registrant professors*



ANSWER CHOICES	RESPONSES	
Member of the College of Psychologists and Behaviour Analysts of Ontario	22.99%	1,653
Member of the Public	59.77%	4,297
Organization/System Partner	3.48%	250
Other	13.76%	989
TOTAL		7,189

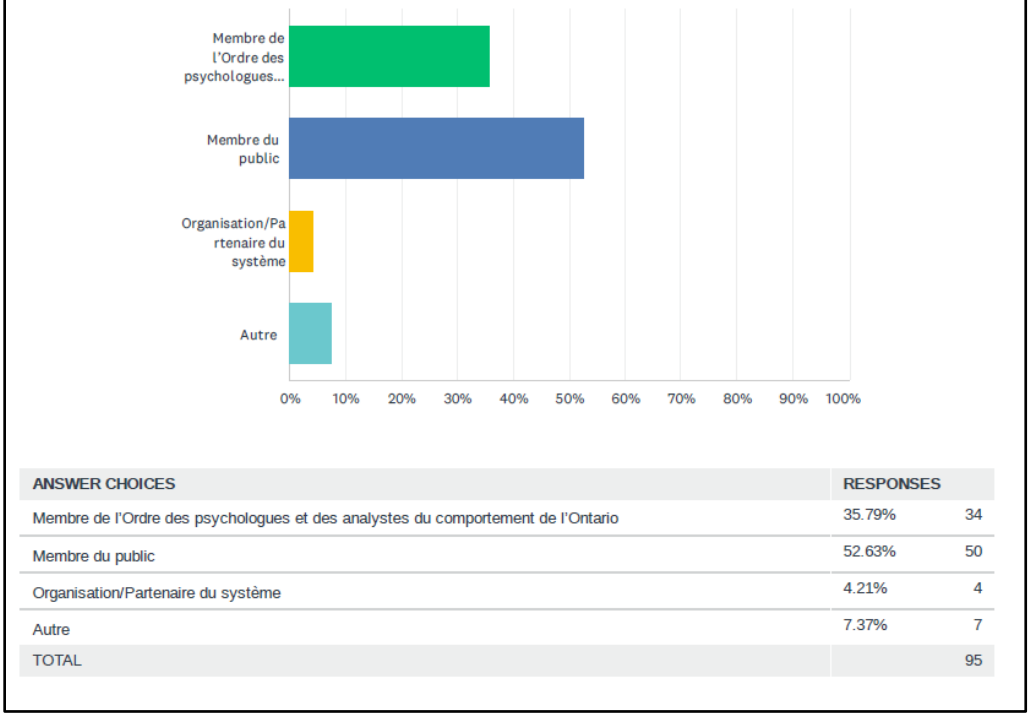
2. Do you agree that the regulation amendments proposed by the College of Psychologists and Behaviour Analysts of Ontario are in the public interest?
   Yes – **10.66%**
   No – **89.34%**



ANSWER CHOICES	RESPONSES	
Yes	10.66%	766
No	89.34%	6,423
TOTAL		7,189

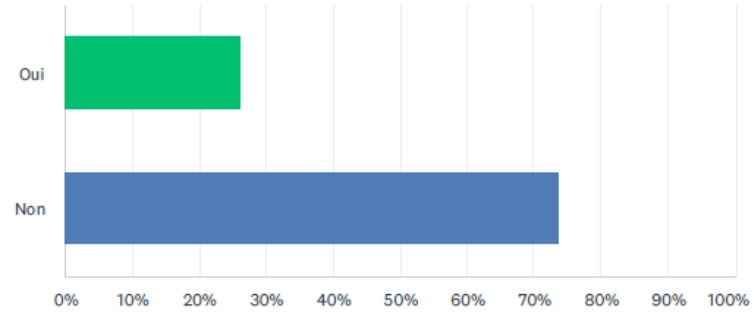
For French-speaking Respondents

3. Veuillez indiquer si vous êtes :
   - Membre de l'Ordre – **35.79%**
   - Membre du public – **52.63%**
   - Organisation/Partenaire du système – **4.21%**
   - Autre - **7.37%**
     - *Professeur d'université*
     - *Étudiante au doctorat en psychologie clinique*



ANSWER CHOICES	RESPONSES	
Membre de l'Ordre des psychologues et des analystes du comportement de l'Ontario	35.79%	34
Membre du public	52.63%	50
Organisation/Partenaire du système	4.21%	4
Autre	7.37%	7
TOTAL		95

4. Êtes-vous d'accord pour dire que les modifications du Règlement proposées par l'Ordre des psychologues et des analystes du comportement de l'Ontario sont dans l'intérêt du public?
   Oui – **26.32%**
   Non – **73.68%**



ANSWER CHOICES	RESPONSES	
Oui	26.32%	25
Non	73.68%	70
TOTAL		95

********** END **********

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO

Briefing Note – Council Meeting September 2019

Use of the Title *Psychologist* by All Practitioners

Strategic Direction Reflection
Communicating clearly and effectively with stakeholders, particularly applicants, members and the public; Acting in a responsibly transparent manner

For the past year, Council has been discussing decisions taken at the September 21, 2018 meeting regarding two matters; closure of the Psychological Associate class of registration as approved in March 2013; and, continued Master's level registration but granting these members use of the title *Psychologist.*

Following a member and stakeholder consultation undertaken in February 2019 (survey and summary of responses attached), Council must now make final decisions with respect to the College positions on these matters.

To assist Council in its deliberations, attached to this Briefing Note is a section of the approved minutes from the meeting of September 21, 2018 which provide a summary of the discussion undertaken by Council in arriving at its decisions. Note, the matters are presented below in the reverse order from the discussion in September 2018. As well, a flowchart entitled "Use of Title Decision Process for Council" is attached to assist in following the process to be undertaken in discussing this matter.

Matter 1: **Use of One Title for All Practitioners**
Please refer to the second paragraph of page 6/9 of the September 21, 2018 minutes.

A motion was passed:
To continue registration of individuals with a Master's degree plus 4 years of supervised experience but grant them the title of Psychologist and investigate a mechanism to accomplish this.

After making this decision, the Council directed that a consultation be undertaken to request feedback on the public interest impact of this decision. This consultation process has concluded, and the information obtained is attached.

Council must now consider whether to confirm or rescind the September 21, 2018 motion to grant one title for both Doctoral candidates and Master's level candidates with four years of supervised practice.

> **Motion:** That the motion of September 21, 2018 that the College continue registration of individuals with a Master's degree plus 4 years of supervised experience and grant them the title of Psychologist and investigate a mechanism to accomplish this be rescinded.

Outcome:

If Motion 1 is defeated, then the motion of September 21, 2018 to grant the use the title of Psychologist to both Doctoral and Master's level applicants with four years of supervised practice will stand, and the College will investigate mechanisms to implement the decision.

If Motion 1 is passed, Council will have reversed the decision of September 21, 2018. There will be no change to the current registration criteria and the College will continue to register candidates as it has always done. That is, Doctoral level individuals will have access to the title Psychologist while those with a Master's degree plus four years of supervised practice will be registered as Psychological Associates.

Matter 2: Closure of Masters Level Registration

Please refer to the second paragraph of page 4/9 and 5/9 of the September 21, 2018 minutes.

If the decision taken above is to rescind, that is, the above motion is passed, then Council may wish to consider revisiting the second motion that was passed in September 2018:

To rescind the March 22, 2013 motion which directed the College to move toward only registering candidates with a Doctoral degree.

Rescinding the motion of March 22, 2013 meant that the College would not pursue any actions with regard to discontinuing Master's level registration, grandparenting Psychological Associates as Psychologists and developing a mechanism for evaluating internationally trained applicants. Since this motion was rescinded, a new motion would be required if Council wished to reinstate this College direction.

Motion 2: That the College discontinue Master's level registration as of a set date, grandparent currently registered Psychological Associates as Psychologists on a fixed date, or within a fixed time period; and, develop a mechanism for evaluating internationally trained applicants' competencies for substantial similarity to a CPA accredited program and remediation as needed.

Outcome:

If Motion 2 is passed, then the College would, once again, undertake steps to achieve this end.

If Motion 2 is defeated, then the College would maintain its current position with regard to registering Masters and Doctoral level applicants using the titles Psychological Associate and Psychologist, respectively.

Attachment:

1. Copy of the February 2019 Survey
2. Summary of Consultation Responses
3. Approved Minutes of the Council Meeting of September 21, 2018; pages 4/9 to 6/9
4. Flow Chart Outlining Steps for Discussion

Contact for Questions

Dr. Rick Morris, Registrar & Executive Director

Use of the Title *Psychologist* by all Providers of Psychological Services in Ontario

Introduction

The College of Psychologists of Ontario is requesting your feedback on the decision taken by the College Council to permit all members of the College to use the title *Psychologist* regardless of their academic route to registration. This change does not impact the use of the title "Doctor" which will continue to be available only to members registered as *Psychologists* on the basis of a Doctoral degree as set out in the *Standards of Professional Conduct, 2017* [6.1 e)].

Background

Over the past number of meetings, the Council of the College of Psychologists has been discussing academic qualifications for entry to the profession and the titles available to members. At the September 2018 meeting, the College Council passed a motion to pursue granting the title *Psychologist* to all current and future members of the College. This would include those Doctoral level individuals who are currently granted the title *Psychologist,* as well as those registered with a Masters degree plus four years post-Masters supervised experience who are currently granted the title *Psychological Associate.*

This change would permit all registered psychological service providers in Ontario access to the title *Psychologist*. It does not change the scope of practice for members nor does it change the requirements for College registration.

Rationale

The purpose and mandate of the College are the protection of the public and to act in the public interest. It is through this lens that the College Council views all issues before it, including this matter. In making this decision, the Council considered several factors including:

- The misunderstanding among the public of the title *Psychological Associate* and whether those registered with this title are authorized as independent, autonomous psychological practitioners;

- Recognition that the Ontario requirement for eligibility to register at the Masters level includes four years of post-Masters supervised experience followed by the additional year of supervised practice undertaken by all members of the College. This contrasts with those other Canadian jurisdictions which register *Psychologists* at the Masters level but without the four years post-Masters supervised experience requirement;

- Members registered with a Masters degree plus 4 years supervised experience have satisfied the College that they are qualified to practice autonomously in their authorized areas of practice as they have met the College's academic requirements and, like their Doctoral colleagues, have successfully completed the additional year of College authorized supervised practice, the North American Examination of Professional Practice in Psychology (EPPP), Ontario's Jurisprudence and Ethics Examination (JEE), and an Oral Examination;

- Members registered with a Masters degree plus 4 years supervised experience have the same scope of practice and access to the same authorized acts as their Doctoral colleagues. As well, these members must maintain the same professional responsibilities and accountability, and are held to the same professional standards;

- Through the required implementation of the Canadian Free Trade Agreement (CFTA), formerly the Agreement on Internal Trade (AIT), individuals with Masters level training granted the title *Psychologist* in another Canadian jurisdiction, must be granted the title *Psychologist* when registering in Ontario;

- Due to the CFTA, Ontario now has three types of autonomous practitioners, all with identical scopes of practice further increasing the lack of clarity among the public; *Psychologists* with a Doctoral degree (3,574 members), *Psychologists* with a Masters degree (332 members), and *Psychological Associates* with a Master degree (481 members).

In approving this motion, the College Council is not suggesting that members with a Masters degree have the same academic background and experience as their Doctoral trained colleagues. Rather, the Council is recognizing that either a Doctoral degree or the combination of a Masters degree plus four years post-Masters supervised experience qualify an individual to apply for autonomous, independent practice of psychology in Ontario.

The College would appreciate your feedback on this change to be undertaken.

Use of the Title *Psychologist* by all Providers of Psychological Services in Ontario

Membership Status

* 1. Please indicate the Class of Certificate of College registration you currently hold:

- ◯ Psychologist authorizing autonomous practice (regular or inactive)
- ◯ Psychologist authorizing supervised practice
- ◯ Psychologist authorizing interim autonomous practice
- ◯ Psychological Associate authorizing autonomous practice (regular or inactive)
- ◯ Psychological Associate authorizing supervised practice
- ◯ Psychological Associate authorizing interim autonomous practice
- ◯ Academic certificate of registration
- ◯ Retired certificate of registration
- ◯ Not a member of the College (eg, student, member of the public)

Use of the Title *Psychologist* by all Providers of Psychological Services in Ontario

Respondent Profile

* 2. Please indicate the highest degree in Psychology upon which your registration is based:

- ◯ Masters
- ◯ Doctoral
- ◯ Other (please specify)

* 3. Please indicate where you completed your highest degree in psychology upon which your registration is based:

- ◯ Ontario
- ◯ Canadian province outside of Ontario
- ◯ United States
- ◯ Country outside of Canada or the United States

* 4. How long have you been a member of the College:

- ◯ 0 < 2 years
- ◯ 2 < 5 years
- ◯ 5 < 10 years
- ◯ 10 < 15 years
- ◯ 15 years +

Use of the Title *Psychologist* by all Providers of Psychological Services in Ontario

Questions

* 5. The use of the single title *Psychologist* for all individuals qualified to practice psychology in Ontario serves the public interest.

Agree	No Opinion	Disagree
○	○	○

* 6. The use of the single title *Psychologist* simplifies the information to the public regarding who is permitted to offer psychological services autonomously and independently.

Agree	No Opinion	Disagree
○	○	○

* 7. The use of the single title *Psychologist* reduces the confusion of the current system which permits both Doctoral level providers, and Masters level providers registered through the CFTA, to use the title *Psychologist*, while other Masters level providers registered in Ontario may only use the title *Psychological Associate*.

Agree	No Opinion	Disagree
○	○	○

* 8. The use of the single title *Psychologist* informs the public that all members of the College have the same scope of practice and have met the College's rigorous entry requirements.

Agree	No Opinion	Disagree
○	○	○

* 9. The use of the single title *Psychologist* for both Masters and Doctoral trained members will not deter graduate students from continuing on to obtain Doctoral level training.

Agree	No Opinion	Disagree
○	○	○

10. Please provide any other reasons why you believe the use of the single title *Psychologist* serves the public interest.

11. Please provide any reasons as to why you believe the use of the single title *Psychologist* does not serve the public interest.

* 12. The Council decision would permit all members of the College to use the title *Psychologist*. It has been suggested that it may be in the public interest for members to use a distinguishing identifier to indicate registration on the basis of a Doctoral or a Masters degree. In implementing this decision, do you believe it is in the public interest that (please rank your answers with 1 being your first choice and 5 being your least preferred option):

- All members use the title *Psychologist* without any modifier or further elaboration?
- Doctoral trained members use the title *Psychologist (Doctoral)* and Masters (or equivalent) trained members use the title *Psychologist (Masters)*?
- All members use the title *Psychologist* followed by the appropriate academic designation, for example, *Psychologist (Ph.D.)*, *Psychologist (Psy.D.)* or *Psychologist (Ed.D)*; *Psychologist (M.A.)*, *Psychologist (lic.phil.)* or *Psychologist (M.Ed.)*? The academic designation would be the degree upon which registration with the College was based.
- Doctoral trained members use the title *Doctoral Psychologist* and Masters (or equivalent) trained members use the unmodified title *Psychologist*?
- Doctoral trained members use the title *Doctoral Psychologist* and Masters (or equivalent) trained members use the title *Masters Psychologist*?

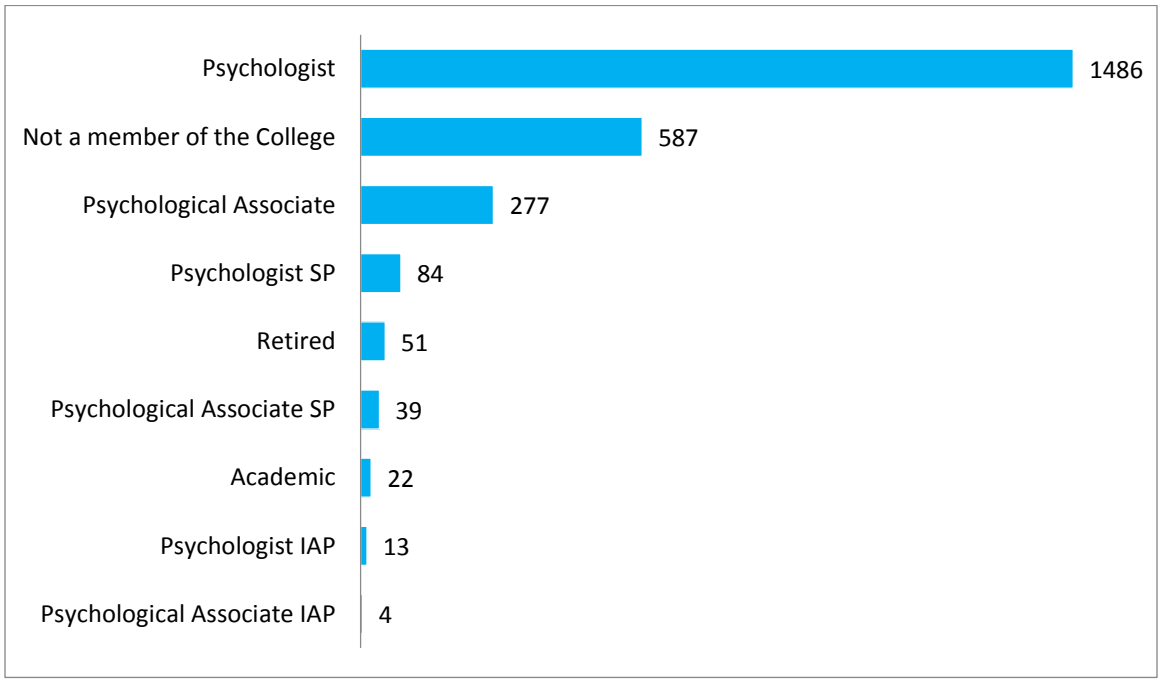
13. Do you have any suggestions for a modified title other than those listed above?

14. Other Comments

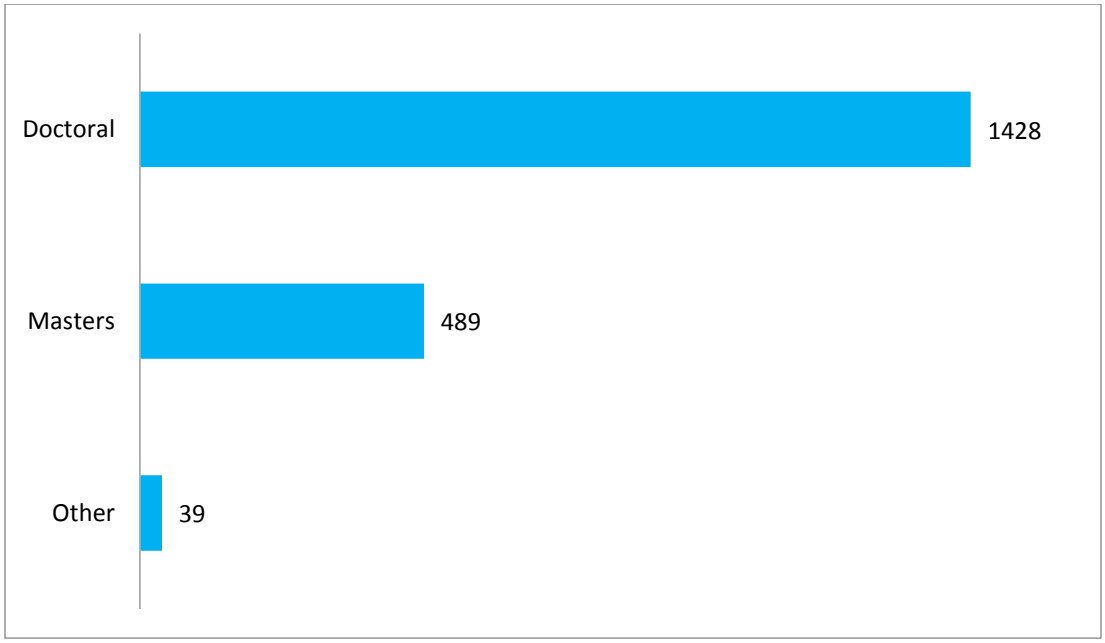
Use of Title: Survey Responses

2,563 Total Responses

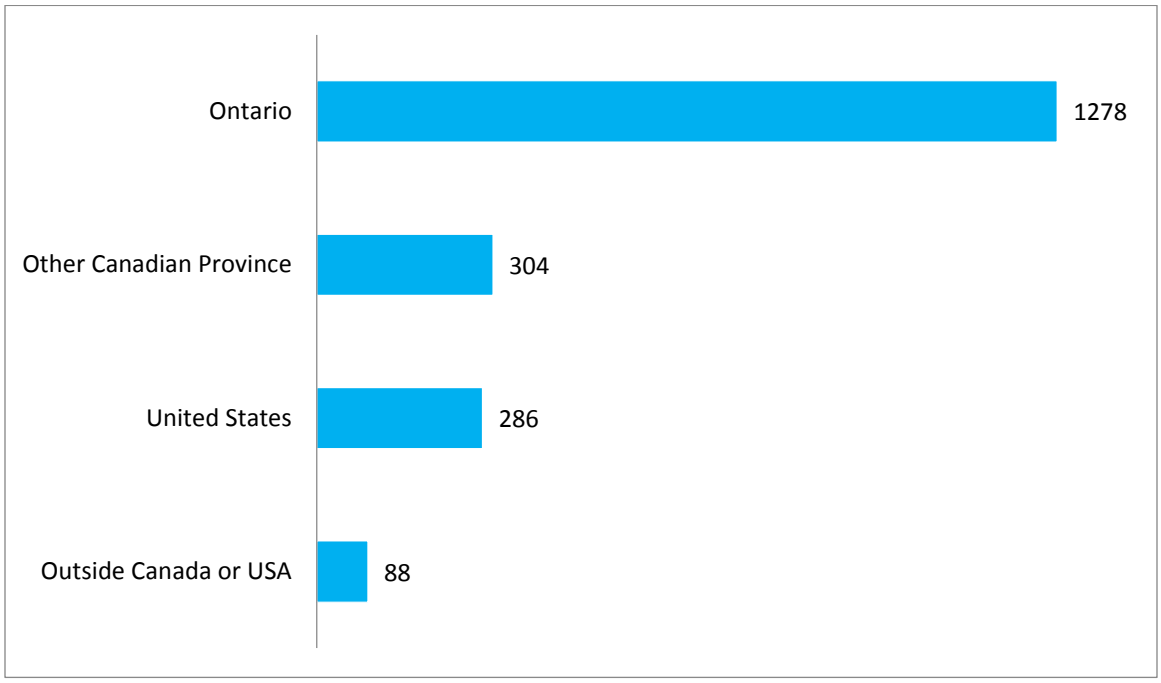
1. **Please indicate the Class of Certificate of College registration you currently hold:**



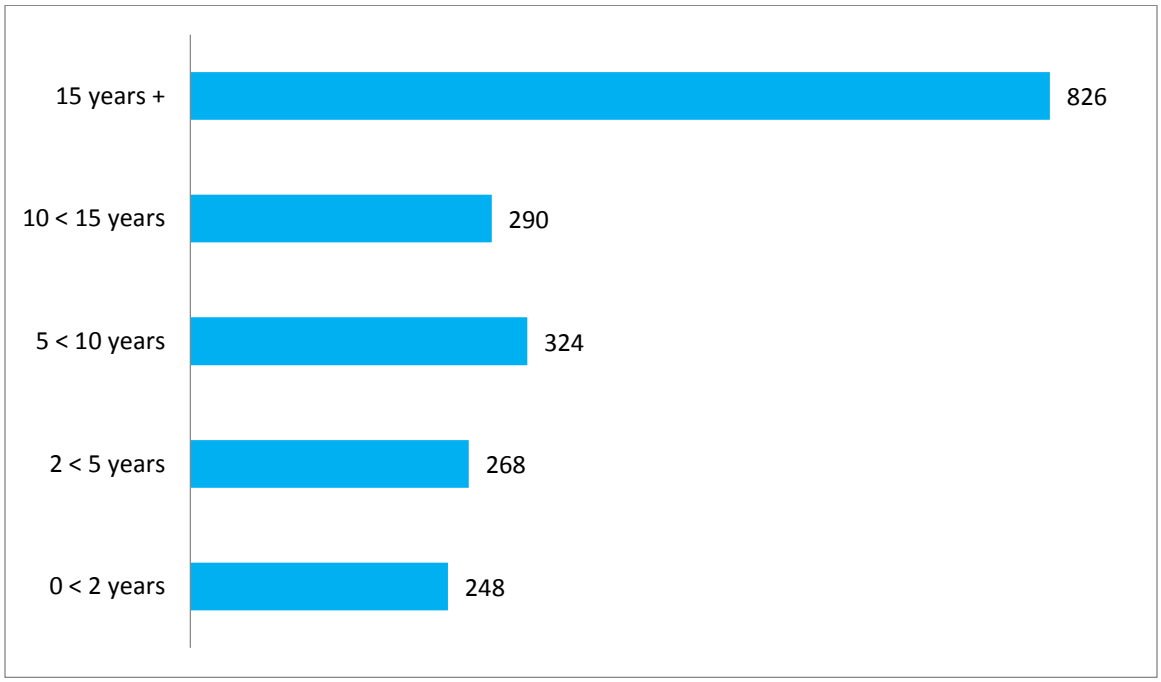
2. **Please indicate the highest degree in Psychology upon which your registration is based:**



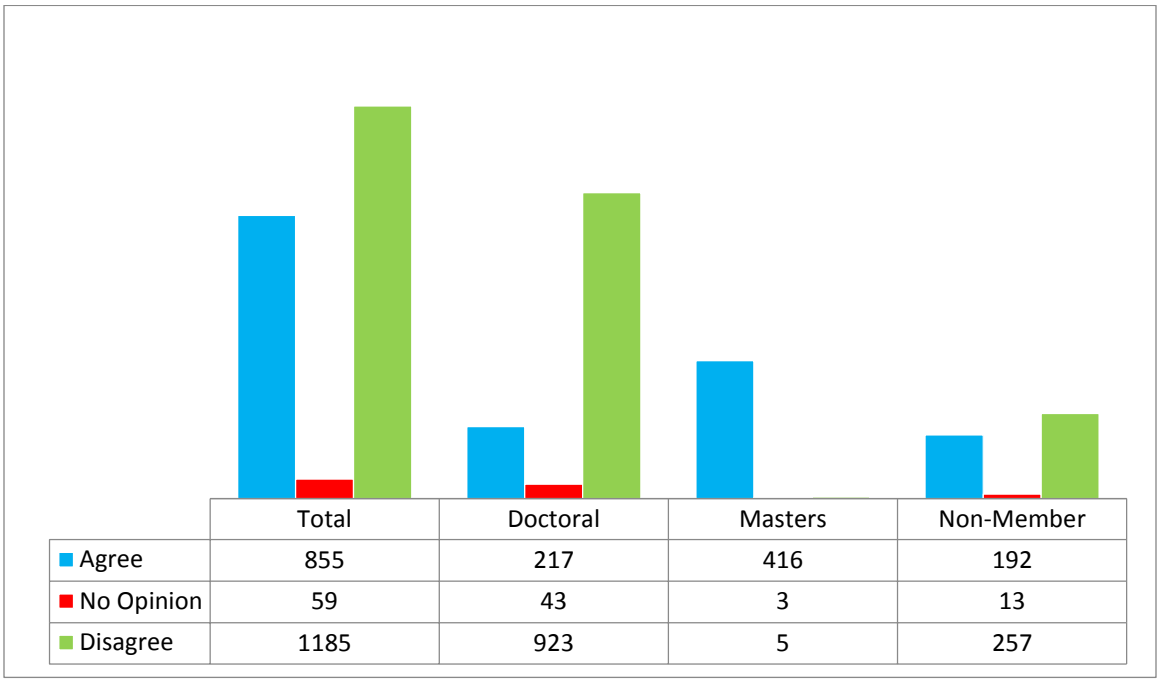
3. Please indicate where you completed your highest degree in psychology upon which your registration is based:



4. How long have you been a member of the College:

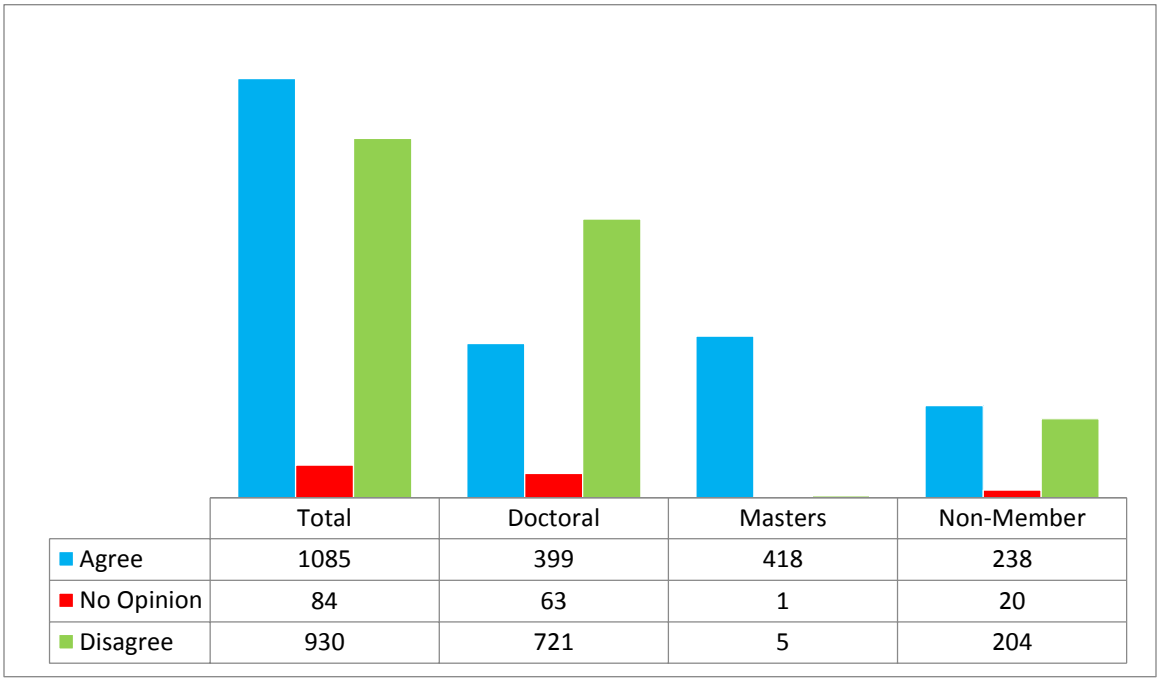


5. The use of the single title Psychologist for all individuals qualified to practice psychology in Ontario serves the public interest.



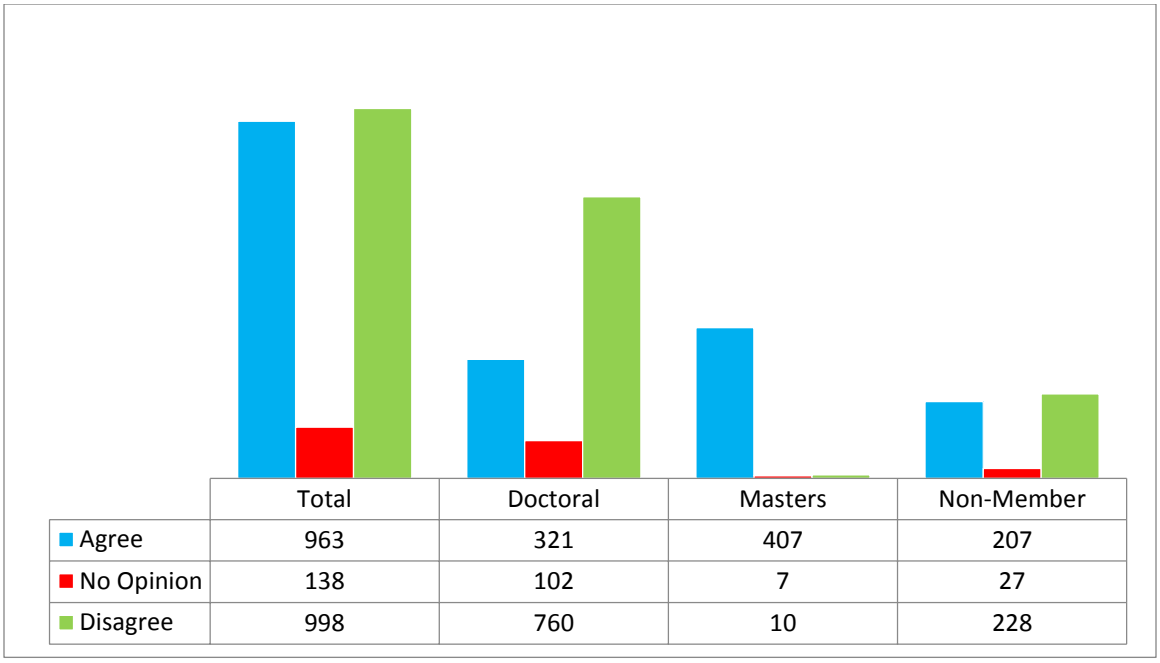
	Total	Doctoral	Masters	Non-Member
Agree	855	217	416	192
No Opinion	59	43	3	13
Disagree	1185	923	5	257

6. The use of the single title Psychologist simplifies the information to the public regarding who is permitted to offer psychological services autonomously and independently.



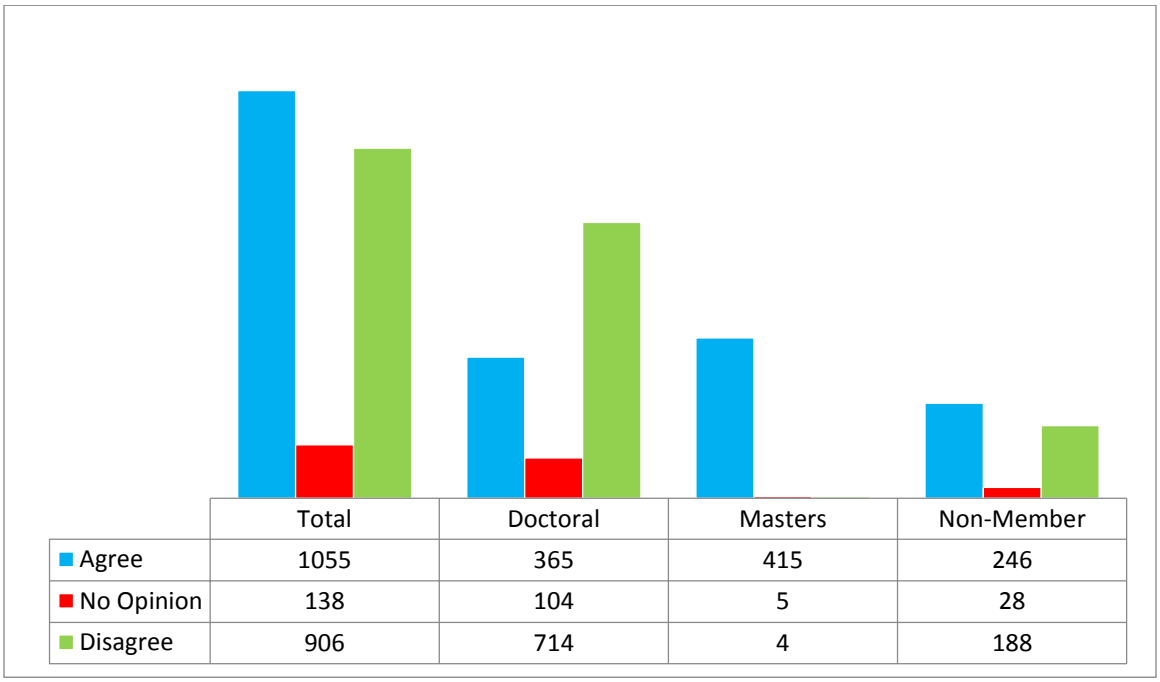
	Total	Doctoral	Masters	Non-Member
Agree	1085	399	418	238
No Opinion	84	63	1	20
Disagree	930	721	5	204

7. **The use of the single title Psychologist reduces the confusion of the current system which permits both Doctoral level providers, and Masters level providers registered through the CFTA, to use the title Psychologist, while other Masters level providers registered in Ontario may only use the title Psychological Associate.**



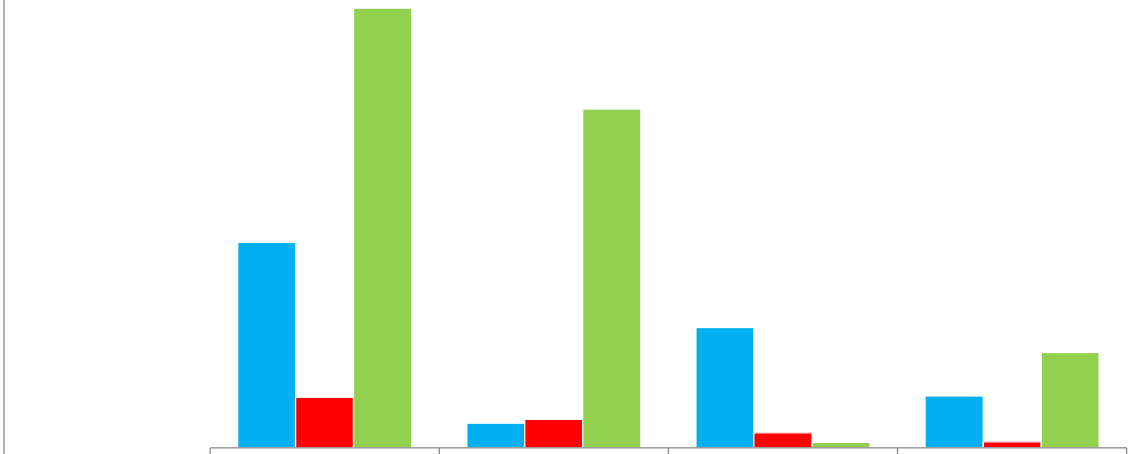
	Total	Doctoral	Masters	Non-Member
Agree	963	321	407	207
No Opinion	138	102	7	27
Disagree	998	760	10	228

8. **The use of the single title Psychologist informs the public that all members of the College have the same scope of practice and have met the College's rigorous entry requirements.**



	Total	Doctoral	Masters	Non-Member
Agree	1055	365	415	246
No Opinion	138	104	5	28
Disagree	906	714	4	188

9. **The use of the single title Psychologist for both Masters and Doctoral trained members will not deter graduate students from continuing on to obtain Doctoral level training.**



	Total	Doctoral	Masters	Non-Member
Agree	620	74	363	156
No Opinion	152	86	45	18
Disagree	1327	1023	16	288

Consultation Themes: Open-Ended Questions

10. Please provide any other reasons why you believe the use of the single title "Psychologist" serves the public interest.

1. Makes access to insurance easier for clients as it reduces confusion for insurers and this in turn enhances the public's access to reimbursement for services.
2. Reduces public confusion by informing the public that those with a MA and those with a PhD are authorized, by law, to provide the same psychological services in Ontario. Therefore, the public will be more willing to seek out services from those with a M.A.
3. Reduces the confusion of government policy makers who do not always know that two titles currently exist when drafting guidelines and policy statements concerning psychological practice.
4. Reduces confusion for employers when College members are seeking employment and it ensures an equal pay scale for all practitioners once they are hired**.**
5. Increases access to practitioners to serve the public, especially in rural and remote settings.
6. Reduces time spent in explaining the differences to new clients.
7. Discourages M.A. trained practitioners from going to the College of Psychotherapists if they can obtain the title of Psychologist, thus increasing the availability of more psychologists.
8. Psychologists with a M.A. will charge less, thus increasing accessibility to service.
9. A single title assures the public that a high standard of academic training has been achieved, thus increases public trust.

11. Please provide any reasons as to why you believe the use of the single title Psychologist <u>does not</u> serve the public interest.

1. The public will not be able to distinguish between those who have met all of the CPA accreditation standards of training (7 years of supervised training, course work in psychodiagnosis, advanced assessment and intervention, and development of a scientist/practitioner orientation) and those who have met a lower standard of training without these additional components.
2. By using a single title for both levels of psychological practitioners, it prevents the public from offering **fully informed consent** to service, as the public is misinformed regarding the critical differences in level of training between MA and Doctoral practitioners.
3. It would discourage future practitioners from undertaking the highest standards of training, both academic and clinical. This would lead to an overall deterioration of the discipline and service to the public.
4. Knowing that some with the title of Psychologist will not have doctoral training will reduce the respect for "Psychologists" by other professionals like physicians and psychiatrists, thus, decreasing opportunities for clients to receive their services.
5. In some jurisdictions with both MA and PhD level access, employers will not pay more for doctoral level clinicians as PhD training would not be "necessary" for the title. Insufficient remuneration may lead to PhD trained clinicians moving out of the public system into private practice, which reduces public access to their services.
6. Doctoral appointments in public health care settings allows for a psychological voice in service planning, program design, and evaluation, thus serving the interests of the public. These appointments would be jeopardized if the title of Psychologist was extended to MA's.
7. M.A.'s rarely receive training in complex assessment and diagnosis. Giving them the title of Psychologist implies a higher level of training and skill than they have to handle complex mental health concerns and denies the public the ability to choose more extensively trained practitioners.
8. With the title of Psychologist, M.A.'s will charge more for services, thus, lessening access to services.
9. With fewer students choosing to pursue a PhD to obtain the title of Psychologist, there will be fewer practitioners (PhD) available with a specialization in highly complex and vulnerable client populations (in fields such as Neuropsychology, legal implications).
10. The public expects that when registering future psychologists, CPO is using the current standards of the profession. In Canada, this is represented by the CPA accreditation standards, which state that a doctoral degree (Ph.D.) is considered the basic degree for the profession. Canada and the US do not accredit MA programs and no national standards for MA training exist. The PhD standard has been endorsed by ACPRO and CPO. Registering those who have met these standards and reserving the title of Psychologist for them serves the public interest by ensuring that the title represents the best training that the profession can offer.

12. **The Council decision would permit all members of the College to use the title *Psychologist*. It has been suggested that it may be in the public interest for members to use a distinguishing identifier to indicate registration on the basis of a Doctoral or a Masters degree. In implementing this decision, do you believe it is in the public interest that (please rank your answers with 1 being your first choice and 5 being your least preferred option):**

    All members use the title *Psychologist* without any modifier or further elaboration?
    - 413 respondents chose this as their first choice

    Doctoral trained members use the title *Psychologist (Doctoral)* and Masters (or equivalent) trained members use the title *Psychologist (Masters)*?
    - 260 respondents chose this as their first choice

    All members use the title *Psychologist* followed by the appropriate academic designation, for example, *Psychologist (Ph.D.), Psychologist (Psy.D.)* or *Psychologist (Ed.D); Psychologist (M.A.), Psychologist (lic.phil.)* or *Psychologist (M.Ed.)?* The academic designation would be the degree upon which registration with the College was based.
    - 712 respondents chose this as their first Choice

    Doctoral trained members use the title *Doctoral Psychologist* and Masters (or equivalent) trained members use the unmodified title *Psychologist*?
    - 119 respondents chose this as their first choice

    Doctoral trained members use the title *Doctoral Psychologist* and Masters (or equivalent) trained members use the title *Masters Psychologist*?
    - 595 respondents chose this as their first choice

13. **Do you have any suggestions for a modified title other than those listed above?**

Note: Each number on the "Doctoral Title" side corresponds to a number on the "Masters Title" side as the suggestion was made by the same person. That is, the first person indicated "Psychologist" for the Doctoral Title and Psychologist (Masters) for the Masters Title.

Doctoral Title	Masters Title
1. Psychologist	1. Psychologist (Masters)
2. Doctoral Psychologist (Ph.D.)	2. Master Psychologist (M.Ed.)
3. Psychologist (Ph.D.)	3. Psychologist
4. Ph.D. Psychologist	4. M.A. Psychologist
5. Doctoral Level Psychologist	5. Masters Level Psychologist
6. Psychologist, Level 1	6. Psychologist, Level 2
7. Clinical Psychologist	7. Psychologist
8. Clinical Psychology Scientist	8. Psychologist
9. Advanced Psychologist	9. Practical Psychologist
10. Psychologist 1 (Doctorate)	10. Psychologist II (Masters) and Psychologist III (CFTA Masters in Psychology)
11. Psychologist (Doctoral)	11. Associate Psychologist (Masters)
12. Psychologist (Doctorate)	12. Therapist (Masters)
13. Doctor of Psychology	13. Master of Psychology

14. Psychologist 15. Doctoral Level Psychologist (7 years graduate training in Psychology) 16. Psychologist 17. Psychologist 18. Psychologist	14. Psychotherapist 15. Masters Level Psychologist (3 years graduate training in Psychology) 16. Psychology Practitioner; Psychology Therapist 17. Psychological Counsellor; Psychological Consultant; Psychological Practitioner 18. Psychometrist; Psychotherapist; Limited License Psychologist; Psychologist, Limited License; Psychology Service Provider; Psychologist, Associate Level; Psychologists (Masters)

19. Modifiers should pertain only to areas of practice (clinical, counselling, school, neuro. etc.) to further assist the public in acquiring the services they need.
20. All other responses either say use one title without distinction or keep the same titles as we presently use.
21. Lose the term C.Psych. after name, and use Doctorate in Psychology; Masters in Psychology
22. If the title "Masters Psychologist" is used this may be misunderstood to imply a higher level of training.
23. The Use of "Dr." already indicates Ph.D. level and is sufficient.
24. Psychological Doctor; C.D.Psych. could be used.
25. Create a different title for the Masters level practitioners that differentiates them but is less negatively loaded than Associate.
26. Develop categories for types of Psychologists that require different levels of education (e.g. MA-school, counseling; Ph.D. – clinical, neuropsychology).

Summary of Letters Received

The argument put forward proposing that all members of the College use one title has two main points to support it. The first point concerns the fact that all current members of the College (at both the MA and PhD level) have met the standards required by the College for membership. That is, all have been screened to meet the College's established criteria to begin the registration process. All have received a year's closely documented supervision by approved College members, who then recommend them as ready for autonomous practice. All have passed the same set of exams (written and oral) and once these exams are successfully passed, all enter the profession as "entry level" members of the College of Psychologists. The second point to the argument involves scope of practice. All who are given autonomous registration status are granted the same scope of practice (in their declared areas of competency) whether at the MA or PhD level. Thus, a member of the College of Psychologists, whether at the MA or PhD level, should be called, simply, a Psychologist.

The counter argument is that although all have passed the same exams, the exams do not reflect the highest standards of the profession and as such, does not guarantee the public that those they seek service from have met the standards of the profession as reflected in the CPA accreditation standards and the ACPRO statement of a national standard for the profession. The training in accredited PhD programs represents the standard. The public, in order to make an informed choice of a practitioner, needs a way to distinguishing between those who have met the higher standard and those who have

not. The term Psychologist, reserved for those who have met the standard, will allow the public to make an informed choice.

Canadian Psychological Association (CPA), Ontario Psychological Association (OPA), Canadian Academy of Psychologists in Disability Assessment (CAPDA)

1. It will diminish the service contributions psychologists make to the mental health care of Ontarians and threaten public protection, diminishing the breadth and depth of care that the public can expect to get from a psychologist. "…significantly more practitioners with Doctoral degrees than with Masters degrees provided assessments of mood and behaviour (66%), assessments of intellectual functioning (68%), neuropsychological assessments (73%), and organizational and program consultation (69%)" v (p. 18). Finally, "Doctoral practitioners provided significantly more services than did Masters practitioners to clients with intrapersonal issues (56% vs. 44%), interpersonal issues (54% vs. 46%), cognitive functioning problems of adulthood (69% vs. 31%), psychosis (71% vs. 29%), and managing health, injury, and illness (66% vs. 34%)" vi (p. 18)….With less differential diagnostic evaluation, reduced research, organizational and program consultation, the more unique competencies that doctorally trained psychologists bring to mental health care will be lost to Ontarians. Fewer people would have access to cognitive remediation for brain injury and dementia, fewer people would have access to complex psychological assessments of dangerousness or fitness to stand trial, and fewer people with major mental illness or complex health conditions would have access to psychotherapy.

2. Creates more rather than less confusion for the public about the practice of psychology…those psychologists with master's degrees are less likely to complete a differential diagnostic evaluation, arguably making their competencies and practice less distinguishable from those of psychotherapists.

3. Incorrectly assumes that prolonged supervision is equivalent to formal training…the absence of a structured supervisory experience, made possible through program accreditation, the skills acquired from one practitioner to another will be highly variable, thereby undermining the public trust in what can be expected of all practitioners…more MA folks trying to register with CPO are already registered psychotherapists…we should differentiate our College from the CRPO.

4. Places a burden of supervision on doctoral trained psychologists, (not sure where this comes from – perhaps they are confusing academic programs' insistence that only PhDs offer clinical practicum supervision) and,

5. Threatens accountability to the public…Accreditation ensures that programs teach the competencies and skills that providers need to become regulated and practice their professions, thus providing accountability to the public…if MA are given the title of psychologist, this comes without accountability of having graduated from an accredited program that met these standards.

Ontario Association of Psychological Associates (OAPA)

1. It will deter the inappropriate denial of insurance claims by adjusters who are unaware that PA's are autonomous and fully qualified members of the CPO. This problem currently limits the public's access to the services that PA's provide. It also creates difficulties for the public in having their claims quickly and fairly adjusted when the service has been provided by a PA.

2. The title "Psychological Associate" is confusing to the public. To the public, "Associate" suggests the practitioner is not a fully qualified, independent practitioner but rather must work under the supervision of a Psychologist. It also is confusing because it is similar to other titles, such as Psychometrist, Psychotherapist, etc. who are not members of the College.

3. Psychological services in rural settings and northern settings are often staffed primarily by PAs. In those settings, a member of the public may not access services if they don't think a PA is able to provide the service they seek.

4. Access to government services and benefits can be limited if the client has been served by a PA. When government agencies don't understand that a PA has the same scope of practice as a Psychologist, forms like the CRA Disability Tax Credits, Ontario Disability Support Program, Disability Services Ontario and the FSCO Motor Vehicle Accident Benefits programs cannot be completed by PA's. This is because agencies restrict completion of those forms to Psychologists, rather than including Psychological Associates, who are also members of the College and qualified to fill them out.

5. OAPA supports the plan to call all members of the College of Psychologists (be they at the MA or PhD level) with the title "Psychologist". The PhD level practitioners would include Dr. prior to their name (e.g., Dr. John Smith PhD Psychologist) and the practitioners at the MA level would indicate an MA (e.g., Mr. John Smith, MA, Psychologist).

Fairness Commissioner of Ontario
Title change should not impose additional requirements for those in the pipeline, also transitional measures for those in the province.

College of Psychologists of Saskatchewan
1. One title will increase Ontario MA Psychologists moving to Sask. and being registered there even though Sask. does not register MAs.
2. CPO does not have a mechanism for ensuring pre-registration experience and supervision will lead to skills at the doctoral level.
3. One title would open the profession up to challenges from those who do not have a fundamental "psychological" training prior to registration.

Dr Richard Spelliscy, Registrar, College of Alberta Psychologists
The proposed change to a single shared title in Ontario will have a positive impact for Alberta as it aligns our provinces. It has been our experience that full registration and a single use title of psychologist is in the public interest.

College of Psychologists of British Columbia
In 2002, BC used the same model as Ontario…but recognized that MA training was not substantially equivalent. Switched to ACPRO standard of just registering PhDs. Concerned that one title in Ontario will increase the number of MA Psychologists from Ontario registering in BC, thus adding to confusion of the public.

College Psychologists of New Brunswick
Matching CPO's 2013 motion and strongly suggests that we follow through on that motion.

Ordre des Psychologues de Quebec
Proposed changes will have no impact of Quebec.

Prince Edward Island Psychology Registration Board
Urges us to rescind the motion. They are attempting to have a restricted scope of practice for psych associates. Believe that there are substantial differences in knowledge, skills and ability of Masters trained individuals. One title would have a profound and negative effect upon other jurisdictions trying to establish a national standard.

Psychological Association of Manitoba
Not in the public interest: Obscures real and meaningful differences; better to inform the public as to the differences; will lead to registration in Manitoba different than what are the Manitoba regs; not clear about EPPP; misrepresents Manitoba's requirement of four years of practice prior to registration.

Association of State and Provincial Psychology Boards (ASPPB)
The decision to permit all registered psychological service providers in Ontario access to the title of Psychologist, may actually cloud a lay person's ability to differentiate among the differences that actually exist between a Psychologist and a Psychological Associate. Differences which at a minimum include education, training, and potentially, experience from having completed advanced level course work, resulting in the conferring of a doctoral degree…we must educate the public of the uniqueness associated with various professions, rather than focusing our attention on minimizing the differences…Would the current change in the use of the title Psychologist in Ontario give false hope to such person that the same title would be applicable in another jurisdiction?

College of Audiologists and Speech Pathologists of Ontario (CASLPO)
No concerns about the proposed changes.

Ontario College of Social Workers and Social Service Workers (OCSWSSW)
Supports the initiative for one title; it reduces confusion and better serves the public interest.

Canadian Council of Professional Psychology Programs (CCPPP)
Should not pursue the initiative; violation of ACPRO; no hard evidence given for public confusion; It is a step backwards for the profession and the protection of the public. Very possibly reduces demand for PhD programs, thus threatening accreditation.

Academic Directors of Clinical Training (DCT) of Ontario:
No evidence that there is a pressing need for this change; no evidence that there would be fewer practitioners; violation of the ACPRO agreement; no evidence that it would lead to less confusion; no justification for lowering the standard for the title; there is a national standard for what it means to be a psychologist and this is graduation from an accredited graduate program – no justification for why this should be lowered. MA candidates have limited clinical exposure during the MA; EPPP pass rates are different 50 vs 80%; MAs have little exposure to very complex clients, differential diagnoses and work with psychosis. During the years leading to registration, MA candidates' work experiences are geared primarily to the needs of the work setting, not to the growth of the practitioner as would be the case for PhD candidates. No control over quality of supervision of MAs to bring them up to a higher level; Is a threat to maintaining hospital internship programs; University programs may choose a lower level of training as students drop out of doctoral programs; would threaten the likelihood of neuropsych training continuing.

DCTs Internship Programs
Are opposed to the title change; hides major distinctions from the public re training; responsibility of CPO to tell the public what the differences are, not to hide them under one title; violates CPO's commitment to ACPRO; there are no accreditation standards for MA trained students or their supervision – why should PhDs uphold the gold standard, yet MAs are presented to the public without the Canada-wide acceptance of what a psychologist is. MAs have little training as scientist/practitioners and hence bring fewer critical skills, knowledge of the profession, program evaluation orientation to the practice; No rationale given for overthrowing the 2013 motion; not an evidence-based approach to decision making; could lead to the loss of internships and the valuable training that goes with them; fewer students would pursue doctoral training, thus depriving the public of skill that would be nurtured in a PhD program.

Chief Psychologists of Ontario School Boards
Loss of scientist-practitioner approach to practice; difficulty finding psychologists and PAs in rural areas; If the College decides on master's level as the entry point to registration as a psychologist, there will likely be fewer doctoral level psychologists that are registered. This will result in fewer doctoral level psychologists available to the general public, and to jobs that require doctoral level training, such as those jobs involved in research and program evaluation.

Queens University Graduate Students
No hard evidence given to Council about public confusion; reducing psychologists' scientific literacy produces a risk to the public; how will CPO guarantee to the public that MAs are providing the best reasonably accessible service to the public, given their lack of formal training; MAs have no training in supervision; will MAs have appropriate level of understanding of theory? MAs do not have extensive training in diagnosis.

Chris Bowie, DCT Queens University
Do public members really know the difference between MA and PhD training; there was only anecdotal evidence of public confusion and no clear data on how much confusion or to what end the confusion resulted; CPO has no plan to evaluate the change to determine that it is in the best interests of the public; The MA level degree does not necessarily include the degree of (or perhaps in some cases, any) training in understanding, conducting, and integrating scientific principles into practice. Simply engaging in additional supervised practice does not impart the essential scientific underpinnings of what it is to be a Psychologist. The MA level practitioner, who has been trained for a specific scope of practice, would, with this change, be assumed by the public to be engaged in practicing the science of psychology without proper training to do so. More students would only pursue an MA. PhDs would be concentrated in urban areas, thus reducing exposure of PhD trained individuals to the public.

OISE Graduate Students
The current two title system clearly differentiates the two routes to registration; reflects similarity to two title systems in other health care professions; with less training, MAs cannot offer the public the same quality of care. Significant field experience post MA cannot replace the rigorous clinical training, education, scientific writing, and evaluation requirements of CPA-accredited doctoral programs. PhD training is much more extensive than MA training. MAs may lack the theoretical knowledge that is required to shore up such practical knowledge. MA training lacks consideration of diagnostic issues. Students will be encouraged to stop after the MA, thus depriving the public of exceptionally well trained practitioners. It will also threaten the use of accreditation standards.

Residents of London Clinical Residency Consortium

The experience we have gained during our doctoral training (i.e., coursework, video-supervision, diversity of practicum training), as required by our accredited programs and pre-doctoral internship, could not be adequately replaced by four years of unstandardized and non-accredited supervised practice post master's degree. Beyond the lack of direct clinical experience, we were still missing foundational courses when we finished our master's degree that were crucial to our development as clinicians, such as coursework in assessment and therapy, case conceptualization, and multicultural issues. The majority of the undersigned residents only received clinical training in one setting (typically a university clinic) with one or two supervisors during our master's degree. The diversity of clinical experiences we gained during our doctoral degree helped to solidify our boundaries as clinicians by giving us a greater awareness of the limits of our knowledge. Moreover, we have all worked intensely under the supervision of over ten licensed clinical psychologists during our doctorate alone. There is growing recognition that experience alone is likely inadequate for developing competency as a clinical supervisor (e.g., Majcher & Daniluk, 2009).

University of Ottawa Clinical Faculty

Proposal obscures difference in training, thus not allowing public to make an informed choice of practitioner. The standard that the College has set is a minimum standard of an MA. The doctorate is a much higher standard, through which skills for working with a broader and more complex set of difficulties is establish. The proposal lessens the motivation to pursue the latter degree and hence lowers the standard of service over time in the province. MAs do not have the skills to serve the full spectrum of clinical presentations. Denying MAs the title of Psychologist does not deny them the opportunity to become registered with the CRTO. MA and PhD programs differ in the extensiveness of courses, practicum experience, and supervision training, program evaluation. Although MAs and PhDs have same scope of practice, they actually work with different populations of clients. Obscuring these skills with one title will not serve the public. Research training builds critical analysis skills that are missing in the MA. On certificate of registration, the jurisdiction outside of Ontario that granted the title of Psychologist should be noted so that the public will know that it was not earned in the regulated way in Ontario via an accredited PhD. Council members were not adequately appraised of the difference in training between the two degrees.

Adjunct Faculty Western University

To rescind the motion of 22 March 2013 (Shaping the Future) means that the primary and necessary academic qualification of a psychologist would become the master's rather than the doctoral qualification. In our view this would be inconsistent with the College's stated intention to promote excellence in the practice of psychology. We believe that this would increase ambiguity in the mind of the public. it is unclear to us that professional psychology would remain a distinctive profession. Psychology's claim to be a distinct profession derives essentially from the doctoral-level training, knowledge and skills identified by CPA. It would be irresponsible if other regulated professions accepted lower qualifications to cope with demand. The College's essential mandate is to protect the public interest. It is not to accommodate inter-provincial registration applicants in the interest of equity. Lowering of standards is inconsistent with the College's mandate.

University of Guelph Graduate Students

Will affect enrollments. Much growth beyond the MA and throughout the PhD. Public won't be aware of the differences. Will force more PhDs out of public and into private practice, thus depriving the public of their services.

University of Ottawa Graduate Students
Breadth of program, clinical opportunities, variety of supervisors, accredited standards, more students will choose the MA route to the title, with fully trained PhD psychologists diminishing in number over time.

University of Windsor Students
Not in agreement with the motion. Training for two degrees isn't equivalent so title should not say to the public that it is. Must greater breadth of experience post MA, intense and structured supervision aimed at growth as a professional, fewer students will pursue PhD, given the easy access to the title,

York University Child Clinical Students
Marked differences in training between the two degrees. PhDs see more complex presentations for assessment and therapy, scientist/practitioner orientation, quality of supervision,

York University Clinical Developmental Faculty
Support ACPRO and 2013 motion. NO clinical training at the MA. CPO assesses for minimal standards. PhD training reaches far beyond this standard. Wrong to have MA students, who were dropped from the PhD program because they were not demonstrating acceptable clinical judgment, now become "Psychologists." CPO was once worked towards all provinces accepting the PhD standard for the title of psychologist. Public will be no further ahead with two routes to one title.

Durham Catholic District School Board
Public don't understand the difference in the two titles. Important that they are registered and allowed to do the same things. Therefore, one title is ok.

London Catholic District School Board
It is definitely not in the best interests of the public as the two degrees represent different skill sets and training. Current system is good for planning and hiring to meet different needs within the board.

Kenora Catholic District School Board
Two contradictory statements: both MA and PhD are registered so it is good to have one title, yet there should be titles that differentiate between different kinds of training.

Action Item Executive Committee
To bring *Policy I – 10: Authority to Speak on Behalf of the College* to the Executive Committee for further discussion.

.03d *By-law 5: Selection of Committee Chairs and Committee Members and By-law 21: Committee Composition*

At the June 22, 2018 meeting of Council, amendments to *By-law 5: Selection of Committee Chairs and Committee Members* and *By-Law 21: Committee Composition* were approved for circulation to the membership, for the required 60 days. The consultation was distributed on July 4, 2018 and a reminder published in the July 2018 e-Bulletin. The deadline for responses was September 4, 2018. The consultation was sent to 4383 people. The College received 7 responses.

The Council reviewed and discussed the responses which, for the most part, were positive.

The Executive Committee reviewed the feedback at their meeting in August and suggested a change to *By-law 5: Selection of Committee Chairs and Committee Members* which would require the Registration Committee to have co-Chairs instead of a Vice-Chair. The Executive recommended that the revised section 5.6 read:

> 5.6 a. Each Committee will have a Chair and each Statutory Committee will have a Vice-Chair, one of whom is a Council member; with the exception of the Registration Committee which will have Co-Chairs sharing the duties outlined in this policy.

It was MOVED Grand
That the amendments to *By-law 5: Selection of Committee Chairs and Committee Members* and *By-law 21: Committee Composition* be approved. **CARRIED**

Action Item Staff
To amend *By-law 5: Selection of Committee Chairs and Committee Members* and *By-law 21: Committee Composition*

.03e Shaping the Future

For many months, the College Council have been discussing the issue that has come to be known as *Shaping the Future* and whether there was a need to reconsider the decision taken by a previous Council. *Shaping the Future* refers to the direction approved by Council in the motion of March 22, 2013 to:

> Discontinue master's level registration, grandparent Psychological Associates as Psychologists and develop a mechanism for evaluating internationally trained applicants.
> a. Cease to accept master's level applications as of a set date
> b. Register all Psychological Associates as Psychologists on a fixed date, or within a fixed time period.
> c. Develop a mechanism for evaluating internationally trained applicants' competencies for substantial similarity to a CPA accredited program and remediation as needed.

The Registrar provided a Briefing Note to assist Council in understanding the options available. To facilitate a final outcome, the Executive proposed that Council undertake decision-making in a sequential, stepwise fashion. A chart entitled *Shaping the Future – Decision-Making Chart* was provided to Council providing a visual map of the 3 decision-making points.

The first decision for Council consideration was whether to *Rescind* or *Reaffirm* the motion of March 2013 currently in place. The *Decision-Making Chart* noted that if Council were to rescind the motion they could then choose not to do anything further. That is, continue the current registration processes. It was noted that there has been no response from the Ministry of Health and Long-Term Care (MOHLTC) with regards to a Briefing Note sent to them for comment in 2016 regarding the proposed changes outlined in the March 2013 motion.

The Registrar explained that if the Council voted to reaffirm the March 2013 motion, this would provide College staff with direction to continue in its efforts with the MOHLTC on implementing that decision. Council discussed that the landscape of the profession had changed since 2013 and queried whether it was still relevant to move forward with closing a class of registration in Ontario. It was noted that if Council decided to move forward with closing the Masters level class of registration, this would not result in eliminating Masters level practitioners in Ontario as, under the Agreement on Internal Trade, the College would be required to register Masters level practitioners from other provinces. Regardless of what decision the Council makes in this regard, the College would still have to determine how internationally trained candidates would be evaluated for registration.

Public members expressed appreciation for the continued discussion and commented that they feel more informed to make a decision on these issues. In terms of public interest and protection it was the view of some that closing a class of registration would result in fewer qualified regulated psychology practitioners in Ontario at a time where the demand for services is high.

Concern was expressed that continued registration at the Masters level results in lesser trained practitioners and that it may be viewed as a quick route to registration. In discussing the required four years of post-Masters supervised practice, it was noted that this cannot be taken as equivalent to the experience gained through the doctoral practicum and internship. In discussing the academic level for entry into the profession, it was noted that the educational degree requirements only set out the minimum requirement for entry level practitioners. It was noted that the College has been registering Masters level practitioners for approximately 25 years with the same scope of practice as doctoral level practitioners. While it was recognized that the training received was not equivalent, both practitioners with a Masters degree plus four years and their doctoral trained counterparts both were able to meet the College standards for initial registration.

It was MOVED DiZazzo
That the motion taken by Council on March 22, 2013 be rescinded.

9 In Favour
4 Opposed
CARRIED
Grand Opposed
Milovan Opposed
Keyes Opposed

Having rescinded the motion taken on March 22, 2013, Council considered whether to maintain or amend the current registration/title process. Council discussed that in continuing with Masters level registration, the College could undertake a review of the current process to examine where there may be room for improvement. It was noted for example, that the four years of post-Masters supervised experience could be more closely aligned with and monitored by the College.

It was MOVED Cotton
That the College amend its current registration/title process.

10 In Favour
3 Opposed
CARRIED
Grand Opposed

Having decided to amend the current registration/title process, Council considered the nature of this change and considered the implications of granting the title *Psychologist* to those currently registered as *Psychological Associates.* In response to a question, the Registrar noted that any change to the current use of titles would require extensive consultation and would not be something that could come into effect immediately. The College would need to explore the way in which this could be done and what authority the College would have to make this title change. The next steps would include discussions with the MOHLTC on the most appropriate avenues to investigate in implementing a change.

As part of the discussion, Council noted that as a result of the AIT, Masters level psychologists from other Canadian jurisdictions are being registered in Ontario as psychologists and that a number of Ontario registered psychological associates are using the AIT to gain access to the title in Ontario. The issue of public misunderstanding regarding the two titles was noted. With regard to the public interest and public understanding, the view was expressed that since psychologists and psychological associates have both qualified to practice in Ontario with the same scope of practice, one title should describe all psychological practitioners.

It was MOVED Cotton
That the College continue registration of individuals with a Masters degree plus 4 years of supervised experience but grant them the title of *Psychologist* and investigate a mechanism to accomplish this.

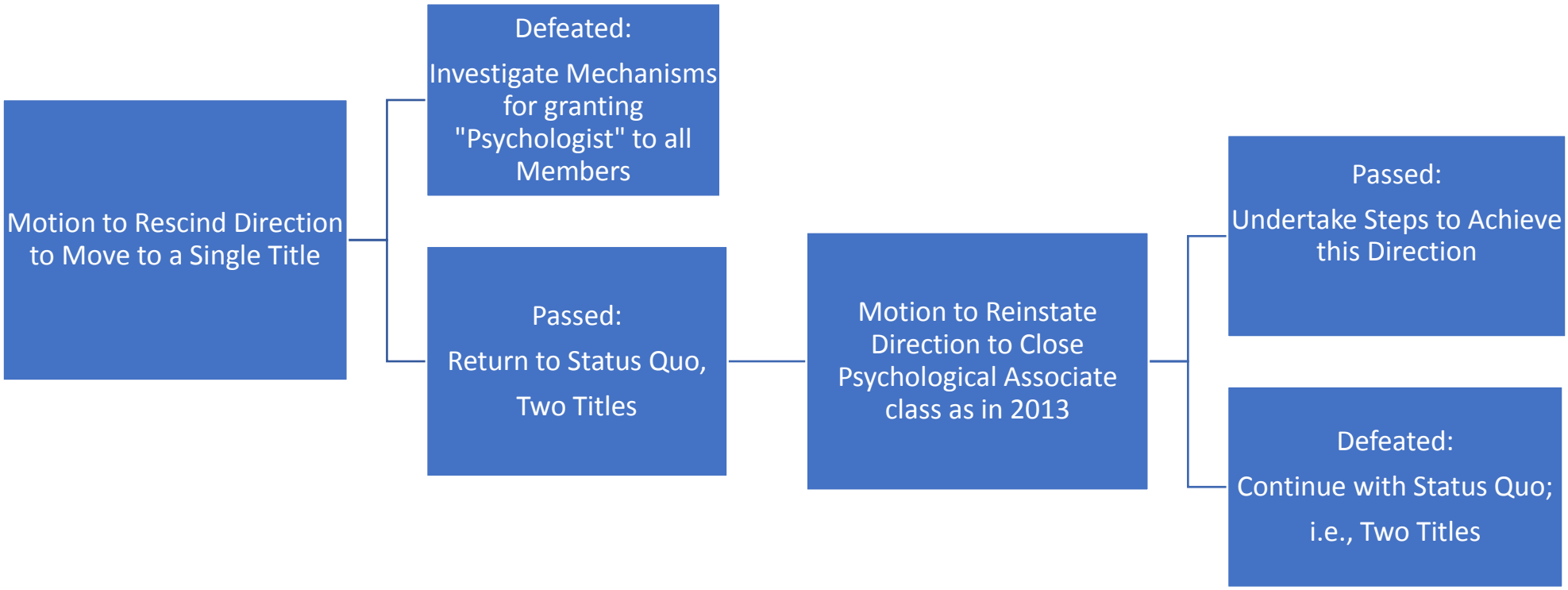
9 In Favour
4 Opposed
CARRIED
Grand Opposed
Milovan Opposed

.03f EPPP Discussion with ASPPB Representatives

In October 2017, the Association of State and Provincial Psychology Boards (ASPPB) announced that, beginning in January 2020, jurisdictions will be required to use both the current EPPP and the enhanced, competency examination, known as the EPPP2. This would preclude the College from continuing to use the current EPPP unless it also incorporated the new examination into its registration process. The College had undertaken numerous discussions regarding the implications of this for the registration process.

Use of Title Discussion Process for Council

September 27, 2019



Action Item Staff
To update the College *By-Laws* to include the amendments to *By-Law 18: Fees*.

.03b *Policy II-10(i): Jurisprudence and Ethics Examination Committee: Terms of Reference/Role*

Over a year ago, the Nominations and Leadership Development Committee reviewed the Terms of Reference/Role for all Committees. At that time, it made a number of recommended changes regarding that of the Jurisprudence and Ethics Examination Committee. Several changes were to make it consistent with other Committee Terms or Reference/Role such as the removal of a "Background" section while others were updated to reflect the Committee's practice. The Council reviewed and discussed the proposed amendments.

It was MOVED Minnes
That the amended *Policy II-10(i) Jurisprudence and Ethics Examination Committee: Terms of Reference/Role* be approved. CARRIED

Action Item Staff
To amend *Policy II-10(i) Jurisprudence and Ethics Examination Committee: Terms of Reference/Role* in the *College's Policies and Procedure Manual.*

.03c Use of Title *Psychologist*

For the past year, Council has been discussing decisions taken at the September 21, 2018 meeting regarding two matters: closure of the Psychological Associate class of registration as approved in March 2013; and, continued Master's level registration but granting these members use of the title *Psychologist.* Following a member and stakeholder consultation undertaken in February 2019 Council made some final decisions with respect to the College position on these matters.

To assist Council in its deliberations, Council received a summary of responses from the consultation and the section of the approved minutes from the meeting of September 21, 2018 which provided a summary of the discussion undertaken by Council in arriving at its decisions. As well, Council was provided with a flowchart entitled "Use of Title Decision Process for Council" to assist in following the process to be undertaken in discussing this matter.

The first matter for Council consideration was to reaffirm or rescind the September 2018 decision to continue registration of individuals with a Master's degree plus 4 years of supervised experience and to grant them the title of *Psychologist*. In reviewing these issues Council was reminded that their decisions were to be made in the interest of the public and that the quantitative data from the consultation should not be viewed as a vote by the membership.

Council discussed what led to the September 2018 decision to grant the use of title *psychologist* to all psychological practitioners. One of these reasons was the single scope of practice for all members of the profession. That is, members with a Master's degree have the same scope of practice and access to the same authorized acts as their Doctoral colleagues. As well, all members must maintain the same professional responsibilities and accountability and are held to the same professional standards. After any candidate has successfully completed the year of College authorized supervised practice, the EPPP, JEE and the Oral Examination, they have satisfied the College requirements to practice autonomously

regardless of their educational entry. It was reasoned that having two titles may lead to misunderstanding of the public as could imply that there are two professions.

It was also noted, that as a result of the Canadian Free Trade Agreement (CFTA), formerly the AIT, Master's level psychologists from other Canadian jurisdictions are being registered in Ontario as psychologists and that a number of Ontario registered psychological associates are using CFTA to gain access to the title in Ontario, leading to further public confusion.

Council discussed the obligation to revisit this decision considering the breadth and depth of the consultation responses. Council noted the differences in training between a Doctoral program and a Master's program. It was stated that the entry level for Master's level practitioners is not as fulsome as those who have completed a Doctorate. There is a rigorous accreditation process for Doctoral programs but there is nothing equivalent to this process for a Master's program. It was reasoned that since the training is not equivalent, they should not share a single title as it would misrepresent a member's qualifications to the public.

It was MOVED Philips
That the motion of September 21, 2018 that the College continue registration of individuals with a Master's degree plus 4 years of supervised experience and grant them the title of *Psychologist* and investigate a mechanism to accomplish this be rescinded. CARRIED

The following asked to have their vote recorded:

IN FAVOUR	OPPOSED
Keyes	Goebelle
Isbitsky	Hussain
Milovan	Currie
Towers	Cohen
Grand	Middleton
Phillip	DiZazzo
Minnes	
Ricciardi	

Having rescinded the September 2018 motion, the Council decided to revisit the decision to rescind the March 2013 motion which directed the College to move toward only registering candidates with a Doctoral degree.

In 2013, the motion that was passed combined both discontinuing Master's level registration and, as part of the implementation of this, granting the title of *psychologist* to all practitioners. After discussion, Council decided that they wanted to address these issues separately and first discussed the issue of discontinuing Master's level registration. The Council discussed that the College currently sets the minimum requirements for registration to the profession and to ensure public protection the College should be striving for excellence by setting the highest standards. The public puts trust in the College to register qualified practitioners. It was reasoned by some that because Doctoral training is more rigorous it results in more competent practitioners. This would be in line with the national movement towards a Doctoral standard.

In response to a question, it was explained that Master's level psychology programs are designed as a progression with the expectation that those within these graduate programs will continue on to complete a Doctorate. As a result, many candidates who exit this stream and continue to as Master's level registrants are not fully prepared for practice. This often requires the Registration Committee to assign retraining plans for them to meet the requirements.

One concern raised related to the number of available practitioners. If Master's level entry to the profession is closed this could result in fewer practitioners in Ontario at a time when mental health services are needed. This could have the most impact in rural areas and in Northern Ontario.

Council inquired as to the reason for the delay in implementing the decision to discontinue Master's level registration made in 2013. It was explained that a decision was made to seek informal consultation with the various Ministries potentially effected before undertaking the labour intensive work required in submitting a formal regulation amendment. A Briefing Note was provided to the Ministry of Health for use in discussing this matter. While the College followed up regularly on the status of the proposal, little information was forthcoming with respect to its merits and concerns.

There was also discussion regarding the timeline for implementation. It was noted that it would be very difficult to predict how long it would take to have such a regulation amendment approved after submission. It would be important in planning for the transition to ensure that no one was disadvantaged or unable to complete their registration should they have embarked on the path to becoming a Psychological Associate prior to proclamation.

Initially, the Council considered a complex motion similar to the one passed in March 2013. This motion would discontinue Master's level registration as of a set date, grandparent currently registered Psychological Associates as Psychologists on a fixed date, or within a fixed time period; and, develop a mechanism for evaluating internationally trained applicants' competencies for substantial similarity to a CPA accredited program and remediation as needed.

After some discussion it was decided to split the motion into two parts.

It was MOVED DiZazzo
That the College pursue amendments to O.Reg. 74/15 - Registration under the *Psychology Act, 1991* to discontinue Master's level registration. CARRIED

After making the decision to pursue amendments to discontinue Master's level registration, the Council discussed granting the title *Psychologist* to all Psychological Associates at the time that the class was closed.

It was MOVED DiZazzo
That, as of closure of the Master's level registration, all existing *Psychological Associates* be grandparented with the title *Psychologist*. CARRIED

Action Item College
To pursue amendments to O.Reg. 74/15 - Registration under the *Psychology Act, 1991* to discontinue Master's level registration and at that time, grant the title *Psychologist* to all existing *Psychological Associates*.

ONTARIO ASSOCIATION OF MENTAL HEALTH PROFESSIONALS
164 Eglinton Ave. E, Suite 208, Toronto ON M4P 1G4
416-298-7333 ext. 202
oamhp.ca

Date: November 28, 2025

To: The College of Psychologists and Behaviour Analysts of Ontario (CPBAO)
Attention: Council Members

Re: Strong Support for Proposed Regulatory Modernization Changes

Dear Members of the CPBAO Council,

On behalf of the Board of Directors and membership of the Ontario Association of Mental Health Professionals (OAMHP), I am writing to express our unequivocal support for the proposed amendments to Ontario Regulation 193/23 regarding registration requirements for psychologists and psychological associates in Ontario.

The Ontario Association of Mental Health Professionals represents a broad spectrum of regulated mental health practitioners committed to accessible, high-quality care for all Ontarians. Since 2019, the Ontario Association of Psychological Associates has been part of the OAMHP, enabling the organization to speak with authority on behalf of master's-educated psychologists and to advocate for their essential role in meeting Ontario's mental health needs.

OAMHP has carefully reviewed the proposed changes approved by Council on September 26, 2025, and we believe these modifications represent a necessary, evidence-based, and long-overdue modernization of Ontario's regulatory framework.

Addressing Ontario's Critical Needs

The current mental health crisis in Ontario demands immediate and pragmatic solutions. With wait times for community mental health counselling reaching four months or more for one in ten Canadians, and intensive treatment wait times for children and youth extending to 105 days as of 2023/24, the status quo is simply untenable. Ontarians are suffering while they wait for access to qualified psychological services.

Ontario currently has approximately 1,600 mental health and substance use practitioners per 100,000 residents, fewer than many other provinces. This shortage is not due to a lack of qualified professionals; rather, it stems from unnecessary regulatory barriers that drive competent master's-level graduates out of Ontario to jurisdictions where their skills are properly recognized and valued.

The proposed changes directly address these barriers by aligning Ontario's requirements with those of other Canadian and international jurisdictions, eliminating the unnecessary four-year period of unevaluated supervised work experience that currently delays qualified professionals from serving Ontarians who desperately need their care.

Long-Overdue Regulatory Modernization

These proposed changes are not experimental; they are long overdue. Master's-level psychologists have been providing competent, effective, and safe psychological services in Alberta, Saskatchewan, the Northwest Territories, and the Yukon for years, with only one year of supervised practice required. The empirical evidence is clear: psychologists with master's degrees are competent professionals who deliver high-quality care.

In 2006, the Health Professions Regulatory Advisory Council affirmed to the Ontario government that Psychological Associates were full members of the College, practising under the same scope.[1] As full members for decades, they have effectively demonstrated their competency.

Ontario's current requirements create an arbitrary distinction that is not supported by evidence of improved patient outcomes or safety. Rather, these requirements create unnecessary delays, drive qualified professionals to other provinces, and conflict with national labour mobility principles and free trade agreements to which Ontario is bound.

The proposed changes represent regulatory modernization that recognizes the competency of master's-level graduates while maintaining rigorous standards through appropriate supervised practice, examinations, and ongoing professional accountability.

Alignment with Provincial and Federal Mandates

Canada's interprovincial labour mobility framework, established through the Canadian Free Trade Agreement (CFTA), is designed to ensure that qualified professionals can work across provincial boundaries without facing arbitrary barriers. Currently, a clinical psychology master's graduate must choose between remaining in Ontario and facing years of additional unevaluated

work experience or moving to another province where their qualifications are immediately recognized.

This situation is untenable and directly contradicts the spirit and intent of the CFTA. The proposed changes align Ontario with national standards and support the legitimate mobility rights of qualified professionals. This is not about lowering standards nor any case of "racing to the bottom". It is about removing barriers that serve no evidence-based purpose and that actively harm both professionals and the public they serve.

Provincial health ministers across Canada have recognized the importance of professional mobility in addressing healthcare workforce shortages. Ontario's proposed changes demonstrate leadership in implementing these principles in a practical, measured way that serves the public interest.

Refuting Unfounded Claims of Patient Risk

We must directly address some misleading statements circulating in the public, which suggest that these changes create risks to patients and will cause public confusion. These claims are false and are contradicted by decades of evidence from other jurisdictions.

The evidence demonstrates:

1. **Master's-level psychologists provide safe, effective care.** Jurisdictions that currently license master's-level psychologists have not experienced the catastrophic patient safety concerns that opponents predict. The suggestion that master's-level graduates cannot distinguish ADHD from PTSD, or depression from dementia, insults the competence of these well-trained professionals and ignores the reality of their education, supervised practice, and ongoing professional development.[2,3]

2. **Public confusion is minimized, not created.** The proposed changes include clear professional titles and registration categories that will help the public understand practitioner qualifications. In contrast, the current system creates genuine confusion by forcing highly qualified master's-level practitioners to work under restrictive titles or leave the province entirely, while allowing those same professionals to practice as full psychologists immediately upon crossing provincial borders.[4,5]

3. **Rigorous competency assessment remains in place.** The proposed changes do not eliminate competency requirements. Applicants will still be required to demonstrate appropriate knowledge, skills, and professional judgment through supervised practice

and assessment. The changes simply remove arbitrary time-based barriers that do not correlate with competency.[6,7,8]

4. **Vulnerable populations benefit from increased access.** Claims that vulnerable populations will be harmed by these changes ignore the very real harm caused by the current shortage of psychological services. Children waiting 105 days for intensive mental health treatment, adults waiting months for community counselling, and individuals in crisis unable to access timely care—these are the true victims of maintaining unnecessary barriers to practice.[9,10,11]

The suggestion that maintaining current, unnecessary barriers to practice protects the public is a false dichotomy. The real choice is between timely access to competent, regulated professionals versus continued delays, deteriorating mental health, and tragic outcomes for those who cannot access care when they need it most.

A Patient-First Approach

The OAMHP firmly believes that these proposed changes represent a genuinely patient-first approach to regulatory modernization. By removing barriers that serve no evidence-based purpose, the CPBAO is taking responsible action to:

- Increase access to qualified psychological services for all Ontarians
- Align Ontario with national standards and labour mobility agreements
- Retain qualified professionals who would otherwise leave the province
- Reduce wait times for psychological assessment and treatment
- Maintain rigorous competency standards while eliminating unnecessary delays

We support the CPBAO Council in approving these recommendations and moving forward with implementation in a timely manner.

Conclusion

The OAMHP stands firmly in support of the proposed regulatory changes. These modifications represent evidence-based policy that serves the public interest, respects the competency of qualified professionals, and positions Ontario as a leader in addressing mental health workforce challenges.

We are confident that these changes will increase access to high-quality psychological services while maintaining the rigorous professional standards that protect the public.

We encourage the CPBAO to proceed with these changes expeditiously and to continue its leadership in regulatory modernization. The OAMHP stands ready to support this important work and to collaborate with the CPBAO in ensuring successful implementation.

Thank you for your consideration of our position. Please do not hesitate to contact OAMHP Executive Director Maryann Istiloglu at 416-298-7333 ext. 202 or executive-director@oamhp.ca should you require any additional information or clarification.

Respectfully submitted,

Kristine Lake, Psychologist
Board Member, OAMHP

Katharine De Santos, MA, RP
President, OAMHP

Maryann Istiloglu (she/her)
Executive Director, OAMHP
164 Eglinton Ave. E, Suite 208, Toronto ON M4P 1G4
416-298-7333 ext. 202

[1] Health Professions Regulatory Advisory Council. *A Report to the Minister of Health and Long-Term Care on the Use of Titles in the Profession of Psychology*. November 2006.

[2] Canadian Psychological Association. *Regulation of Psychology in Canada* — overview of provincial licensing routes, public-protection mandate, and recognition of master's-level routes in multiple jurisdictions. (Canadian Psychology Association)

[3] College of Psychologists and Behaviour Analysts of Ontario (CPBAO). *Registration Requirements for Psychological Associates* — master's-level entry route including supervised practice and exams.

[4] CPBAO. *Council Materials / Registration Discussions* — acknowledges public confusion created by the "Psychological Associate" title and inconsistencies across provinces.

[5] Ontario/Canadian mobility frameworks and CPA mobility summaries — document master's-level practitioners recognized as "Psychologists" in other provinces but restricted in Ontario.

[6] Walsh, L. M., et al. (2018). *Meta-analysis of therapist experience and outcomes* — demonstrates that years of experience have limited correlation with treatment effectiveness.

[7] Canadian Psychological Association. *Education and Training of Psychologists in Canada* — explains competency-based licensure, supervised practice, and examination requirements.

[8] Boswell, J. F., Sharpless, B., Greenberg, L. S., et al. *Predictors of Performance on the EPPP* — shows competence is assessed through standardized exams, not time spent in training.

[9]Office of the Auditor General of Ontario (2025). *Value-for-Money Audit: Child and Youth Mental Health* — 105-day average wait for intensive treatment.

[10] Children's Mental Health Ontario (CMHO). *28,000 children waiting for services*; wait-times up to 2.5 years for some programs.

[11] Canadian Institute for Health Information (CIHI). *Access to Community Mental Health Counselling* — 1 in 10 Canadians waiting 131+ days for community mental-health care.

ADLER
Adler Graduate Professional School

November 28, 2025

To: The Honourable Sylvia Jones
Minister of Health & Deputy Premier
Ministry of Health

Re: Submission on CPBAO's Proposed Registration Modernization Amendments

Dear Minister Jones,

On behalf of Adler Graduate Professional School (AGPS), I am writing in support of the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) and its proposed registration modernization initiative. This proposal shifts toward a competency-based model that expands access while maintaining quality. We support three elements of the proposal:

- Recognize Council-approved programs as a pathway to registration alongside existing accreditation models.
- Eliminate rigid requirements, such as fixed four-year minimums.
- Align registration titles with actual training and demonstrated competencies to acknowledge master's-level psychologists and improve access to care.

Our Institutional Impact

Adler Graduate Professional School (AGPS) is a private, Canadian-owned institution recognized by the Ministry of Colleges, Universities, Research Excellence and Security. In 2011, we launched Ontario's first and only practice-focused Master of Psychology (MPsy) program to meet CPBAO and CRPO registration requirements.

Over 370 MPsy students have graduated from AGPS, with 70 holding registration with the CPBAO as Psych Associates (Supervised or Autonomous Practice) or as Psychologists. Close to half of the individuals newly registered for autonomous practice as Psych Associates since April 2025 are AGPS graduates, reflecting the strength of their preparation and their significant contribution to Ontario's regulated mental health workforce.

Our Doctor of Psychology (PsyD) program, the first and only practice-oriented doctoral degree in Ontario, builds on this foundation. Launched in 2022, it currently enrolls 42 students across its three-year curriculum and graduated its first cohort of eight in October 2025. These graduates are prepared to take on advanced clinical, supervisory, and leadership roles in hospitals, community agencies, and private practice.

As a social enterprise, AGPS reinvests its surpluses into accessible practicum training, financial aid, student supports, and innovations aligned with provincial workforce needs. Despite our impact and alignment with public priorities, our corporate structure often excludes us from formal policy discussions. We welcome the opportunity to share our evidence and experience

so that Ministry decisions reflect the full range of Ontario institutions contributing to mental health service delivery. The success of AGPS programs demonstrates the value of competency-based, practice-focused training as a sustainable model for expanding Ontario's mental health workforce.

Supporting Point 1: Introducing Council-Approved Programs

Ontario's reliance on Canadian Psychological Association (CPA) accreditation as the primary pathway to registration places a disproportionate burden on AGPS graduates. Because our programs cannot access CPA accreditation, applicants must undergo a full individual assessment by the CPBAO. This case-by-case review is time-consuming, costly, and unpredictable, slowing workforce entry for qualified graduates and reducing access to needed mental health services.

Although AGPS meets CPA academic expectations, its for-profit structure makes CPA accreditation impossible. In contrast, the American Psychological Association accredits programs regardless of organizational model, allowing United States institutions to serve Canadian students who transition smoothly into Ontario's licensure system. This creates a regulatory gap in which foreign and out-of-province programs and their students have clearer pathways to recognition than Ontario-based institutions offering equivalent training.

This challenge reflects a deeper issue. The CPA framework recognizes only doctoral-level programs, even though the Psych Associate designation has existed in Ontario for more than three decades. Throughout that time, no accreditation model has been developed to support master's-level psychology education. AGPS assumed this responsibility in 2011 when it launched Ontario's first practice-focused MPsy program, operating for years without certainty that graduates would be formally recognized. This is not a sustainable or equitable way to build Ontario's mental health workforce.

A key part of the challenge is the distinction between professional associations and regulatory bodies. The CPA mandate is to advance the profession, while the CPBAO mandate is public protection. As the regulator, CPBAO is responsible for evaluating competence, supervising entry to practice, and monitoring conduct. A Council-approved model aligns with its statutory mandate by focusing on demonstrated competence rather than affiliation with a particular professional association.

Models used in other Ontario health professions, such as nursing, show that regulator-led approval processes are feasible and effective. Regulators set the competencies, programs demonstrate compliance, and professional associations play advisory rather than gatekeeping roles. CPBAO is similarly positioned to oversee program recognition in a way that reflects its public protection mandate.

Recognizing Council-approved programs would reduce unnecessary appeals, create predictable pathways for domestic and international candidates, and expand Ontario's capacity to develop and retain a diverse mental health workforce.

Supporting Point 2: Removing Rigid Training Duration Requirements

The current structure of the post-master's supervised experience requirement effectively delays entry into the profession for qualified graduates. Although well-intentioned, its implementation creates a multi-year gap between graduation and eligibility for registration.

Supervision must be completed under a registered psychologist, yet paid opportunities are limited. Many employers cannot fund supervision within existing budgets, leaving graduates to arrange and pay for supervision privately. Fees commonly range from 150 to 250 dollars per hour, creating significant financial barriers for several years.

To maintain employment and continue developing their skills, many AGPS graduates register with the CRPO while working toward CPBAO eligibility. More than half of AGPS MPsy graduates hold CRPO registration in the early post-graduate period, and among those who later register with the CPBAO, 61 percent have held dual credentials. This dual pathway reflects the structural challenges of the current system rather than a natural training progression.

Time, while easy to measure, is not a reliable indicator of competence. Many AGPS students and recent graduates consistently report that the quality of supervision they receive is one of the strongest determinants of their perceived readiness to use a range of clinical interventions. The quality and structure of supervision varies considerably across Ontario employers, which means that the current system already produces uneven experiences and outcomes.

All AGPS MPsy students complete 900 hours of supervised clinical practice during their degree, overseen by the Director of Clinical Training to ensure quality and ethical practice. This exceeds the requirements of most other master's programs leading to Psych Associate registration, which vary widely in supervision amount and depth. Yet the current model treats all graduates as if they begin with identical preparation.

If institutions attempted to address this gap by offering additional structured supervision with institutional oversight, those hours would still not count toward the four-year requirement, extending training unnecessarily and delaying entry into the workforce.

The model also fails to acknowledge the extensive clinical experience that many AGPS students bring from prior regulated professions such as social work, psychotherapy, and nursing. Requiring them to repeat competencies they already exercise safely and competently duplicates effort and delays access to services that Ontario needs.

The portion of the psychologist's scope that is truly distinct from psychotherapy, specifically formal assessment and diagnosis, requires structured, targeted supervision and sufficient case exposure, but not necessarily a fixed four-year duration. For clinicians with strong foundational skills, the learning curve for these competencies is significantly shorter.

These delays also disrupt continuity of care. As graduates move between CRPO registration, supervised practice pathways, and later CPBAO eligibility, clients may lose insurance coverage or face confusion over provider status even though the practitioner and services remain the same.

A competency-based model would preserve oversight while creating a transparent pathway that reflects actual readiness, recognizes prior experience, and allows qualified practitioners to enter the workforce sooner.

Supporting Point 3: Aligning Titles with Training and Competencies

Ontario's restriction of the psychologist title to doctoral graduates creates confusion and inequity. In provinces where master's-level psychologists are fully licensed, such as Alberta, Saskatchewan, and Nova Scotia, or where PsyD and PhD holders are recognized equally, such as Quebec, mobility into Ontario is straightforward. Ontario-trained practitioners, however, must complete costly individual assessments with no program-level recognition.

AGPS has spoken to tens of thousands of prospective students across Ontario. Many believe no master's-level route to psychology exists and report being told that only a research-based doctorate leads to practice. This misunderstanding reflects a system shaped by university culture and by the CPA doctoral-only accreditation model rather than the reality.

Mobility patterns also highlight the limitations of the current model. Many Ontario-trained clinicians leave the province to secure the psychologist title and later return under national mobility provisions. Ontario trains clinicians, loses them for credentialing, and reimports them at a cost to graduates and the system. This does not support workforce planning or efficient regulation.

Public concern has also been shaped by misinformation and the influence of professional organizations with vested interests in maintaining the current doctoral-centric model. Many members of the public do not understand the complexity of Ontario's regulatory system, its historical context, or the long-standing existence of master's-level psychological practice. Much of the current commentary assumes the proposed changes introduce something new, when in fact they formalize and structure pathways that have existed safely for decades. A competency-based framework brings clarity and transparency to an already established part of the system rather than lowering standards or expanding risk.

A competency-based model that aligns titles with demonstrated abilities would reduce confusion, improve continuity of care, and help Ontario retain the practitioners it educates.

Responding to Common Concerns

Some recent commentary from professional associations has raised concerns that modernization will lower standards or jeopardize public safety. These views deserve consideration, but they reflect the role of professional associations, which exist to advance

member interests. The Ontario Psychological Association's (OPA) public statements align with this advocacy role and with a long-standing interest in maintaining the existing credential structure.

Some commentary has portrayed modernization as a rushed or Ministry-driven response. This overlooks the fact that many of the current access and workforce issues arise from long-standing advocacy positions taken by CPA and OPA, including maintaining a doctoral-only accreditation model and resisting recognition of master's-level training despite decades of safe practice in Ontario. These structural decisions helped create the shortages and barriers we now face. The CPBAO proposal is a considered response to these long-standing pressures, not a sudden or externally imposed shift.

As the regulator, CPBAO's mandate is public protection. Its responsibility under the Regulated Health Professions Act is to ensure competence and safe practice, not to preserve professional hierarchies. Modernization should therefore be evaluated based on evidence, not on concerns tied to market position or professional competition. Any potential risks identified should be taken seriously and addressed directly, but they should not be used to prevent thoughtful and necessary progress.

AGPS brings an additional perspective. We developed Ontario's only practice-oriented PsyD program and understand the significant resources, infrastructure, and clinical placement capacity required. Despite demand, no other Ontario institution has established such a program, even those without the CPA accreditation barriers that we faced. This reflects the realities of clinical placement shortages, doctoral program cost, and the long timelines required for program development. Calls to expand PsyD programs as the primary workforce solution overlook these constraints.

Some critiques also rely heavily on EPPP pass rates and doctoral accreditation as the primary markers of competence. These measures do not capture clinical outcomes, the long-standing safety record of Ontario's Psych Associates, or the effectiveness of competency-based supervision. They also conflate professional advocacy with regulatory oversight by focusing on the CPA rather than on the CPBAO responsibility to assess competence directly.

A Council-approved model grounded in clear standards and transparent evaluation can maintain high safety expectations while creating a more consistent and equitable pathway for Ontario-trained and internationally educated applicants.

Our Position

We acknowledge that some institutions may view these changes as competitive threats. However, increased competition incentivizes quality, innovation, and responsiveness, ultimately benefiting both practitioners and the public.

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We support these changes because they are in the public interest. Faster, clearer pathways to registration will help qualified practitioners enter the workforce more efficiently, improve access to psychological services, and reduce unnecessary administrative barriers. As the first institution in Ontario to develop and deliver a practice-focused MPsy program, and now the only school offering a practice-oriented PsyD, AGPS will be directly affected by any shift in the regulatory model. If our priority were institutional protection, it would be easier to oppose changes that increase competition and broaden access. Instead, we support modernization because it aligns with our longstanding mission of preparing empathetic, ethical, and effective mental health professionals who contribute meaningfully to the communities they serve.

We offer these comments as educators and practitioners who see the consequences of the current system every day. Our goal is to support a regulatory framework that reflects Ontario's needs, strengthens competence and transparency, and allows qualified clinicians to serve the public without unnecessary delay.

This submission reflects the perspective of AGPS leadership and owners, based on our direct experience delivering psychology education and training in Ontario since 1978. It is not intended to represent the views of all faculty, staff, students, or alumni, who may hold diverse perspectives on the proposed changes.

Sincerely,

Chantal Hollander, MGM
Chief Executive Officer
chollander@adler.ca | 416-923-4419 ext. 288

AACN
American Academy of Clinical Neuropsychology

2112 Broadway St NE, Ste 225 #259
Minneapolis, MN 55413
Phone: (734) 936-8269 • Fax: (734) 936-9761 • https://theaacn.org/

11/9/25

College of Psychologists and Behaviour Analysts of Ontario (CPBAO)

Dear CPBAO Members,

Subject: Feedback and Concerns Regarding Competency, Training Standards, and Scope of Practice for Neuropsychology

I am writing on behalf of the American Academy of Clinical Neuropsychology (AACN) to express our significant concerns regarding the CPBAO's June 2025 vote to redefine psychology's client groups and practice areas into "Health Service" and "Industrial/Organizational (I/O)," thus eliminating the specific practice area of neuropsychology. This action will shift regulation of practice competency to self-evaluation and consumer complaints rather than the current system of credential review. We are also concerned that in September 2025, the College Council approved a series of recommendations to amend the College's registration process. These amendments included but are not limited to:

• Registration as a psychologist based on a graduate degree (Masters or Doctoral) from Council-approved programs

• Removal of the minimum 4-year work experience requirement for candidates with a Master's degree

• Elimination of the Oral Examination

We are concerned that the actions taken by CPBAO significantly reduces training requirements and removes scopes of practice designations. Clinical neuropsychology is recognized in most Western countries as a doctoral-level specialty within the field of professional psychology. In most Western countries with established regulatory or professional frameworks (including the United States, *Canada,* and the United Kingdom) competence in clinical neuropsychology requires a doctoral degree (PhD or PsyD) in clinical psychology or a closely related discipline, accompanied by formal specialization in neuropsychology during or after the doctoral program. Training standards generally include extensive education in neuroscience, psychology, and psychometrics; supervised clinical experience in the assessment and treatment of individuals with neurological or neurocognitive disorders via practicum and internship; and completion of a formal postdoctoral residency or fellowship, typically two years in duration, devoted exclusively to neuropsychological practice and research.

Neuropsychology training standards are outlined in the Houston Conference Guidelines on Specialty Education and Training in Clinical Neuropsychology. These guidelines explicitly affirm that specialization in neuropsychology begins at the doctoral and postdoctoral levels of training. These guidelines were agreed upon by AACN, Division 40 (Society for Clinical Neuropsychology) of the American Psychological Association, the National Academy of Neuropsychology, the Association of Postdoctoral Programs in Clinical Neuropsychology, and the American Board of Clinical Neuropsychology

AACN
American Academy of Clinical Neuropsychology

2112 Broadway St NE, Ste 225 #259
Minneapolis, MN 55413
Phone: (734) 936-8269 • Fax: (734) 936-9761 • https://theaacn.org/

(ABCN). As a credentialing body, ABCN requires doctoral-level licensure before granting board certification, thereby reinforcing the profession's commitment to this standard in North America. In Europe and Australia, Master's-level clinicians must complete additional specialized training (sometimes requiring an additional specialized diploma in neuropsychology) as well as extensive supervision to practice neuropsychology independently.

Neuropsychological assessment involves the integration of complex data derived from medical, neurological, and psychological sources, requiring understanding of brain–behavior relationships, psychometrics, assessment of response validity, differential diagnosis, and treatment planning. Practitioners without advanced training in neuropsychology are not well-equipped to accurately distinguish neurologically based impairments from psychiatric or developmental conditions, interpret test results in the context of neuropathology and neuroimaging findings, or apply psychometric and normative principles appropriately in neuropsychological contexts. This increases the risk of faulty case conceptualization, misdiagnosis, improper treatment, inadequate educational planning, misguided rehabilitation plans, and flawed forensic conclusions. This can result in potentially serious consequences for patients, students, and other vulnerable individuals. For these reasons, we believe that independent practice in neuropsychology should remain restricted to those who have completed doctoral-level education and formal postdoctoral training in the specialty. In addition, neuropsychology should be retained as a practice area in Ontario. Neuropsychology is still developing in many areas of the world (e.g., Africa) with the inclusion of more and not fewer standards for practice as the profession matures within these communities.

In conclusion, while we appreciate the effort to enhance accessibility to psychological services, we urge the CPBAO to reconsider the breadth of the proposed scope of practice for master's-level providers. We encourage you to work collaboratively with the Canadian Psychological Association and the Ontario Psychological Association, who have proposed to you numerous short-term and long-term evidence-based solutions to increase patient access to psychological services without lowering practice standards.

Thank you for considering our feedback.

Sincerely,

Dominic A. Carone, PhD, ABPP-CN

President
American Academy of Clinical Neuropsychology

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November 5, 2025

To The Honourable Sylvia Jones:

Urgent: Protect Public Safety – Oppose CPBAO Deregulation of Psychology Standards

We are writing as a community-based rehabilitation and support program that provides services to individuals, families and caregivers throughout the Niagara region who are living with the effects of an acquired brain injury. We would like to express deep concern about proposed changes to psychologist registration standards by the College of Psychologists and Behaviour Analysts of Ontario (CPBAO).

We understand that these amendments would:

- Cut supervised clinical experience for trainees from 5000-7500 hours to just 1900 hours.
- Eliminate the oral examination that assesses clinical competency
- Replace the ethics / legislation exam with a no-fail module
- Allow unlimited attempts on the written knowledge exam (EPPP)
- Remove national accreditation requirements for training programs
- Allow psychologists to self-assess specialized competence without oversight

In our view, these changes threaten public safety, increase legal and financial risk for organizations, and undermine the quality and reputation of Ontario's health, education, and community systems. They directly contradict the College's mission to protect the public interest, and do not improve meaningful access to psychological care. Instead, these changes increase risk for our most vulnerable populations.

We urge the Ministry to halt these proposed changes and support reforms that expand access without sacrificing training, supervision, or safeguards for public protection.

Sincerely,

Frank Greco
CEO

Doug Kane
Board Chair

CANADIAN PSYCHOLOGICAL ASSOCIATION

SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

November 25, 2025

To: Members of the Board of Directors, College of Psychologists and Behaviour Analysts of Ontario (CPBAO)

The Canadian Psychological Association's Response to the Request for Comment by the College of Psychologists and Behaviour Analysts of Ontario Regarding Proposed Entry-to-Practice Changes for Psychologists and Psychological Associates

Executive Summary

The Canadian Psychological Association (CPA) strongly opposes the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) proposal to reduce entry-to-practice standards for psychologists and psychological associates. The CPA argues that the proposed changes – lowering educational requirements, shortening supervised practice, and removing key examinations – would undermine public protection, dilute professional competence, and fail to address the administrative and access issues raised by the Office of the Fairness Commissioner (OFC). The CPA calls for the CPBAO to withdraw their current proposal and undertake consultation and a documented risk analysis, publishing the evidence base and rationale for any proposed changes. The CPA also proposes the following possible solutions to address the OFC's concerns, with their rationale presented in the main body of this response.

Possible solutions:

- Convene a national summit of psychology regulators, educators, and associations to explore models of professional training and to chart a path to increased access to appropriate professional training in psychology and increased access to competent and safe psychological services for Canadians;
- Support internationally-trained applicants with licensure and/or respecialization by developing fair, transparent, competency-based pathways with clear options for bridging and supervised practice when necessary;
- Retain and modernize the jurisprudence and ethics examination and oral examination with format improvements;
- Maintain robust and evidence-informed supervised-practice requirements;
- Recognize accredited training by modifying post-registration supervised practice requirements for graduates of accredited programs;
- Invest in the creation and expansion of Doctor of Psychology (PsyD) programs, which can train doctoral level psychologists with the same emphasis on clinical skills and competence development more quickly than PhD programs due to a reduced focus on the production of original research;
- Improve funding for psychological services in hospitals, health centres, schools, correctional facilities, and the community;
- Improve remuneration and support for the use of full scopes of practice for psychologists in the public sector to attract and retain talent, improve access, and reduce wait times.

1101 promenade
Prince of Wales Drive
Suite #230
Ottawa, Ontario,
K2C 3W7
613.237.2144
1.888.472.0657

Email/Courriel:
cpa@cpa.ca
cpa.ca

About the CPA

The Canadian Psychological Association is the national voice for the science, practice and education of psychology in the service of the health and welfare of Canadians. The CPA is Canada's largest association for psychology and represents psychologists in public and private practice, university educators and researchers, as well as students. Psychologists are the country's largest group of regulated and specialized mental health providers, making our profession a key resource for the mental health treatment Canadians need.

Vision

The CPA envisions a society that values and applies psychological science for the benefit of persons, communities, organizations, and peoples.

Mission

We will serve the public and the CPA's membership by advancing psychological science, practice, and education through research, advocacy, and collaboration.

FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE AT CPA.CA

As the national association representing the science, practice, and education of psychology in Canada – whose membership includes registered psychologists and psychological associates in Ontario and across Canada – the Canadian Psychological Association (CPA) was concerned to learn of the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Council's recent decision to reduce training standards and examination requirements for psychologists and psychological associates in Ontario. While we recognize the College's desire to improve registration processes and to prepare for the implementation of interjurisdictional mobility initiatives, we do not agree that lowering entry-to-practice standards is the correct or responsible pathway to these goals. In our view, the measures being considered, such as eliminating the doctoral standard for entry to the psychologist title, shortening supervised practice for psychological associates, and removing jurisprudence, ethics, and oral examinations prior to autonomous practice, pose foreseeable risks to the public that outweigh any asserted administrative efficiencies or mobility benefits. Given the complexity and interconnectedness of the concerns raised by the Office of the Fairness Commissioner (OFC) and the Ontario Ministry of Health (OMH), we address each issue in turn, followed by a synthesis and suggested alternative courses of action.

Background

In addition to the communication of diagnoses and the controlled act of psychotherapy, the public, and health, education, justice, and social service systems rely upon broader psychological services requiring advanced competencies: evidence-based differential diagnosis for complex presentations, comprehensive psychometric assessment and neuropsychological evaluation, integrated case formulation and treatment planning, clinical supervision, program development and evaluation, and the integration of research evidence into practice. These competencies cannot be fully developed in a single year of post-degree supervision; they require structured training over multiple years involving rigorous supervision, deliberate practice, and exposure to diverse populations and settings (Meyer et al., 2001; Hunsley & Mash, 2007).

Alignment with CPBAO's Public-Protection Mandate

The CPA supports modernization that is evidence-based, proportionate to risk, and transparent. We recognize the OFC's observations about application complexity, variable interprovincial standards, and inequities in access to the profession. We also acknowledge the Government of Ontario's interest in interjurisdictional mobility. However, modernization must not sacrifice public protection, which is the primary statutory duty of regulatory colleges under the Regulated Health Professions Act, 1991 (RHPA). A regulator may pursue access and efficiency, but only insofar as these objectives do not compromise public safety and competence. This principle is echoed in Ontario's oversight guidance and the broader administrative law framework emphasizing statutory purpose. As described above, the scope of psychologists and psychological associates is much broader than the provision of psychotherapy, and the training for those providers should be commensurate with that scope. Put simply, the CPBAO's proposed approach will allow more providers to **call** themselves psychologists. However, if the goal is to increase the supply of adequately and **appropriately trained** psychologists, simply reducing the entry-to-practice standard will not achieve that goal, and will put the very public that they have a duty to protect at risk. Indeed, even with the current shortage of physicians and nurses

across the country, there have been no discussions about lowering the entry-to-practice standards for those professions, as it is understood that it would pose an undue risk to the public. Instead, the Government of Ontario has promised millions of dollars to increase physician and nurse training and funding, including in rural and northern regions of the province; a recognition of the need to **invest** in competent healthcare providers for Ontarians.

Lengthy and Complex Registration Processes, Inconsistent Entry-to-Practice Standards, and Labour Mobility

The OFC has identified lengthy and complex processes, as well as a higher volume of appeals in some pathways, as concerns. We agree that modernization is warranted. Yet the measures adopted by the CPBAO are extreme relative to the issues identified. For example, the doctoral pathway in Ontario appears to function efficiently and with few appeals, whereas there are a greater number of appeals related to psychological associate registration and interjurisdictional applications from master's-level psychologists (Weiss, 2025). Reducing educational requirements, supervised practice duration and depth, and examination safeguards does not logically target the administrative bottlenecks the OFC raised. Moreover, internationally, evidence shows that unaided/untrained clinical judgment does not improve with mere passage of time but with structured methods, deliberate practice, and supervision; precisely the elements codified in robust training and evaluation frameworks (Garb, 2005; Aegisdóttir et al., 2006; Hunsley & Mash, 2007).

Further, while interprovincial variability in entry-to-practice standards exists, there have been ongoing efforts to increase those standards. The Association of Canadian Psychology Regulatory Organizations' (ACPRO) 2014 position statement identifies the doctoral degree from a CPA-accredited program (or equivalent) as the national standard for the psychologist title. Several jurisdictions have already moved to the doctoral standard (e.g., Québec, New Brunswick, British Columbia), and others maintain distinct titles for different training levels. The regulatory bodies in Nova Scotia and Newfoundland and Labrador have recently advanced doctoral-standard initiatives. The College of Alberta Psychologists has also recently increased training and entry-to-practice requirements for supervision and diagnostic competency, recognizing the public-protection risk when these competencies are underdeveloped (College of Alberta Psychologists, 2025).

Mobility matters. In considering how to address mobility, it is imperative to recognize that neither the Canada Free Trade Agreement (CFTA) nor Ontario's *Building a More Competitive Economy Act* (2025) are mandates to dilute standards. Article 706(1) of the CFTA affirms provincial and territorial authority to establish occupational standards and appropriate protection levels. Also, harmonization is encouraged but conditional in the CFTA ("to the extent possible and where practical"), and provinces and territories may apply additional requirements to address legitimate public-protection objectives. Further, while the *Building a More Competitive Economy Act* (should it be applied to psychology regulation) requires streamlining of interjurisdictional mobility applicants, it does not require Ontario to decrease its own entry-to-practice standards, and still provides mechanisms for the CPBAO's Registrar to refuse licensure or impose limitations to underqualified applicants. Accordingly, Ontario

can facilitate mobility through competence-focused pathways (e.g., respecialization or bridging processes) while maintaining robust entry-to-practice standards.

We propose that there are ways to modernize these processes without lowering the bar, such as streamlining and harmonizing registration processes across provinces/territories for already-licensed psychologists. To address the need for harmonization, ACPRO, supported by the CPA, recently called for a national summit of psychology regulators, educators, and associations to explore models of professional training and to chart a path to increased access to appropriate professional training in psychology and increased access to competent and safe psychological services for Canadians.

Internationally-Trained Psychologists

Internationally educated health professionals (IEHPs) are an essential part of the health human resource in Canada, and should be welcomed through pathways that are fair, transparent, and that uphold Canadian standards. While the CPA strongly agrees with the need to decrease barriers for competent IEHPs to practice in Canada, we also recognize that Health Canada's own Ethical Framework for the Recruitment and Retention of IEHPs (2025) cautions that labour mobility and recruitment efforts must not erode or bypass registration and training standards. It further stipulates that IEHPs should only be recruited where Canada can provide the necessary training or opportunities to meet local standards of practice (Health Canada, 2025). Psychology titles and scopes vary considerably worldwide; in many jurisdictions, the title psychologist does not connote the same level of training or scope of practice as is expected of those with that title in Canada. Lowering Ontario's standards to expedite entry risks credential misalignment and public confusion.

Similar to the potential solutions noted regarding labour mobility, the CPBAO could support licensure and/or respecialization pathways by developing a transparent, competency-based assessment model for internationally trained applicants, with clear bridge training and supervised practice to address gaps in training to ensure that applicants meet the psychologist competency profile. This aligns with Health Canada's framework and protects the public while facilitating fair access.

Training, Supervision, and Examinations

Psychological diagnosis and complex assessment require structured, sequential training, didactic foundations, multi-year, supervised practice, and post-educational consolidation. Proposals to reduce supervised practice for psychological associates to a single year after a master's degree will lead to a substantial reduction in training. Currently, psychologists registered in Ontario (i.e., those registrants entering the profession with a doctoral degree) complete a minimum of 3,800 hours of graduate clinical training, residency training, and post-graduate supervision, and many complete more training than this (4,200+ hours). Psychological associates complete approximately 8,000 hours of graduate clinical training and post-graduate supervision (the majority of this being completed during their post-degree supervised practice period). The CPBAO's current proposal is to reduce this training to approximately 1,900 hours **total**, of which only 20% or less (approximately 300 hours) would be provided in the context of graduate-level training, representing a 50-75% decrease in the supervision received by registrants. This reduction in oversight and mismatch of training elevates risk. The

empirical literature shows that structured decision methods outperform unaided judgment, that evidence-based assessment requires psychometric skill, and that complex formulation demands advanced training (Meyer et al., 2001; Hunsley & Mash, 2007; Aegisdóttir et al., 2006; Garb, 2005). These same meta-analytic and integrative reviews consistently show that structured, evidence-based assessment and decision processes yield better accuracy than unaided judgment and that depth and breadth of training is required to practice these skills effectively. Further, lowering training and supervision requirements produces predictable risks: increased diagnostic variability, overreliance on unvalidated screening tools, delayed recognition of high-risk conditions, misdiagnosis, and erosion of public trust in protected titles. Given psychology's high-stakes functions, including but not limited to differential diagnosis, neuropsychological assessment, forensic consultation, and custody and access assessments, the lowering of training and entry-to-practice standards is likely to increase risk for populations they serve.

Further, it could be argued that examinations are quality filters, not bureaucratic hurdles. Jurisprudence and ethics (JEE), and oral examinations, test knowledge that is foundational to safe, autonomous practice. If improvements are needed, the CPBAO could consider modernizing examination formats rather than eliminating evaluation. For example, when considering modernizing the JEE, the CPBAO could implement a two-part approach: a proctored ethics examination (mandatory) and modular online learning for provincial or territorial laws and standards with embedded low-stakes knowledge checks or "open-book" examination formats (such as those used in Manitoba). This maintains accountability and decreases barriers to interjurisdictional mobility.

To this end, the CPBAO has several options to preserve evaluative depth while modernizing examination delivery, including:

1) retaining the JEE and oral exams with format improvements
2) maintaining robust and evidence-informed supervised-practice expectations
3) recognizing accredited training by modifying post-registration supervised practice requirements for graduates of accredited programs; and
4) working with the CPA and ACPRO, through the aforementioned summit, to develop competency benchmarks for entry-to-practice that make expectations transparent to applicants, supervisors, and the public.

Diversification of the Profession

The CPA recognizes that increasing equity, diversity, and inclusion is essential to public trust and effective care. We also recognize that lowering entry standards as an equity strategy is both ineffective and insulting. It presumes that aspiring professionals from underrepresented communities cannot meet existing standards, which is patently false. Gains in representation in Ontario graduate programs have occurred without lowering standards, indicating that access barriers are primarily financial and structural. True equity requires dismantling barriers to access, as well as effective outreach to underrepresented and equity-deserving communities, not shrinking competencies. Moreover, lowering standards for a title that carries expert-opinion functions and diagnostic authority creates foreseeable risk borne disproportionately by underserved populations.

In line with this, the government of Ontario could invest in equity without diluting competence. The CPA calls on the Ministry of Health to mirror their investment in medical training by funding the development and expansion of professional psychology programs and residency programs, which would allow Ontario to train more psychologists more quickly, reduce barriers to training for persons from equity-deserving groups, and do so without sacrificing training quality. Recent examples of this include both Manitoba and Saskatchewan increasing the training capacity of their doctoral programs through targeted provincial funding.

Access, Funding, and System Design (not Titles) Drive Public Availability and System Capacity

The proposed reduction in entry-to-practice standards has been framed as a solution to access without consideration of the actual barriers to accessing mental health care. Ontario already has a large workforce of regulated professionals authorized to provide psychotherapy: approximately 14,000 Registered Psychotherapists, more than 20,000 Social Workers (many of whom provide mental health services), thousands of nurses and physicians who can deliver psychotherapy with proper training, and more than 4,000 psychologists and psychological associates. As several of the practitioners listed above do not provide publicly funded services, the access challenges described by the CPBAO and OFC are likely driven by public funding constraints, geographic distribution of care providers, and client-clinician fit issues, not by title scarcity – which is particularly true for psychologists and psychological associates (Ontario Psychological Association, 2024). Indeed, the CPBAO's president recently communicated that they, at the direction of the OFC, were seeking to increase the number of *psychology providers* in the province, with no regard for other mental health providers (Nicholson, 2025). Increasing the number of private providers, regardless of their title, will not meaningfully reduce wait-times in publicly funded settings. As with medicine, if services are not publicly funded, increasing the number of providers does not guarantee improved public access.

Empirical and system evidence converge on a core reality: access problems in mental health care are largely problems of public funding, distribution, and system design, not a shortage of providers (e.g., Wang et al., 2024). Wait times persist where publicly funded services are insufficient, particularly for psychological assessment and specialized services. Reducing entry-to-practice standards to the psychologist title will not remedy these system constraints; without funding and delivery system innovations, providers will cluster in private-pay markets, leaving public wait times unchanged (Hudd et al., 2024).

The government of Ontario clearly recognizes the importance of rigorous training for psychologists as evidenced by the recent consultation process on expanding scope of practice for psychologists with advanced education and who hold a postdoctoral Master of Science degree in clinical psychopharmacology to prescribe select psychotropic drugs for the management and/or treatment of mental health conditions and addictions. No health profession improves access by shrinking the competencies needed for high-risk functions. As noted above, it is unlikely that anyone would consider elimination of competence exams or dramatic reductions in years of medical training to improve access to surgery; the same logic applies to psychologists' work.

To this end, rather than lowering the entry-to-practice standards for psychologists and psychological associates, the Ontario Ministry of Health (OMH) could address access and system capacity concerns through:

1) Investing in the creation and expansion of Doctor of Psychology (PsyD) programs, which can train doctoral level psychologists with the same emphasis on clinical skills and competence development more quickly than PhD programs due to a reduced focus on the production of original research (Mikhail & Nicholson, 2019);
2) Improved funding for psychological services in hospitals, health centres, schools, correctional facilities, and the community; and,
3) Improved remuneration and support for the use of full scopes of practice for psychologists in the public sector to attract and retain talent, ensure access, and reduce wait times.

These investments would create real and equitable improvements to access to psychological services without compromising public safety.

Summary

While the CPA appreciates the concerns identified by the OFC, and the need for the CPBAO to modernize some of their practices, the CPA disagrees that the proposed changes address these concerns. In addition to the possible solutions outlined above, the CPA calls for the CPBAO to withdraw their current proposal and undertake a documented risk analysis consistent with Right-Touch principles, publishing the evidence base and rationale for any proposed changes. The CPA further invites the CPBAO to engage with their fellow psychology regulators, educators, and associations to develop a nationally harmonized entry-to-practice and training standard for psychologists.

In closing, the CPA believes that the CPBAO has an opportunity to propose modernizations to psychology regulation in a way that is genuinely consistent with public protection, equity, and mobility. Lowering educational and evaluation standards is not modernization; it is deregulation by another name. The CPA stands ready to collaborate with CPBAO, the OFC, and the OMH on reforms that streamline processes, widen equitable access to training, improve publicly funded capacity, and preserve the competencies that Ontarians should expect when they seek psychological care.

CC: The Hon. Ms. Sylvia Jones, Minister of Health and Deputy Premier of Ontario
The Hon. Mr. Vijay Thanigasalam, Associate Minister of Mental Health and Addictions
Mr. Irwin Glasberg, Ontario's Fairness Commissioner, The Office of the Fairness Commissioner
Dr. Ian Nicholson, Board Chair, CPBAO
Dr. Tony DeBono, Registrar & Executive Director, CPBAO

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Canadian Council of Professional Psychology Programs
Conseil canadien des programmes de psychologie professionnelle

November 24, 2025

To: Council, College of Psychologists and Behaviour Analysts (CPBAO)

Dear Council Members,

We are writing on behalf of the executive of the Canadian Council of Professional Programs (CCPPP), a national organization representing university-based psychology programs and psychology residency settings that train professional psychologists across Canada.

We are in agreement with and support the mandate to increase access to psychological services in Ontario but are opposed to the methods the College has proposed in the pursuit of this goal. We urge the council to **rescind the motion** passed on September 26, 2025 and to **propose alternate pathways** for changes to Registration in Ontario. We recognize the need for changes to reduce unnecessary barriers to registration as psychologists for qualified candidates in Ontario; however, the changes must not be at the expense of removing critical safeguards to public protection.

A. Concerns with the proposed changes to Registration Regulation in Ontario:

1. Reduction in standards for professional training and oversight

The motion eliminates the four-year period of supervision required for applicants with master's degrees and removes the doctoral standard as an educational requirement for the title of Psychologist in Ontario. Currently, doctoral-trained psychologists accumulate at least 4200 hours of supervised practice and master's -trained psychological associates accumulate up to 8000 hours of supervised practice. The proposed motion allows a new minimum of 1900 hours, which represents a 55% to 76% reduction in supervision.
Together, this represents a **drastic reduction in the amount of required supervised training** needed to attain competencies for the controlled acts of diagnosis and psychotherapy, which require evidence-based knowledge and methods in assessment, intervention, and consultation.

These competencies for professional psychologists are well-established and endorsed by the Canadian psychology training community and are not fully achievable within the proposed two-year time frame. Consistent with accreditation standards, CCPPP member programs ensure that graduates accumulate at minimum 600 hours practica training and a 1,600-hour residency prior to the 1,600-hour supervised practice year post-degree (Ontario), totaling a minimum of

3,800 hours to develop these competencies for autonomous practice. These clinical hours also ensure adequate depth and breadth of training in a variety of settings and with a range of patient populations and presenting issues, enabling trainees to develop competencies to work to the full scope of practice for a psychologist. The increasing complexity of mental health needs, diversity of clients served by psychologists, and advances in science and practice point to the need for enhancements in academic and clinical training, rather than reductions. Recent changes to the CPA Accreditation Standards for Doctoral and Residency Programs in Professional Psychology (CPA, 2023) reflect this increased complexity and need, such as an increased emphasis on didactic and practical training in working with diverse individuals and groups, working with Indigenous persons and communities, and psychopharmacology training.
The proposed changes not only remove formal didactic instruction requirements and formal evaluation within accredited training programs but also **remove critical opportunities for evaluation and feedback by registered psychologist supervisors.** Foundational competencies in bias evaluation and self-reflection are developed within the context of careful, effective supervision, over time. Reducing the time to one year of supervised practice after only one supervised practicum (without benchmarks for established competencies) is insufficient for autonomous practice in diagnosing and treating complex mental health and cognitive disorders without harm to the public.

The proposed system places **undue weight on training and feedback to supervisors during the one year of supervised practice, without ensuring supervisors are adequately trained in supervision, or increasing their bandwidth/job portfolio/financial compensation to include this supervision burden**. This motion removes the current requirement for accredited training programs to provide evidence-based training in supervision. Moreover, unlike provinces such as Alberta, which require five-years of autonomous practice experience, or the USA, which requires separate credentialling to supervise, there are no formal criteria or credentials required for supervisors. Research evidence, in addition to observation after years of conducting oral examinations, and formal complaints processed within the Inquiries, Complaints and Reports Committee (ICRC), indicates that inadequate and harmful supervision has deleterious effects on both supervisees and clients (Ellis et al, 2014).

Further, eliminating the oral examination and changing the jurisprudence and ethics examination to a no-fail learning module removes the final check-and-balance for the year of supervised practice to identify practices of inadequate supervision and evaluation of competencies.

2. Elimination of Accreditation

We are concerned by the Council's intention to eliminate reference to accreditation standards for registration regulations and when considering 'substantial similarity' for programs, such as masters level programs, that are not currently eligible for accreditation. We are most alarmed by Council's proposal to independently approve training programs for registration with the title Psychologist without evidence-based criteria and without checks and balances to ensure that programs deliver what is promised. Accreditation is a core tenet to ensure public safety in

health care that is required for Ontario public institutions, including hospitals (Accreditation Canada, https://accreditation.ca/), and community mental health agencies (Canadian Centre for Accreditation, https://canadiancentreforaccreditation.ca/). **Replacing the rigor of accreditation standards and the corresponding site visits and annual reports required to ensure compliance, with simple Registration approval counters the essence of the College mandate for public protection.**

As noted by Dr. Jonathan Weiss in his analysis (Nov 2 2025, https://www.yorku.ca/health/lab/ddmh/wp-content/uploads/sites/407/2025/11/CPBAO-Analysis-Final-Nov-2-2025.pdf), "the absence of evidence is not the evidence of absence". The CPBAO should present data to demonstrate that psychologists trained in non-accredited, Council-approved programs have similar competencies to graduates of accredited programs. Data compiled by Dr. Weiss comparing pass rates for EPPP suggests that non-accredited programs produce graduates with significantly less knowledge of foundational professional psychology relative to CPA accredited programs.

By creating new criteria for Council-approved programs, the College is ignoring the careful establishment of accreditation standards that are associated with comprehensive monitoring of training programs, in the best interests of clinical practice.

B. Impact of changes may reduce rather than increase access to psychology services

The stated intention of the motion is to 'increase access" to psychology services; however, the mechanism by which access will be increased is unclear. Moreover, there is no operational definition for the term "access". Specifically, data from the CPBAO with respect to preferred work settings after registration as a psychologist indicates that currently, the majority of master's level psychologists work in a private practice. There is no compelling evidence that increasing the number of master's level psychologists will address the current demand for publicly funded diagnostic assessments and publicly funded intervention.

Rather, **the proposed changes may reduce the numbers of accredited pre-doctoral student residents who fulfill an important public service by working in publicly funded institutions, such as hospitals and school boards.** Pre-doctoral residencies are also a prime source for staffing recruitment for public institutions, as residents often remain in the regional community after residency.

Call for Action

1. We respectfully request that the Council vote to rescind the motion of September 26, 2025.
2. We recognize the importance of interprovincial mobility for professional psychology practices and support the need for national standards. We urge the Council to work with

other provincial/territorial regulators, accreditors, and the psychology training community to achieve a national standard that maintains high quality training and standards for public protection. We believe there is a significant opportunity at present to make progress toward these important goals.

3. We urge the Council to maintain reliance on accreditation as a framework for regulations to ensure public safety, and request that the proposal to approve programs without consideration of accreditation standards be rejected.
4. We recognize the value in enhancing access and standardization of registration examination administration; however, we urge the Council to maintain the oral exam and JEE as necessary checks and balances to ensure competency, in the interest of the public.
5. We urge the Council to maintain a requirement for supervision beyond one practicum of indeterminate length during formal training, and one year of supervised practice. In the interests of public safety and to develop the full scope of competencies needed to practice as a psychologist (including evidence-based knowledge and methods in assessment and intervention; bias and self-reflective practice; research and program evaluation; cultural competency; and clinical supervision), evaluation and feedback acquired during years of supervised practice across a breadth of training experiences is required.

Sincerely,

The CCPPP Executive:
Emma Climie, Member-at-large
Yael Goldberg, President-elect
Sharon Guger, Member-at-large
Diane LaChapelle, President
Katy Lowe, Student Representative
Amanda Maranzan, Representative to CPA
Marjory Phillips, Member-at-large
Kristin Reynolds, Treasurer
Wynsome Walker, Secretary

CC:
The Hon. Sylvia Jones, Minister of Health, Ontario
Mr. Irwin Glasberg, Ontario Office of the Fairness Commissioner

November 18, 2025

The Honorable Sylvia Jones
Minister
Ontario Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M5G 2C8

Dear Minister Jones,

On behalf of the majority of member associations of the Council of Professional Associations of Psychology (CPAP), which represents provincial, territorial and national psychological associations across Canada, we are writing to express our deep concern regarding the College of Psychologists and Behavior Analysts of Ontario's vote to approve the proposed changes to the entry-to-practice requirements for psychologists and psychological associates in Ontario. We strongly urge the College to reconsider these changes in their current form and strongly advise the Ontario Ministry of Health to deny the proposed amendments to legislation.

As the collective voice of psychology associations nationwide, we fully support efforts to strengthen labour mobility, improve fairness in registration processes, and ensure that the profession evolves to meet the mental health needs of Canadians. We recognize the pressures identified by the Office of the Fairness Commissioner, including lengthy registration processes, inconsistent provincial standards, low success rates for internationally trained applicants, and workforce shortages. However, we are deeply concerned that the current proposal addresses these issues in ways that compromise public protection, weaken professional standards, and risk undermining confidence in the profession of psychology.

Our main concern is that several of the proposed amendments would reduce Ontario's training requirements to among the lowest in Canada. Instead of supporting national alignment, this risks creating further inconsistency across jurisdictions in addition to undermining the high standards that sustain public trust in psychological services. Psychological competencies demand years of advanced education and training, whether through a doctoral program or extensive supervised practice, to ensure practitioners are fully prepared to provide safe and effective care.

We are particularly alarmed by the notion that an individual could qualify for registration as a psychologist with a master's degree and a single practicum. Such a pathway is inconsistent with the scope and complexity of psychologists' responsibilities. In doing so, it could significantly increase the potential for harm to the public and diminish the essential safeguards that rigorous preparation provides.

Rather than lowering standards, we believe the path forward lies in collaborative, evidence-informed reform that balances accessibility with public safety. We strongly encourage the College to engage with regulators, professional associations, and the training community across Canada to explore solutions that:

- Address barriers to equity and access while preserving the competencies that define psychology as a profession.
- Facilitate interprovincial, territorial, and international mobility through harmonization of processes and recognition pathways that do not compromise standards.
- Are grounded in outcome data and informed by broad consultation with stakeholders, including those most affected by changes.

There are meaningful steps that can be taken to improve registration processes without lowering standards. These include streamlining and harmonizing application procedures for already-licensed psychologists, introducing interim registration options for individuals completing post-master's requirements, and reviewing supervised practice requirements to ensure they are flexible yet robust.

Over the longer term, our associations support initiatives such as investing in the expansion of psychology training programs, reviewing and updating training models to meet evolving needs, and improving remuneration in the public sector to attract and retain talent. These approaches address workforce challenges at their root while preserving the competencies that make psychologists uniquely qualified to provide evidence-based assessment, diagnosis, treatment, clinical supervision, and program evaluation.

We are aware that psychologists, trainees, and members of the public have already mobilized in response to these proposals, through petitions and advocacy efforts such as the recent joint letter from the Canadian Psychological Association (CPA) and Ontario Psychological Association (OPA). These actions reflect the depth of concern within the profession and the public. We encourage the Council to view this as an opportunity for dialogue and to actively involve stakeholders in its ongoing planning.

Because the proposed change will have national implications—essentially paving the way for underqualified psychologists to gain greater mobility across Canada—we felt it was our responsibility to ensure our voice was heard. Under the Canadian Free Trade Agreement, psychologists registered in Ontario under these reduced requirements—less training, no national

standardized exams, and only one practicum placement—would still be eligible for mobility between provinces and territories. This means individuals could register in Ontario under a significantly lower standard and subsequently transfer their registration elsewhere. As such, the issue extends beyond Ontario, affecting the safety and protection of all Canadians. Moreover, Ontario's decision risks setting a precedent for other provinces and territories to lower their standards in the name of equity and access, further compromising public safety.

This moment also presents an opportunity for a broader national conversation. We are prepared to convene provincial and territorial associations and regulators to work toward shared principles that protect the public and preserve the integrity of the profession. Even if unanimity cannot be achieved, collaboration can help ensure that changes are made thoughtfully, transparently, and with public safety at the forefront.

Finally, we note that several jurisdictions are moving in the opposite direction — strengthening entry-to-practice requirements and securing government investments to support them. Meanwhile, the Government of Ontario is considering expanding psychologists' scope of practice to include prescriptive authority. These developments underscore the need for robust training standards, not diminished ones. Lowering requirements at this critical juncture risks undermining both public safety and the profession's role in the healthcare system.

We urge the College to reconsider the current proposal and to work with the profession to develop solutions that enhance mobility and equity without compromising the quality of care Ontarians and all Canadians deserve.

We urge the Ministry to support a collaborative approach between associations, regulators and the profession to develop solutions that enhance workforce mobility and equity, while maintaining the high standards of care Ontarians and all Canadians deserve.

Our member associations stand ready to collaborate in this effort and would welcome the opportunity to discuss next steps with your Ministry.

Sincerely,

British Columbia Psychological Association
Psychologists' Association of Alberta
Manitoba Psychological Society
Ontario Psychological Association
Association des psychologues du Québec
Association of Psychologists of Nova Scotia
College of Psychologists of New Brunswick
Psychological Association of Prince Edward Island
Association of Psychology of Newfoundland and Labrador
Canadian Psychological Association

Correspondence can be directed to:
Mandy McLean, Chair
Council of Professional Associations of Psychologists
mandy.mclean@cpnb.ca
506.382.6748

cc - Alexandra Adamo, Ontario Ministry of Health, Chief of Staff
cc – College of Psychologists and Behavior Analysts of Ontario

December 3, 2025

To:

Dr. Ian Nicholson, Ph.D., C.Psych.
College of Psychologists and Behaviour Analysts (CPBAO)
College Council President
cpbao@cpbao.ca

Dr. Tony DeBono, MBA, Ph.D., C.Psych.
College of Psychologists and Behaviour Analysts (CPBAO)
Registrar & Executive Director
tdebono@cpbao.ca

Subject: Concerns Regarding Proposed Registration Changes for Psychologists in Ontario

Dear Dr. Nicholson and Dr. DeBono,

On September 25, 2025, the Ontario Psychological Association (OPA) and the Canadian Psychological Association (CPA) sent you a letter expressing concerns about the **proposal to significantly lower training and registration standards** for psychologists. Despite these concerns, the CPBAO proceeded to vote on and approve the proposed changes.

Since that decision, an independent analysis by Dr. Jonathan Weiss (2025) has provided empirical confirmation of these concerns. Drawing directly on CPBAO Council documents and comparative provincial data, the report concludes that the proposed "modernization" collectively replaces long-standing, evidence-based safeguards, including accredited doctoral training, extended supervision, and direct competence assessments, with **untested internal approval processes**. Importantly, the report emphasizes that these changes represent a systemic shift from externally verified competence to a trust-based self-assessment framework, which increases public-safety risk rather than maintaining it.

As psychologists and graduate students in Psychology across Canada, representing a wide range of areas of expertise and professional practice, we are writing to you independently to echo and expand upon these concerns. The undersigned individuals, representing the future of the field, psychologists and academics from coast to coast, are writing to express our deep concern regarding the CPBAO's recent changes to registration standards and their far-reaching implications, not only for Ontario, but for the integrity and future of our profession across Canada.

Ontario's Previous Standards

Ontario has historically been recognized for upholding national professional standards in Canada for decades, with multiple examinations and extensive supervised practice requirements. We acknowledge that accessibility to the profession is a legitimate concern and that pathways to registration require modernization. However, reducing the required supervised clinical hours for those entering the profession with a master's degree, while simultaneously dismantling safeguards such as the ethics and oral examinations, will irreversibly weaken professional standards, compromise public protection, and **erode Ontario's longstanding reputation for excellence in psychological training and care.**

Impact of Reduction in Supervised Training, Exams and Clinical Competence

To illustrate the gravity of the proposed changes, consider the practice of Clinical Neuropsychology. Becoming a competent neuropsychologist requires first becoming a highly skilled clinical psychologist, followed by specialized additional training. In Ontario, this pathway involves over 6,000 hours of supervised practice, spanning practica, residency, and supervised practice, before independent practice. Under the proposed CPBAO changes, new registrants will receive approximately **1,600 to 1,900 hours of training, including supervised practice, representing a loss equivalent to approximately four years of supervised clinical development.** Such a drastic reduction cannot ensure competence in complex and high-risk areas of practice, such as Clinical Neuropsychology or Forensic/Correctional Psychology, where assessment errors can have life-altering consequences for patients, families, and the justice system.

Equally concerning is the CPBAO's decision to eliminate declared areas of competence and client populations. This means psychologists will self-determine their readiness to work with children, adolescents, adults, families, seniors, couples, or organizations, without any formal accountability framework. These safeguards were established decades ago to protect the public by ensuring practitioners had the necessary expertise. One must ask: would such sweeping deregulation ever be proposed for physicians? No one would accept a system where a cardiologist, pediatrician, or neurosurgeon could simply declare themselves competent in another area of medicine without the corresponding specialized training and years of supervised practice. The same standard must apply to psychologists.

The consequences of reducing training standards are not theoretical. Research from other health disciplines has consistently demonstrated that **less supervision and reduced training duration are directly correlated with higher rates of clinical error and patient harm**. For example, in medicine, studies on residency length and supervision intensity show that **shorter or poorly supervised programs** lead to more diagnostic errors, lower patient satisfaction, and increased malpractice claims (Patel et al., 2018; Martin et al., 2021). Similarly, in nursing, reductions in clinical supervision and training hours have been associated with **increased rates of medication errors, hospital readmissions, and patient mortality** (Blegen et al, 2013; Al-ghraiybah, 2024). Each error carries profound human costs and imposes substantial economic burdens on the healthcare system.

This scenario will only worsen if Ontario lowers its professional standards. The market will inevitably be filled with well-intentioned but undertrained clinicians who, lacking adequate supervision, may unknowingly provide services that are misguided at best and harmful at worst. **The public will not, and should not, be expected to discern** which practitioners are appropriately qualified. That is precisely why regulatory safeguards exist. Evidence from British Columbia shows that integrating doctoral-level psychologists into primary-care teams improves access and reduces system burden, without lowering training standards, with outcomes including reduced emergency visits, shorter hospital stays, and improved physician well-being (UBC, 2023).

To illustrate, imagine you are in a car accident and suffer a traumatic brain injury. A neuropsychological assessment and cognitive remediation would be strongly recommended. Would you prefer these services to be delivered by someone with over 6,000 hours of clinical training, or by

someone who has entered the profession with less than half that amount? The answer is self-evident. Cutting corners in training places patients at risk and undermines the very trust the public has in our profession.

Master's-Level Entry

We acknowledge that Master's-level registration is already occurring in Ontario and **do not oppose** the inclusion of Master's-trained practitioners. This is not about elitism or restricting the profession to doctoral-level graduates. It is about preserving the depth of clinical and scientific training that defines psychology and protects the public. Québec offers a valuable precedent through the introduction of the professional doctorate in psychology (Psy.D.). Québec's model successfully trains practice-focused psychologists while maintaining the depth and breadth of education necessary to ensure diagnostic and treatment competence. As a result, the province now has the highest ratio of psychologists per capita in Canada. However, despite having the highest ratio in Canada, Quebec continues to face public-sector shortages due to low compensation and high burnout, underscoring that supply alone does not ensure equitable access to services (Radio-Canada, 2024).

We propose that Ontario learn from this model. Master's-level practitioners **can and should contribute to addressing the mental health crisis**. However, to ensure competence for independent practice with the complex populations psychologists serve, master's-level trainees must complete supervised clinical hours comparable in scope to those required of doctoral-level practitioners. Reducing these requirements will put Ontarians at risk. For example, Prince Edward Island similarly concluded that psychologist access challenges stem from recruitment and retention barriers, not training standards, emphasizing competitive salaries and system investment as the appropriate remedies.

Medicine Comparison

Most Clinical Psychologists in Canada are trained at the Ph.D. level under the scientist–practitioner model. This means that the majority hold dual expertise in both clinical practice and research, equivalent to physicians who pursue combined M.D./Ph.D. programs. **However, as in medicine, this dual pathway should remain the exception rather than the rule**. The vast majority of physicians

enter practice with an M.D., not a double doctorate. It is therefore difficult to justify why clinical psychology in Ontario continues to require the exceptional path, demanding both a full research doctorate and a clinical doctorate for the majority of practitioners.

Québec's introduction of the professional doctorate (Psy.D.) prioritizes intensive clinical training while streamlining the research component, allowing psychologists to graduate more efficiently without compromising competence. The lesson is clear. The Association of Canadian Psychology Regulatory Organizations has affirmed doctoral-level training as the national entry benchmark for the title "psychologist," supporting consistent public-protection standards and mobility across provinces (ACPRO, 2014). In addition, a national systematic review of Canadian mental-health professional training programs found that psychology's distinctiveness and its capacity to safeguard the public are rooted in its breadth and depth of foundational scientific and clinical education (Murdoch et al., 2015). The authors concluded that this training structure is essential to maintaining the profession's identity and p**reventing psychologists from being viewed as interchangeable mental-health providers.** The review further identified meaningful **differences in preparation** between master's-level and doctoral-level psychology pathways, underscoring the importance of rigorous, structured training standards to ensure competent independent practice.

Ontario **should modernize its pathways by creating professional doctorate and master's-level routes** that emphasize strong, practice-oriented training, while preserving the extensive supervised clinical hours necessary to protect the public. Lowering standards by cutting clinical hours is not modernization, it is deregulation that puts patients at risk. For example, New Brunswick reported significant public-sector psychologist vacancies due to lower compensation and limited professional autonomy, not a shortage of qualified practitioners, underscoring retention as the primary driver of access (CBC, 2017). Similarly, Newfoundland and Labrador survey data show psychologists leaving public practice due to burnout, compensation concerns, and loss of professional autonomy, despite rising system demand (APNL, 2023 Current State of Psychology in Newfoundland and Labrador).

Examinations

We urge the CPBAO to retain the oral examination, as it is essential for assessing competency beyond theoretical knowledge. It provides a unique opportunity to directly assess a candidate's

applied clinical reasoning, diagnostic formulation, and ability to communicate complex information effectively and ethically. Unlike written assessments, the oral examination enables evaluators to assess how candidates reason through real-world cases, justify their professional judgments, and demonstrate readiness for independent practice. Removing this step would significantly impair the College's ability to ensure that new registrants meet the competency standards required to protect the public.

We also strongly recommend maintaining the Jurisprudence and Ethics Exam (JEE) in its current format, as CPBAO data indicate that failure rates are minimal and the exam remains an essential safeguard for public protection. The high success rate among current registrants likely reflects the benefits of extensive supervision during training, as candidates are required to study and actively discuss ethical issues with their supervisors. These conversations are critical for developing a strong ethical compass and for balancing laws, professional standards, and complex ethical dilemmas in clinical decision-making. For example, Alberta recently restricted repeated provisional licensure and limited EPPP attempts, reversing earlier lenient policies and emphasizing the public-protection role of regulatory examinations (The College of Alberta Psychologists, 2024).

Suggestive Reforms

We therefore respectfully urge the CPBAO to safeguard public safety and uphold professional standards. Specifically:

- Maintain declared areas of competence and the client populations served;

- Allow Master's-level registration, while ensuring supervised clinical training requirements remain equivalent in scope (at least 6,000 hours) to doctoral-level pathways;

- Maintain the Jurisprudence and Ethics Exam (JEE) in its current form;

- Consult with Québec to develop Psy.D. programs across Ontario as a long-term solution, allowing faster graduation while maintaining quality.

Ontario has long been recognized for its rigorous psychological training and unwavering commitment to public protection. These reforms represent a sharp and dangerous departure. We urge the CPBAO to ensure that regulatory modernization strikes a balance between accessibility and public safety, rather than eroding it.

We remain committed to collaborating with the CPBAO to modernize registration pathways that expand access to care while preserving the rigorous standards that safeguard Ontarians.

A mari usque ad mare,

Dr. Nicolás Francisco Narvaez Linares, C.Psych.
Psychologist practicing in the areas of Clinical Neuropsychology, Clinical Psychology and School Psychology
Lead Signatory and Coordinating Author

*Veuillez noter que le **féminin est employé dans cette lettre ouverte,** puisque la profession de psychologue est majoritairement exercée par des femmes.*

Le 3 décembre 2025

À :

Dr Ian Nicholson, Ph.D., C.Psych.
Ordre des psychologues et des analystes du comportement (CPBAO)
Président du Conseil du Collège
cpbao@cpbao.ca

Dr Tony DeBono, MBA, Ph.D., C.Psych.
Ordre des psychologues et des analystes du comportement (CPBAO)
Registraire et directeur général
tdebono@cpbao.ca

Objet : Préoccupations concernant les modifications proposées aux normes d'inscription des psychologues en Ontario

Cher Dr. Nicholson et Dr. DeBono,

Le 25 septembre 2025, l'Association ontarienne des psychologues (OPA) et la Société canadienne de psychologie (SCP) vous ont adressé une lettre exprimant leurs préoccupations quant à **la proposition visant à abaisser de manière significative les exigences de formation et d'inscription pour les psychologues**. Malgré ces préoccupations, le CPBAO a procédé au vote et approuvé les changements proposés.

Depuis cette décision, une analyse indépendante menée par le Dr Jonathan Weiss (2025) a apporté une confirmation empirique de ces inquiétudes. S'appuyant directement sur les documents du Conseil du CPBAO et sur des données comparatives provinciales, le rapport

conclut que la « modernisation » proposée remplace collectivement des mesures de protection éprouvées et fondées sur des données probantes, notamment la formation doctorale accréditée, la supervision approfondie et les évaluations directes de compétence, **par des mécanismes internes non validés**. Le rapport souligne que ces changements représentent un virage systémique, passant d'une compétence vérifiée par des tiers à un modèle d'autoévaluation fondé sur la confiance, ce qui accroît les risques pour la sécurité du public plutôt que de les maintenir.

En tant que psychologues et étudiantes diplômées en psychologie, issues des quatre coins du Canada, représentant un vaste éventail de domaines d'expertise et de pratique professionnelle, nous vous écrivons de façon indépendante afin de réitérer et de préciser ces préoccupations. Les signataires ci-dessous, représentant la relève, ainsi que des psychologues et universitaires d'un océan à l'autre, souhaitent exprimer leur profonde inquiétude à l'égard des récents changements du CPBAO relatifs aux normes d'inscription et à leurs vastes répercussions, non seulement pour l'Ontario, mais aussi pour l'intégrité et l'avenir de notre profession à l'échelle nationale.

Les normes antérieures de l'Ontario

L'Ontario a longtemps été reconnue pour avoir maintenu des normes professionnelles nationales élevées, comportant plusieurs examens et un nombre important d'heures de pratique supervisée. Nous reconnaissons que l'accessibilité à la profession constitue une préoccupation légitime et que les parcours vers l'inscription au tableau de l'ordre doivent être modernisés. Toutefois, réduire le nombre d'heures de formation clinique supervisée pour les candidats titulaires d'une maîtrise, tout en éliminant simultanément des mesures de protection telles que les examens d'éthique et oraux, affaiblira irréversiblement les normes professionnelles, compromettra la protection du public et **minera la réputation de longue date de l'Ontario en matière d'excellence en formation et en pratique psychologique.**

Impact sur la réduction de la supervision, des examens et de la compétence clinique

Pour illustrer la gravité des changements proposés, considérons la pratique de la neuropsychologie clinique. Devenir une neuropsychologue compétente exige d'abord une

formation approfondie en psychologie clinique, suivie d'une spécialisation supplémentaire. En Ontario, ce parcours comprend plus de 6 000 heures de pratique supervisée, réparties entre les stages, la résidence et la pratique supervisée, avant d'obtenir le droit de pratiquer de manière autonome. Selon les modifications proposées par le CPBAO, les futures candidates à la profession recevraient entre 1 600 et 1 900 heures de formation, incluant la pratique supervisée, soit une perte équivalente à environ quatre années de développement et de formation clinique sous supervision. Une telle réduction ne peut garantir la compétence dans des domaines complexes et à haut risque, tels que la neuropsychologie clinique ou la psychologie médico-légale et correctionnelle, où les erreurs d'évaluation peuvent avoir des conséquences graves pour les patients, leurs familles et le système judiciaire.

Il est tout aussi préoccupant que le CPBAO ait décidé d'éliminer les domaines de compétence déclarés et les populations desservies. Cela signifie que les psychologues détermineront eux-mêmes s'ils sont prêts à travailler auprès d'enfants, d'adolescents, d'adultes, de familles, de personnes âgées, de couples ou d'organisations, sans cadre formel de reddition de comptes. Ces mécanismes de protection ont été mis en place il y a plusieurs décennies pour garantir que les cliniciennes disposent des compétences nécessaires. Posons-nous la question : une telle déréglementation radicale serait-elle envisagée en médecine ? Personne n'accepterait qu'un cardiologue, un pédiatre ou un neurochirurgien puisse se déclarer simplement compétent dans un autre domaine sans formation spécialisée ni supervision appropriée. Les psychologues ne devraient pas être tenues à une norme inférieure.

Les conséquences de la réduction des normes de formation ne sont pas théoriques. Les recherches issues d'autres disciplines de la santé démontrent constamment **qu'une supervision réduite et des formations abrégées sont corrélées à une augmentation des erreurs cliniques et des préjudices aux patients**. Par exemple, en médecine, les études portant sur la durée de la résidence et l'intensité de la supervision montrent **qu'une formation plus courte ou insuffisamment encadrée** entraîne davantage d'erreurs diagnostiques, une moindre satisfaction des patients et une hausse des plaintes pour faute professionnelle (Patel et al., 2018; Martin et al., 2021). De façon semblable, en sciences infirmières, la réduction des heures de supervision et de formation clinique a été associée à **une hausse des erreurs de médication, des réadmissions**

hospitalières et de la mortalité des patients (Blegen et al, 2013;Al-ghraiybah, 2024). Chaque erreur entraîne des conséquences humaines profondes et impose un lourd fardeau économique au système de santé.

Ce scénario ne fera qu'empirer si l'Ontario abaisse ses normes professionnelles. Le marché sera inévitablement rempli de cliniciennes bien intentionnées mais sous-formées qui, faute de supervision adéquate, pourraient offrir des services inappropriés, voire nuisibles. **Le public ne peut, et ne devrait pas, avoir à distinguer les praticiens dûment qualifiés** de ceux qui ne le sont pas ; c'est précisément pour cette raison que les mécanismes de réglementation existent. Des données provenant de la Colombie-Britannique montrent que l'intégration de psychologues formés au niveau doctoral au sein des équipes de soins primaires améliore l'accès et réduit la pression sur le système, sans compromettre les normes de formation, en réduisant les visites à l'urgence et les séjours hospitaliers, et en améliorant le bien-être des médecins (UBC, 2023).

Pour illustrer la situation, imaginez que vous soyez victime d'un accident de la route et que vous subissiez un traumatisme craniocérébral. Une évaluation neuropsychologique ainsi qu'une réadaptation cognitive vous seraient fortement recommandées. Préféreriez-vous que ces services soient dispensés par une personne ayant complété plus de 6 000 heures de formation clinique, ou par quelqu'un ayant intégré la profession avec moins de la moitié de cette expérience ? La réponse se répond par elle-même. Réduire la formation revient à mettre les patients en danger et à miner la confiance que le public accorde à notre profession.

L'entrée à la profession au niveau de la maîtrise

Nous reconnaissons que l'inscription au niveau de la maîtrise existe déjà en Ontario et **nous ne nous y opposons pas**. Il ne s'agit ni d'élitisme ni de restreindre la profession aux diplômés de niveau doctoral, mais de préserver la profondeur de la formation scientifique et clinique qui définit la psychologie et protège le public. L'expérience du Québec en matière de doctorat professionnel en psychologie (Psy.D.) constitue un exemple à suivre. Ce modèle forme efficacement des psychologues axés sur la pratique tout en préservant la rigueur et l'étendue de la formation nécessaires pour assurer la compétence diagnostique et thérapeutique. Par

conséquent, la province possède désormais le plus haut ratio de psychologues par habitant au Canada. Cependant, malgré ce ratio, le Québec continue de faire face à des pénuries dans le secteur public, principalement en raison d'une faible rémunération et d'un épuisement professionnel élevé, ce qui souligne que l'augmentation de l'offre ne garantit pas un accès équitable aux services (Radio-Canada, 2024).

Nous proposons que l'Ontario s'inspire de ce modèle. Les cliniciennes titulaires d'une maîtrise **peuvent et doivent contribuer à répondre à la crise en santé mentale**. Toutefois, pour garantir la compétence en pratique autonome auprès des populations complexes que desservent les psychologues, les candidates à la maîtrise doivent compléter un volume d'heures de formation clinique supervisée comparable à celui exigé des candidates au doctorat. Réduire ces exigences mettra les Ontariens en danger. Par exemple, l'Île-du-Prince-Édouard est parvenue à une conclusion semblable, estimant que les problèmes d'accès aux psychologues relèvent du recrutement et du maintien en poste, et non des normes de formation, en insistant sur la rémunération compétitive et l'investissement dans le système comme des solutions appropriées.

Comparaison avec la médecine

La majorité des psychologues cliniciennes au Canada sont formées au doctorat (Ph.D.) selon le modèle scientifique-praticien, ce qui signifie qu'elles possèdent une double expertise en recherche et en pratique clinique, équivalente à celle des médecins qui suivent une double formation M.D./Ph.D. **Toutefois, comme en médecine, cette voie double devrait demeurer l'exception plutôt que la norme**. La grande majorité des médecins exercent avec un diplôme de M.D., et non avec deux doctorats. Il est donc difficile de justifier pourquoi la psychologie clinique en Ontario continue d'exiger cette voie exceptionnelle pour la majorité de ses praticien(ne)s.

L'introduction du Psy.D. au Québec met l'accent sur une formation clinique intensive tout en simplifiant le volet de recherche, ce qui permet aux psychologues d'obtenir leur diplôme plus rapidement sans compromettre leur compétence. La leçon est claire. L'Association des organisations Canadienne de Réglementation en Psychologie (ACPRO, 2014) a confirmé que la

formation de niveau doctoral constitue la norme nationale d'entrée à la profession de psychologue, assurant la cohérence des normes de protection du public et de mobilité interprovinciale. De plus, une revue systématique nationale des programmes de formation en santé mentale au Canada (Murdoch et al., 2015) a décelé que la spécificité de la psychologie et sa capacité à protéger le public découlent de la profondeur et de la portée de sa formation scientifique et clinique fondamentale. Les auteurs ont conclu que cette structure de formation est essentielle au maintien de l'identité de la profession et à la prévention de son assimilation à un rôle générique de prestataire de soins en santé mentale. La revue a également mis en évidence des différences marquées entre les parcours de formation à la maîtrise et au doctorat, soulignant l'importance de normes structurées et rigoureuses pour assurer la compétence en pratique autonome.

L'Ontario devrait **moderniser son parcours en créant des voies de formation doctorales professionnelles et de maîtrise** axées sur la pratique, tout en préservant le volume d'heures de formation clinique supervisée nécessaire à la protection du public. Abaisser les normes en réduisant les heures de formation clinique ne constitue pas une modernisation, mais une déréglementation qui met les patients en danger. Par exemple, le Nouveau-Brunswick a signalé d'importantes pénuries de psychologues dans le secteur public attribuables à une faible rémunération et à un manque d'autonomie professionnelle, et non à un déficit de praticiens qualifiés (CBC, 2017). De même, des données de Terre-Neuve-et-Labrador montrent que de nombreux psychologues quittent le secteur public en raison de l'épuisement professionnel, de préoccupations liées à la rémunération et d'une perte d'autonomie, malgré la croissance de la demande (APNL, 2023 Current State of Psychology in Newfoundland and Labrador).

Examens

Nous exhortons le CPBAO à conserver l'examen oral, car il demeure essentiel pour évaluer la compétence au-delà des connaissances théoriques. Il offre une occasion unique d'évaluer directement le raisonnement clinique, la formulation diagnostique et la capacité à communiquer de façon éthique et efficace de l'information complexe. Contrairement aux évaluations écrites, l'examen oral permet aux évaluateurs d'observer comment les candidates raisonnent face à des

cas concrets, justifient leurs jugements professionnels et démontrent leur préparation à la pratique autonome. Supprimer cette étape limiterait considérablement la capacité du Collège à s'assurer que les futures candidates à la profession respectent les normes de compétence nécessaires à la protection du public.

Nous recommandons également de maintenir l'examen de jurisprudence et d'éthique (JEE) dans sa forme actuelle, car les données du CPBAO indiquent que les taux d'échec sont faibles et que cet examen demeure une mesure essentielle de protection du public. Le taux élevé de réussite parmi les professionnels actuels reflète probablement les bénéfices d'une supervision intensive durant la formation, période au cours de laquelle les candidates étudient et discutent activement des enjeux éthiques avec leurs superviseures. Ces échanges sont cruciaux pour développer un solide sens de l'éthique et pour équilibrer les exigences légales, professionnelles et morales dans la prise de décision clinique. Par exemple, l'Alberta a récemment restreint le renouvellement répété des permis provisoires et limité le nombre de tentatives à l'examen EPPP, revenant ainsi sur des politiques plus permissives et réaffirmant le rôle de ces examens dans la protection du public (The College of Alberta Psychologists, 2024).

Réformes suggérées

Nous exhortons donc respectueusement le CPBAO à protéger la sécurité du public et à maintenir les normes professionnelles. Plus précisément:

- Maintenir les domaines de compétence déclarés et les populations de clients desservies;

- Permettre l'inscription au niveau de la maîtrise, tout en exigeant un volume de formation clinique supervisée équivalent en portée (au moins 6 000 heures) à celui des parcours doctoraux;

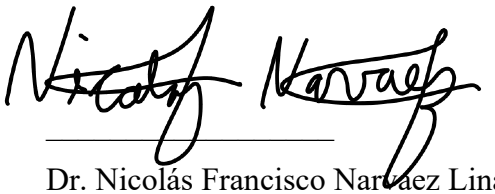
- Conserver l'examen de jurisprudence et d'éthique (JEE) dans sa forme actuelle;

- Consulter le Québec afin de développer des programmes de type Psy.D. en Ontario comme solution à long terme, permettant une diplomation plus rapide tout en préservant la qualité.

L’Ontario a longtemps été reconnue pour la rigueur de sa formation en psychologie et pour son engagement indéfectible en faveur de la protection du public. Ces réformes constituent une rupture nette et préoccupante. Nous exhortons le CPBAO à s’assurer que la modernisation réglementaire maintienne un équilibre entre l’accessibilité et la protection du public, plutôt que de les compromettre.

Nous demeurons disposés à collaborer avec le CPBAO afin de moderniser les parcours d’inscription de manière à élargir l’accès aux soins, tout en préservant les normes rigoureuses qui protègent les Ontariens.

A mari usque ad mare,



Dr. Nicolás Francisco Narváez Linares, C.Psych.
Psychologue exerçant dans les domaines de la neuropsychologie clinique, de la psychologie clinique et de la psychologie scolaire
Signataire principal et auteur coordinateur

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Total: 1691

Signatories / Signataires

Only individuals who are registered psychologists in their province or current graduate students in psychology programs were eligible to sign this letter. All signatories were required to provide their first and last names for verification purposes; however, they had the option to have their names displayed publicly or remain anonymous.

Seules les personnes faisant partie de leur ordre professionnel comme psychologues dans leur province ou les étudiant(e)s actuellement inscrit(e)s à un programme de cycles supérieurs en psychologie pouvaient signer cette lettre. Tous les signataires devaient fournir leur prénom et leur nom de famille complets à des fins de vérification; toutefois, ils pouvaient choisir que leur nom soit affiché publiquement ou demeurer anonymes.

1. Dr. Nicolás F. Narvaez Linares - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

2. Dr. Melissa Crawford - Psychologist (Doctoral degree), practicing in Ontario.

3. Dr. Alexandra Segal - Psychologist (Doctoral degree), practicing in Ontario.

4. Dr. Stephanie L. Leon - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

5. Dr. Ken Colosimo - Psychologist (Doctoral degree), practicing in Ontario.

6. Dr. Sarah Bellefontaine - Psychologist (Doctoral degree), practicing in Ontario.

7. Dr. Amy Williams - Psychologist (Doctoral degree), practicing in Ontario.

8. Dr. Elena Ballantyne - Psychologist (Doctoral degree), practicing in Ontario.

9. Prof. Lorena Ruci - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Alberta and Ontario.

10. Dr. Leah Todd - Psychologist (Doctoral degree), practicing in Ontario.

11. Dr. Houyuan Luo - Psychologist (Doctoral degree), practicing in Ontario.

12. Dr. Matthew Fleischmann - Psychologist, supervised practice (Doctoral degree), practicing in Ontario.

13. Dr. Dragica Visnjevac Fink - Psychologist (Doctoral degree), practicing in Ontario.

14. Dr. Trevor Hart - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba and Ontario.

15. Dr. Stephen Fleming - Psychologist (Doctoral degree), practicing in Ontario.

16. Dr. Stephanie Leclair - Psychologist (Doctoral degree), practicing in Ontario.

17. Dr. Annabelle Torsein - Psychologist (Doctoral degree), practicing in Ontario.

18. Dr. James Watson-Gaze - Psychologist (Doctoral degree), practicing in Ontario.

19. Dr. Samantha Burns - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

20. Dr. Paul Johnston - Psychologist, Clinical Supervisor of Graduate Students, retired as Adjunct University Professor (Doctoral degree), practicing in Ontario.

21. Dr. Nikoo Norouzian - Psychologist (Doctoral degree), practicing in Ontario.

22. Dr. Virginia Boquiren - Psychologist (Doctoral degree), practicing in Ontario.

23. Dr. Tara Gralnick - Psychologist (Doctoral degree), practicing in Alberta and Ontario.

24. Dr. Kim Harris - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

25. Dr. Elizabeth Hubbard - Psychologist (Doctoral degree), practicing in Ontario.

26. Dr. Sarah Setchell - Psychologist (Doctoral degree), practicing in Ontario.

27. Ms. Parisa Akhlaghi - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

28. Dr. Marsha Lomis - Psychologist (Doctoral degree), practicing in Ontario.

29. Dr. Meghan Prosser - Psychologist (Doctoral degree), practicing in Ontario.

30. Dr. Jenna Albiani - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

31. Dr. Maisha Syeda - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Alberta and Ontario.

32. Dr. Rebecca Stead - Psychologist (Doctoral degree), practicing in Ontario.

33. Dr. Erica Martin - Psychologist (Doctoral degree), practicing in Ontario.

34. Dr. Michelle Todorow - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

35. Dr. Angela Sekely - Psychologist (Doctoral degree), practicing in Ontario.

36. Dr. Jenn Bossio - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia and Ontario.

37. Dr. Rachel Horton - Psychologist (Doctoral degree), practicing in Ontario.

38. Dr. Amanda Darroch - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

39. Dr. S. Henry-Gordon - Psychologist (Doctoral degree), practicing in Ontario.

40. Ms. Sonia Khan - Psychologist (Master's degree), practicing in Ontario.

41. Dr. Danielle MacDonald - Psychologist (Doctoral degree), practicing in Ontario.

42. Dr. Kayla Hamel - Psychologist (Doctoral degree), practicing in Ontario.

43. Dr. Laila Din Osmun - Psychologist (Doctoral degree), practicing in Ontario.

44. Dr. Rebecca Vendittelli - Psychologist (Doctoral degree), practicing in Ontario.

45. Dr. Marc Carriere - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

46. Dr. Joanne West - Psychologist (Doctoral degree), practicing in Ontario.

47. Dr. Rebecca Lewinson - Psychologist (Doctoral degree), practicing in Ontario.

48. Dr. Tajinder Uppal Dhariwal - Psychologist (Doctoral degree), practicing in Ontario.

49. Dr. Lindsey MacLeod - Psychologist (Doctoral degree), practicing in Ontario.

50. Ms. Lana Vedelago - Graduate Student (Doctoral program), training in Ontario.

51. Ms. Cynthia Gan - Graduate Student (Master's and Doctoral programs), training in Ontario.

52. Mr. David Hurst - Psychologist (Master's degree), practicing in Nova Scotia and Ontario.

53. Dr. Jennifer Barnes - Psychologist (Doctoral degree), practicing in Ontario.

54. Dr. Julie Wershler - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

55. Dr. Lesley Koven - Psychologist, Professor / Academic Faculty Member, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

56. Dr. Chiu Ming Li - Psychologist (Doctoral degree), practicing in Ontario.

57. Prof. Caroline Pukall - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

58. Ms. Alzena Ilie - Graduate Student (Doctoral degree), training in Nova Scotia.

59. Dr. Gael Wealleans - Psychologist (Doctoral degree), practicing in New Brunswick.

60. Dr. Cory Gerritsen - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

61. Dr. Amy Janzen Claude - Psychologist, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Saskatchewan.

62. Dr. Julie Eichstedt - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

63. Ms. Natalie Brown - Graduate Student (Doctoral program), training in British Columbia and Ontario.

64. Dr. Dianna Gibson - Psychologist (Doctoral degree), practicing in Ontario.

65. Prof. Jennifer Connolly - Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

66. Mrs. Rikki Sewell - Psychologist and Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

67. Dr. Caryn Moulton - Psychologist (Doctoral degree), practicing in Ontario.

68. Dr. Chantal Lafleur - Psychologist (Doctoral degree), practicing in Ontario.

69. Ms. JoAnne Clark - Psychologist (Master's degree), practicing in Ontario.

70. Dr. Jaime Arseneault - Psychologist (Doctoral degree), practicing in Ontario.

71. Dr. Ken Reesor - Psychologist (Doctoral degree), practicing in British Columbia and Ontario.

72. Dr. Cheryl Gilbert MacLeod - Psychologist (Doctoral degree), practicing in Alberta and the Northwest Territories.

73. Ms. Caeleigh Landry - Graduate Student (Doctoral program), training in Saskatchewan.

74. Ms. Tamara Austin - Psychologist (Master's degree), practicing in Alberta and Ontario.

75. Dr. Kirsten Oinonen - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

76. Ms. Hannah Storrs - Graduate Student (Master's degree), training in Ontario.

77. Dr. Olga Oulanova - Psychologist (Doctoral degree), practicing in Ontario.

78. Dr. Kelsi Toews - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Saskatchewan.

79. Dr. Erica Tatham - Psychologist (Doctoral degree), practicing in Ontario.

80. Dr. Ashley Major - Psychologist (Doctoral degree), practicing in Ontario.

81. Dr. Christine Lambert - Psychologist (Doctoral degree), practicing in Ontario.

82. Ms. Hannah Wiedrick - Educational Assistant (Bachelor's degree), practicing in Ontario.

83. Dr. Giorgio Tasca - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

84. Ms. Sarah Woolgar - Psychological Associate or Master's-level Practitioner and Graduate Student (Master's degree; current doctoral program), practicing and training in British Columbia.

85. Dr. Linda Schattmann - Psychologist (Doctoral degree), practicing in Ontario.

86. Mrs. Stephanie Andreasen - Graduate Student (Doctoral program), training in Alberta.

87. Dr. Joshua A. Rash - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Newfoundland and Labrador.

88. Dr. Jennifer Felsher - Psychologist (Doctoral degree), practicing in Ontario.

89. Mr. David Vass - Graduate Student (Doctoral program), training in British Columbia.

90. Dr. Tyson Kurtenbach - Psychologist (Doctoral degree), practicing in Saskatchewan.

91. Ms. Alessia Zappia - Graduate Student (Bachelor's and Master's degrees), training in Ontario.

92. Ms. Bethany Sander - Graduate Student (Doctoral program), training in Saskatchewan.

93. Dr. Alexa Kane - Psychologist (Doctoral degree), practicing in Ontario.

94. Ms. Kati Whelan - Graduate Student (Master's degree), training in Ontario.

95. Dr. Chantel Ritter - Psychologist (Doctoral degree), practicing in Ontario.

96. Ms. Melissa Lazo - Graduate Student (Master's degree; current doctoral program), training in British Columbia.

97. Dr. Richelle Bird - Psychologist (Doctoral degree), practicing in Ontario.

98. Dr. Sachi Nagasawa - Psychologist (Doctoral degree), practicing in Ontario.

99. Dr. Howard Bernstein - Psychologist (Doctoral degree), practicing in Ontario.

100. Ms. Erika Thauberger - Psychological Associate or Master's-level Practitioner and Graduate Student (Doctoral program), practicing and training in British Columbia and Ontario.

101. Dr. Naomi Greenwald - Psychologist (Doctoral degree), practicing in Ontario.

102. Ms. Meggan Porteous - Graduate Student (Doctoral degree), training in Ontario.

103. Dr. Christine Purdon - Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

104. Dr. Vanessa Villani - Psychologist (Doctoral degree), practicing in Ontario.

105. Dr. Jordan Urlacher - Psychologist (Doctoral degree), practicing in Alberta.

106. Dr. Shirley Bryntwick - Retired Psychologist (Doctoral degree), practicing in Ontario.

107. Dr. Busi Zapparoli - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

108. Ms. Ashlinn Pennell - Graduate Student (Master's degree), training in Newfoundland and Labrador.

109. Ms. Hannah McDowell - Graduate Student (Master's degree), training in Ontario.

110. Vanessa Correia - Graduate Student (Master's program), training in Ontario.

111. Ms. Shaelyn Stienwandt - Psychological Associate or Master's-level Practitioner and Graduate Student (Master's degree; current doctoral program), practicing and training in Manitoba.

112. Dr. Meghan Richards - Psychologist, Professor / Academic Faculty Member, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in New Brunswick.

113. Dr. Marilyn Miller - Psychologist (Doctoral degree), practicing in Ontario.

114. Dr. Susan Moraes - Psychologist (Doctoral degree), practicing in Ontario.

115. Dr. Nesrine Shimoon - Psychologist (Doctoral degree), practicing in Ontario.

116. Ms. Olivia Smith - Graduate Student (Master's program), training in Ontario.

117. Ms. Lena Gryshchuk - Graduate Student (Doctoral program), training in New Brunswick.

118. Dr. Melodie Lemay-Gaulin - Psychologist (Doctoral degree), practicing in Ontario.

119. Dr. Robert Aidelbaum - Psychologist (Doctoral degree), practicing in Ontario.

120. Dr. Jennifer Bruce - Psychologist (Doctoral degree), practicing in Quebec.

121. Dr. Jelena King - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

122. Dr. Carmelina Barone - Psychologist (Doctoral degree), practicing in British Columbia.

123. Dr. Lauryn Vander Molen - Psychologist (Doctoral degree), practicing in Alberta and Yukon.

124. Dr. Vanessa Illing - Psychologist (Doctoral degree), practicing in Ontario.

125. Dr. Juliana Tobon - Psychologist (Doctoral degree), practicing in Nunavut, Ontario, and Yukon.

126. Dr. O. Eduardo Roldan - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

127. Dr. Shauna Solomon-Krakus - Psychologist (Doctoral degree), practicing in Ontario.

128. Mr. Philip MacGregor - Graduate Student (Doctoral program), training in Ontario.

129. Dr. Stephanie Bot - Psychologist (Doctoral degree), practicing in Ontario.

130. Dr. Revital Ben-Knaz - Psychologist (Doctoral degree), practicing in Ontario.

131. Dr. Deborah Reitzel-Jaffe - Psychologist (Doctoral degree), practicing in Ontario.

132. Mrs. Bridget Disini - Graduate Student (Doctoral program), training in British Columbia.

133. Dr. Sabreena Chohan - Psychologist (Doctoral degree), practicing in Ontario.

134. Dr., Prof. Ivan Torres - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in British Columbia.

135. Dr. Jane Blouin, C. Psych. - Psychologist and Director of Program (Doctoral degree), practicing in Ontario.

136. Ms. Tamara Davidson Marcon - M.A., C.Psych.Assoc. (Supervised Practice) (Master’s degree), practicing in Ontario.

137. Dr. Edward Bassis - Psychologist (Doctoral degree), practicing in Ontario.

138. Ms. Lara Penner-Goeke - Graduate Student (Doctoral program), training in Manitoba.

139. Dr. Melissa Read - Psychologist (Doctoral degree), practicing in Ontario.

140. Dr. Jo-Ann Reitzel - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

141. Dr. Annunziata Marcoccia - Psychologist (Doctoral degree), practicing in Alberta.

142. Dr. Sarah Atkey - Psychologist (Doctoral degree), practicing in Ontario.

143. Dr. Kristen Dowling - Psychologist (Doctoral degree), practicing in British Columbia.

144. Dr. Michelle Busse - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

145. Sari Isenstein - Psychologist (Doctoral degree), practicing in Ontario.

146. Dr. Anna Baranowsky - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

147. Dr. Samantha Fuss Ackerman - Psychologist (Doctoral degree), practicing in Ontario.

148. Dr. Maria Rogers - Psychologist (Doctoral degree), practicing in Ontario.

149. Dr. Theresa Van Domselaar - Psychologist (Doctoral degree), practicing in British Columbia.

150. Dr. Deanna Drahovzal - Psychologist (Doctoral degree), practicing in Ontario.

151. Dr. Melanie Vanier - Psychologist (Doctoral degree), practicing in Nova Scotia, Ontario, and Prince Edward Island.

152. Dr. Mary Ann Campbell - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in New Brunswick.

153. Dr. Barry Brooker - Retired Psychologist (Doctoral degree), practicing in Ontario.

154. Dr. Shireen Abuhatoum - Psychologist (Doctoral degree), practicing in Ontario.

155. Dr. Correne De Carlo - Psychologist (Doctoral degree), practicing in Ontario.

156. Sophie Kudryk - Graduate Student (Master's and Doctoral programs) (Master's degree; current doctoral program), training in Ontario.

157. Mme Marie-Pier Mazerolle - Étudiante au doctorat, en formation au Nouveau-Brunswick.

158. Dr. Harinder Mrahar - Psychologist (Doctoral degree), practicing in Ontario.

159. Dr. Erin Sulla - Psychologist (Doctoral degree), practicing in Ontario.

160. Mme Danika Quenneville - Étudiante au doctorat, en formation en Ontario.

161. Ms. Natasha Maltais - Graduate Student (Doctoral program), training in Ontario.

162. Ms. Rachel Lee Dauz - Graduate Student (Master's degree; current doctoral program), training in Newfoundland and Labrador.

163. Dr. Megan Brunet - Psychologist (Doctoral degree), practicing in Ontario.

164. Dr. Jacqueline Cohen - Psychologist (Doctoral degree), practicing in Nova Scotia.

165. Dr. Nirvana Maharaj - Psychologist (Doctoral degree), practicing in Ontario.

166. Dr. Stephanie Price - Psychologist (Doctoral degree), practicing in Ontario.

167. Dr. Christina Ricciuti - Psychologist (Doctoral degree), practicing in Ontario.

168. Dre Michèle Mantha - Psychologue (doctorat), exerçant en Ontario.

169. Prof. James MacKillop, PhD, C.Psych., FCAHS - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

170. Ms. Brianna Boyle - Graduate Student (Doctoral program), training in New Brunswick and Nova Scotia.

171. Dr. Petra McDowell - Psychologist (Doctoral degree), practicing in Ontario.

172. Dr. D. Sebastian Saint - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Alberta, Nova Scotia, and Saskatchewan.

173. Dr. Larah Maunder - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

174. Dr. Rachel Greenbaum - Psychologist (Doctoral degree), practicing in Ontario.

175. Dr. Lyndsay Evraire - Psychologist (Doctoral degree), practicing in Ontario.

176. Dr. Amanda LaMarre - Psychologist, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

177. Dr. Gerald Young - Psychologist (Doctoral degree), practicing in Ontario.

178. Jeremy Doucette - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

179. Dre Rose Robbins - Psychologue (doctorat), exerçant en Ontario.

180. Dr. Mariana Wainer - Psychologist (Doctoral degree), practicing in Ontario.

181. Ms. Laura Grennan - Registered Psychotherapist (Qualifying) (Master's degree), practicing in Ontario.

182. Ms. Autumn Brambell - Graduate Student (Bachelor's degree; current Master's program), training in Saskatchewan.

183. Dr. Lynn Lightfoot - Psychologist (Doctoral degree), practicing in Ontario.

184. Dr. Kristine Iaboni - Psychologist (Doctoral degree), practicing in Ontario.

185. Dr. Faizah Visram - Psychologist (Doctoral degree), practicing in Ontario.

186. Dr. Jessica Strong - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Prince Edward Island.

187. Dr. Diana Audet - Psychologist (Doctoral degree), practicing in Ontario.

188. Ms. Melissa Corbett - Graduate Student (Master's or Doctoral level) (Doctoral degree), training in Nova Scotia.

189. Dr. Elizabeth Thornley - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

190. Dr. Nozomi Minowa - Psychologist (Doctoral degree), practicing in Ontario.

191. Dr. Emily MacKillop - Psychologist, Professor / Academic Faculty Member, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

192. Dr. Emma Wookey - Psychologist (Doctoral degree), practicing in Ontario.

193. Dr. Laurel Cholmsky - Psychologist (Doctoral degree), practicing in Ontario.

194. Dr. Janell Klassen - Psychologist (Doctoral degree), practicing in Ontario.

195. Dr. Emily Bryntwick - Psychologist (Doctoral degree), practicing in Ontario.

196. Dr. Katherine Welch - Psychologist (Doctoral degree), practicing in Ontario.

197. Dr. Victoria Edwards - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

198. Dr. Martin Antony - Psychologist, Professor / Academic Faculty Member, and Director of Program (Doctoral degree), practicing in Ontario.

199. Dr. Meagan Gallagher - Psychologist (Doctoral degree), practicing in Ontario.

200. Dr. Jennifer Barbera - Psychologist (Doctoral degree), practicing in Ontario.

201. Dr. Kathryn Walker - Psychologist (Doctoral degree), practicing in Ontario.

202. Dr. Laura Doey - Psychologist (Doctoral degree), practicing in Ontario.

203. Dr. Dora Zalai - Psychologist (Doctoral degree), practicing in Ontario.

204. Dr. Mary Simmering McDonald - Psychologist (Doctoral degree), practicing in Ontario.

205. Dr. Karin Almuhtadi - Psychologist (Doctoral degree), practicing in Ontario.

206. Dr. Gregory Knoll - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

207. Mrs. Genevieve Berube - Psychological Associate or Master's-level Practitioner (Master's degree; current doctoral program), practicing in Ontario.

208. Dr. Tara Masseratagah - Psychologist (Doctoral degree), practicing in Ontario.

209. Dr. Barna Konkoly-Thege - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

210. Ms. Emily Fuller - Graduate Student (Bachelor's degree; current Master's program), training in Ontario.

211. Ms. Audrey Aiken - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

212. Dr. Laura Garcia-Browning - Psychologist (Doctoral degree), practicing in Ontario.

213. Dr. Tammy Wong Ko - Psychologist (Doctoral degree), practicing in Ontario.

214. Dr. Sarah Gray - Psychologist (Doctoral degree), practicing in Ontario.

215. Kathleen Walsh - Psychological Associate or Master's-level Practitioner and Graduate Student (Doctoral program), practicing and training in British Columbia.

216. Dr. Julia Riddell - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Manitoba and Ontario.

217. Dr. Marina Fodor - Psychologist (Doctoral degree), practicing in Ontario.

218. Dr. Paula Miceli - Psychologist (Doctoral degree), practicing in Ontario.

219. Dr. Heather Burke - Psychologist (Doctoral degree), practicing in Alberta and British Columbia.

220. Dr. Howard Waiser - Retired Psychologist (Doctoral degree), practicing in Ontario.

221. Dr. Carly Shecter - Psychologist (Doctoral degree), practicing in Ontario.

222. Dr. Laura Olszowy - Psychologist (Doctoral degree), practicing in Ontario.

223. Dr. Celeste Lefebvre - Psychologist (Doctoral degree), practicing in Nova Scotia.

224. Dr. Sabrina Lemire-Rodger - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

225. Dr. Melissa Parlar - Psychologist (Doctoral degree), practicing in Ontario.

226. Ms. Eliscia Sinclair - Graduate Student (Doctoral program), training in British Columbia and Ontario.

227. Dr. Michelle Green - Psychologist (Doctoral degree), practicing in Ontario.

228. Dr. Janel Gauthier - Retired Psychologist (Doctoral degree), practicing in Quebec.

229. Dr. Chastine Lamoureux - Psychologist (Doctoral degree), practicing in Ontario.

230. Dr. Brooke Fletcher - Psychologist (Doctoral degree), practicing in Alberta and Ontario.

231. Dr. Sanya Sagar - Psychologist (Doctoral degree), practicing in Ontario.

232. Dr. Marette Abdelmaseh - Psychologist (Doctoral degree), practicing in Ontario.

233. Ms. Jessica Arrigo - Psychological Associate or Master’s-level Practitioner (Master’s degree), practicing in Ontario.

234. Dr. Lyzon Babchishin - Psychologist (Doctoral degree), practicing in Ontario.

235. Dr. Stephanie Craig - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

236. Dr. Eliyas Jeffay - Psychologist (Doctoral degree), practicing in Ontario.

237. Dr. Kelly Horner - Psychologist (Doctoral degree), practicing in Ontario.

238. Dr. Emily Jones - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

239. Dr. Elissa Golden - Psychologist (Doctoral degree), practicing in Ontario.

240. Dr. Nina Josefowitz - Psychologist (Doctoral degree), practicing in Ontario.

241. Dr. Kristina Gicas - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in British Columbia.

242. Dr. Candice Monson - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

243. Dr. Kim Ceurstemont - Psychologist (Doctoral degree), practicing in British Columbia and Ontario.

244. Ms. Madison Waller - Psychologist and Graduate Student (Doctoral program), practicing and training in Alberta and Ontario.

245. Ms. Audrey Li-Chay-Chung - Graduate Student (Master's degree; current doctoral program), training in Ontario.

246. Ms. Georgia Gopinath - Graduate Student (Master's degree; current doctoral program), training in Manitoba.

247. Ms. Bethany Torraville - Graduate Student (Doctoral program), training in Alberta.

248. Dr. Oren Amitay - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

249. Dr. Joanna Mitsopulos - Psychologist (Doctoral degree), practicing in Ontario.

250. Dr. Veronica Asgary-Eden - Psychologist (Doctoral degree), practicing in Ontario.

251. Dr. Adrijana Krsmanovic - Psychologist (Doctoral degree), practicing in Ontario.

252. Dr. Sadia Saleem - Psychologist (Doctoral degree), practicing in Ontario.

253. Dr. Nathalie Conn Krieger - Psychologist (Doctoral degree), practicing in Ontario.

254. Dr. Lisa Trepanier - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

255. Dr. Judith A. Silver - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

256. Dr. Ashley Mlotek - Psychologist (Doctoral degree), practicing in Ontario.

257. Dr. Kristina Devoulyte - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Alberta.

258. Dr. Vanessa Scarapicchia - Psychologist (Doctoral degree), practicing in Ontario.

259. Dr. Cathryn Harris - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

260. Dr. Andreea Tamaian - Psychologist (Doctoral degree), practicing in Ontario and Saskatchewan.

261. Dr. Christine Knight - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Alberta.

262. Mrs. Jordan Pumphrey - Graduate Student (Doctoral program), training in Ontario and Quebec.

263. Dr. Antonette Hazell - Psychologist (Doctoral degree), practicing in Ontario.

264. Ms. Emily Rowe - Graduate Student (Doctoral program), training in Newfoundland and Labrador.

265. Dr. Catherine Gow - Psychologist (Doctoral degree), practicing in Ontario.

266. Dr. Josée Fitzpatrick - Psychologist, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

267. Dr. Jaspreet Rai - Psychologist (Doctoral degree), practicing in Alberta and Ontario.

268. Dr. Nicole Law - Psychologist (Doctoral degree), practicing in Ontario.

269. Dr. Norann Richard - Psychologist (Doctoral degree), practicing in Alberta, British Columbia, and Nova Scotia.

270. Dre Brigitte Patry - Psychologue (doctorat), exerçant en Nouvelle-Écosse.

271. Dr. Carol-Anne Hendry - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

272. Dr. Claire Ivy Gayle Kumchy - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in New Brunswick, Nova Scotia, and Ontario.

273. Dr. Laura Rees - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

274. Dr. Michelle Flax - Psychologist (Doctoral degree), practicing in Ontario.

275. Dr. Susan Ruscher - Psychologist (Doctoral degree), practicing in Ontario.

276. Dr. Paulette Laidlaw - Psychologist (Doctoral degree), practicing in Ontario.

277. Dr. Stacy Thomas - Psychologist (Doctoral degree), practicing in Ontario.

278. Dr. Jennifer Pink - Psychologist (Doctoral degree), practicing in Ontario.

279. Mr. Harley Harwood - Graduate Student (Master’s or Doctoral level; Master’s degree), studying in Nova Scotia.

280. Dr. Carly Guberman - Psychologist (Doctoral degree), practicing in Ontario.

281. Dr. Faisal Al-Yawer - Psychologist (Doctoral degree), practicing in Ontario and Québec.

282. Dr. Natalie Michel - Psychologist (Doctoral degree), Clinical Supervisor of Graduate Students, practicing in Ontario.

283. Dr. Ammaar Kidwai - Psychologist (Doctoral degree), practicing in Ontario.

284. Dr. Marilyn L. Hill - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

285. Dr. Iris Jackson - Psychologist (Doctoral degree), practicing in Ontario.

286. Dr. Julie Goldenson - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

287. Dr. Sarah Talebizadeh - Psychologist (Doctoral degree), practicing in Ontario.

288. Dr. Jacqueline Carter - Psychologist (Doctoral degree), practicing in Newfoundland and Labrador.

289. Dr. Carol Heusser - Psychologist (Doctoral degree), practicing in Ontario.

290. Dr. Sean Robb - Psychologist (Doctoral degree), practicing in Ontario.

291. Dr. Pauline Richards - Psychologist (Doctoral degree), practicing in Ontario.

292. Z. Ladak - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

293. Dr. Hanna McCabe-Bennett - Psychologist (Doctoral degree), practicing in Ontario.

294. Dr Jean-Luc LeBlanc - Psychologue (doctorat), exerçant en Ontario.

295. Dr. Sophia Durisko - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

296. Dr. Shawn Wilson - Psychologist (Doctoral degree), practicing in Ontario.

297. Dr. Marc D. Levi - Psychologist (Doctoral degree), practicing in Ontario.

298. Dr. T. John Iddiols - Psychologist (Doctoral degree), practicing in Ontario.

299. Ms. Siann Gault - Graduate Student (Doctoral program), training in Newfoundland and Labrador and Nova Scotia.

300. Dr. Jessica Van Exan - Psychologist (Doctoral degree), practicing in Ontario.

301. Dr. Nicole Elliott - Psychologist (Doctoral degree), practicing in Ontario.

302. Mrs. Nicole Knon - Psychologist (Master's degree), practicing in Ontario.

303. Dr. J. Christine Rose - Psychologist (Doctoral degree), practicing in Ontario.

304. Dr. Andrew Daoust - Professor / Academic Faculty Member (Doctoral degree), practicing in Nova Scotia and Ontario.

305. Dr. Julie Erickson - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

306. Dr Vincent Moreau - Psychologue et superviseur clinique d'étudiant(e)s aux cycles supérieurs (doctorat), exerçant au Québec.

307. Dr. Giovanni Foti - Psychologist (Doctoral degree), practicing in Ontario.

308. Dr. Annette Lorenz - Psychologist (Doctoral degree), practicing in Alberta and Ontario.

309. Dr. Anik Gosselin - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

310. Dr. Tobi Lubinsky - Psychologist (Doctoral degree), practicing in Ontario.

311. Ms. Nicole Grant - Graduate Student (Master's degree; current Doctoral program), training in Quebec.

312. Dr. Randy Katz - Psychologist (Doctoral degree), practicing in Ontario.

313. Dr. Emma MacDonald - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

314. Dr. Brittany Jamieson - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

315. Dr. Christine Sloss - Psychologist, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

316. Dr. Kathleen Wilson - Psychologist (Doctoral degree), practicing in Ontario.

317. Dr. Jodie Waisberg - Psychologist (Doctoral degree), practicing in Ontario.

318. Dr. Sheila Willson - Psychologist (Doctoral degree), practicing in Ontario.

319. Dr. Bruce Connell - Psychologist (Doctoral degree), practicing in Ontario.

320. Ms. Emily Marriott - Graduate Student (Doctoral program), training in Newfoundland and Labrador and Ontario.

321. Carol Cavaliere - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

322. Dr. Annamaria McAndrew - Psychologist (Doctoral degree), practicing in Ontario.

323. Dr. Ruby Jamil - Psychologist (Doctoral degree), practicing in Ontario.

324. Dr. Julie Shilhan - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

325. Dr. Romina Coppa - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

326. Ms. Kya Farrelly - Graduate Student (Master's degree; current Doctoral program), training in Ontario.

327. Dr. Elizabeth Kerr - Psychologist (Doctoral degree), practicing in Ontario.

328. Dr. Shawn Gates - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia and Ontario.

329. Dr. Tammie Ricci - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

330. Dr. Marina Heifetz - Psychologist (Doctoral degree), practicing in Ontario.

331. Dr. Samantha Daskaluk - Psychologist (Doctoral degree), practicing in Ontario.

332. Ms. Lydia Hicks - Graduate Student (Doctoral program), training in Ontario.

333. Dr. Maureen Jean - Psychologist (Doctoral degree), practicing in Ontario.

334. Chantal Wiebe - Graduate Student (Doctoral program), training in Manitoba.

335. Dr. Eleni Hapidou - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

336. Dr. Hannah - Psychologist (Doctoral degree), practicing in Ontario.

337. Dr. Victoria Sit - Psychologist (Doctoral degree), practicing in Ontario.

338. Dr. Kathryn Greenaway - Psychologist (Doctoral degree), practicing in Ontario.

339. Dr. Jenkin Ngo Yin Mok - Psychologist (Doctoral degree), practicing in Ontario.

340. Dre Suzanne Filion - Psychologue (doctorat), exerçant en Ontario.

341. Dr. Amy Brown-Bowers - Psychologist (Doctoral degree), practicing in Ontario.

342. Dr. Hayley Wood - Psychologist (Doctoral degree), practicing in Ontario.

343. Dr. Anne McHugh - Psychologist (Doctoral degree), practicing in Ontario.

344. Dr. Zoë Laksman - Psychologist (Doctoral degree), practicing in Ontario.

345. Dr. Jennifer Hunter - Psychologist (Doctoral degree), practicing in Ontario.

346. Dr. George Nicholl - Psychologist (Doctoral degree), practicing in Ontario.

347. Ms. Shreeyaa Ramana - Graduate Student (Bachelor's degree; current graduate program), training in Ontario.

348. Mme Marie-Pierre Daigle - Étudiante au doctorat, en formation en Ontario.

349. Dr. Pushpa Kanagaratnam - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

350. Dr. Barbara Fidler - Psychologist (Doctoral degree), practicing in Ontario.

351. Dre Caroline Séguin Leclair - Psychologue et superviseure clinique d'étudiant(e)s aux cycles supérieurs (doctorat), exerçant en Ontario et au Québec.

352. Dr. Mechtild Uhe - Psychologist (Doctoral degree), practicing in Ontario.

353. Dr. Adrienne Kovacs - Psychologist (Doctoral degree), practicing in Ontario.

354. Dr. Jasmine Bains - Psychologist under supervised practice (Doctoral degree), practicing in Ontario.

355. Dr. Nicholas Ostapchuk - Psychologist (Doctoral degree), practicing in Ontario.

356. Dr. Emily Case - Psychologist (Doctoral degree), practicing in Newfoundland and Labrador.

357. Dr. Andrew Hunter - Psychologist (Doctoral degree), practicing in Ontario.

358. Dr. Nicole Rodriguez - Psychologist (Doctoral degree), practicing in Newfoundland and Labrador.

359. Dr. Carolyn Houlding - Psychologist and Director of Training (Doctoral degree), practicing in Ontario.

360. Dr. Natalie Rubin - Psychologist (Doctoral degree), practicing in Nova Scotia and Ontario.

361. Dr. Milena Spasojevic - Psychologist (Doctoral degree), practicing in Alberta and Ontario.

362. Dr. Erin M. Picard - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia and Ontario.

363. Dr. Cosmin G. Colțea - Psychologist (Doctoral degree), practicing in Ontario and Saskatchewan.

364. Ms. Divya Nambiar - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

365. Dr. Angela Lachowski - Psychologist (Doctoral degree), practicing in Ontario.

366. Dr. Angela Carter - Psychologist (Doctoral degree), practicing in Ontario.

367. Dr. Cathy Notarfonzo - Psychologist (Doctoral degree), practicing in Ontario.

368. Dr. Lawrence Tuff - Psychologist (Doctoral degree), practicing in Ontario.

369. Dr. Dessy Marinova - Psychologist (Doctoral degree), practicing in Ontario.

370. Dre Marie-Pier Vandette - Psychologue, professeure et superviseure clinique d'étudiant(e)s aux cycles supérieurs (doctorat), exerçant en Ontario et au Québec.

371. Ms. Averil Parker - Graduate Student (Doctoral program), training in Ontario.

372. Dr. Teresa Sota - Psychologist (Doctoral degree), practicing in Ontario.

373. Dr. Line St-Pierre - Psychologist (Doctoral degree), practicing in Ontario.

374. Dr. Michelle Carroll - Psychologist (Doctoral degree), practicing in Ontario.

375. Dr. Stephanie Cassin - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

376. Dr. Lisa Carswell - Psychologist (Doctoral degree), practicing in Ontario.

377. Dr. Nicole Dent - Psychologist (Doctoral degree), practicing in Ontario.

378. Dr. Betty Kershner - Psychologist (Doctoral degree), practicing in Ontario.

379. Dr. Lori de Laplante - Psychologist (Doctoral degree), practicing in Ontario.

380. Dr. Monica Apostol - Psychologist (Doctoral degree), practicing in Ontario.

381. Dr. Angela Ati Palangi - Psychologist (Doctoral degree), practicing in Ontario.

382. Dr. Liliana R. Tomescu - Psychologist (Doctoral degree), practicing in Ontario.

383. Dr. Richard Wood - Psychologist (Doctoral degree), practicing in Ontario.

384. Dr. Ellie Jin - Psychologist (Doctoral degree), practicing in Ontario.

385. Dr. Na Zhu - Psychologist (Doctoral degree), practicing in Ontario.

386. Dr. Peter Egeto - Psychologist (Doctoral degree), practicing in Ontario.

387. Dr. Catherine Classen - Psychologist (Doctoral degree), practicing in Ontario.

388. Dr. Elisabeth Melsom - Psychologist (Doctoral degree), practicing in Ontario.

389. Dr. Julia Broeking - Psychologist (Doctoral degree), practicing in Ontario.

390. Dr. Elizabeth Wong - Psychologist (Doctoral degree), practicing in Ontario.

391. Dr. Syler Hayes - Psychologist (Provisionally Registered) (Doctoral degree), practicing in Newfoundland and Labrador.

392. Prof. Josée Jarry - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

393. Dr. Erika Brady - Psychologist (Doctoral degree), practicing in Nova Scotia.

394. Dr. Natalie Ferreira - Psychologist (Doctoral degree), practicing in Ontario.

395. Mr. David Storey - Graduate Student (Doctoral program), training in Newfoundland and Labrador.

396. Dr. Erin Warriner - Psychologist (Doctoral degree), practicing in Ontario.

397. Dr. Carole Lamarche - Psychologist (Doctoral degree), practicing in Ontario.

398. Ms. Kaitlyn Lem - Psychologist and Graduate Student (Doctoral degree), practicing in Newfoundland and Labrador.

399. Dr. Layla Hall - Psychologist (Doctoral degree), practicing in Ontario.

400. Mr. Liam Wright - Graduate Student (Doctoral program), training in Ontario.

401. Dr. Sarah Cabecinha-Alati - Psychologist (Doctoral degree), practicing in Ontario.

402. Ms. Jessica Edwards - Graduate Student (Doctoral program) and Registered Provisional Psychologist (Alberta), training in Alberta and Ontario.

403. Ms. Barbara Mackenzie Barnett - Graduate Student (Master's program), training in Ontario.

404. Dr. Rebecca Nurgitz - Psychologist (Doctoral degree), practicing in Ontario.

405. Ms. Kethmi Egodage - Psychologist and Graduate Student (Master's degree), training and practicing in Ontario.

406. Dr. David Eisenach - Psychologist (Doctoral degree), practicing in Ontario.

407. Dr. Kim Sunseth - Psychologist (Doctoral degree), practicing in Ontario.

408. Dr. Amrita Ghai - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

409. Dr. Belal Zia - Psychologist (Doctoral degree), practicing in Ontario.

410. Dr. Nevena Simic - Psychologist (Doctoral degree), practicing in Ontario.

411. Pearl Meredith - Graduate Student (Master's program), training in British Columbia.

412. Dr. Pamela Percy - Psychologist (Doctoral degree), practicing in Manitoba and Ontario.

413. Si-Ning Yeo - Graduate Student (Doctoral program) (Master's degree), training in Ontario.

414. Dr. Tiffany O'Connor - Psychologist (Doctoral degree), practicing in Ontario.

415. Dr. Beverly Butler - Psychologist (Doctoral degree), practicing in Nova Scotia.

416. Dr. Lyndsay Crump - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in New Brunswick and Saskatchewan.

417. Dr. Ted Morris - Psychologist (Doctoral degree), practicing in Ontario.

418. Dr. Skye Fitzpatrick - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

419. Dr. Ester Cole - Retired Psychologist (Doctoral degree), residing in Ontario.

420. Dr. Maria Kokai - Retired Psychologist (Doctoral degree), residing in Ontario.

421. Dr. Janani Deffendall - Psychologist (Doctoral degree), practicing in Ontario.

422. Dr. Elizabeth Bolger - Psychologist (Doctoral degree), practicing in Ontario.

423. Ms. Clara McNamee - Graduate Student (Doctoral program), training in Ontario.

424. Dr. Daria Kolmogorova - Psychologist (Doctoral degree), practicing in Ontario.

425. Ms. Melanie Adler - Psychologist (Master's degree), practicing in Ontario.

426. Dr. Danielle Kofler - Psychologist (Doctoral degree), practicing in Ontario.

427. Ms. Geneviève Forget - Graduate Student (Doctoral program), training in Ontario.

428. Dr. Kayla Yosipovich - Psychologist (Doctoral degree), practicing in Ontario.

429. Dre Nathalie Freynet - Psychologue et superviseure clinique d'étudiant(e)s aux cycles supérieurs (doctorat), exerçant en Ontario.

430. Ms. Em Girard - Graduate Student (Bachelor's degree; current Master's program), training in Ontario.

431. Dr. Ashley Morgan - Psychologist (Doctoral degree), practicing in Ontario.

432. Dr. Dahlia Fisher - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

433. Ms. Erin Fuller - Graduate Student (Doctoral program), training in British Columbia and Ontario.

434. Ms. Hanya Ismail - Graduate Student (Doctoral program), training in Ontario.

435. Dr. Sally Christensen - Psychologist (Doctoral degree), practicing in Ontario.

436. Dr. Shayna Nussbaum - Psychologist (Doctoral degree), practicing in Ontario.

437. Dr. Leah Keating - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

438. Ms. Grace Golden - Graduate Student (Master's degree; current Doctoral program), training in Ontario.

439. Dr. David J. A. Dozois - Psychologist, Professor / Academic Faculty Member, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba and Ontario.

440. Ms. Selena Esteves - Graduate Student (Bachelor's degree; current Master's program), training in Ontario.

441. Taylor Meiorin - Graduate Student (Doctoral program), training in Ontario.

442. Dr. Paula J. Gardner - Psychologist (Doctoral degree), practicing in Ontario.

443. Dr. Gina Madrigrano - Psychologist (Doctoral degree), practicing in Ontario.

444. Ms. Ella Rivet - Graduate Student (Master's program), training in Ontario.

445. Dr. Cathy Giordano - Psychologist (Doctoral degree), practicing in Ontario.

446. Ms. Vidhi Patel - Graduate Student (Master's program), training in Ontario.

447. Ms. Chantelle Castelino - Graduate Student (Doctoral program), in training.

448. Dr. Alisha Henson - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Alberta, Ontario, and Quebec.

449. Mr. Scott Taylor - Graduate Student (Doctoral program), training in Alberta.

450. Ms. Gabriela Murphy - Graduate Student (Master's program), training in Ontario.

451. Dr. Ryan O'Byrne - Psychologist (Supervised Practice) (Doctoral degree), practicing in Ontario.

452. Dr. Deborah Azoulay - Retired Psychologist (Doctoral degree), residing in Ontario.

453. Dr. Leanne Kane - Psychologist (Doctoral degree), practicing in Ontario.

454. Mr. Josh Budge - Graduate Student (Doctoral program; Bachelor's degree), training in Ontario.

455. Dr. Brenda Kenyon - Psychologist (Doctoral degree), practicing in Ontario.

456. Mrs. Juanita Mureika - Psychologist (Master's degree), practicing in New Brunswick.

457. Dr. Tim Baker - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

458. Ms. Taylor Breddy - Graduate Student (Master's program), training in Ontario.

459. Dre Dominique Gosselin - Psychologue (doctorat), exerçant en Ontario.

460. Dr. Casey Iwai - Psychologist (Doctoral degree), practicing in Ontario.

461. Dr. Patrick McGrath - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Nova Scotia and Ontario.

462. Ms. Isabel Sadowski - Psychologist and Graduate Student (Master's degree; current doctoral program), practicing and training in Quebec.

463. Dr. Diana Vito - Psychologist (Doctoral degree), practicing in Ontario.

464. Ms. Samantha Withnell - Graduate Student (Doctoral program), training in Ontario.

465. Dr. Catherine Munns - Psychologist (Doctoral degree), practicing in Ontario.

466. Dr. Julianna Switaj - Psychologist (Doctoral degree), practicing in Ontario.

467. Dr. Jennifer Vriend - Psychologist (Doctoral degree), practicing in Ontario.

468. Ms. Thipiga Sivayoganathan - Graduate Student (Master's degree; current doctoral program), training in Ontario.

469. Dr. Jacqueline Hogue - Psychologist (Doctoral degree), practicing in Manitoba and Ontario.

470. Dr. Tim Salomons - Psychologist, Professor / Academic Faculty Member, and Director of Training (Doctoral degree), practicing in Ontario.

471. Dr. Catherine Horvath - Psychologist, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

472. Dr. Laura Armstrong - Psychologist, Professor / Academic Faculty Member, and Director of Program (Doctoral degree), practicing in Ontario.

473. Dr. Tuvia Hoffman - Psychologist (Doctoral degree), practicing in Ontario.

474. Ms. Sarah Kowall - Graduate Student (Master's program), training in Ontario.

475. Ms. Savie Edirisinghe - Graduate Student (Master's degree; current doctoral program), training in Ontario.

476. Dr. Steven R. Graffi - Psychologist (Doctoral degree), practicing in Ontario.

477. Dr. Taryn Fay-McClymont - Psychologist (Doctoral degree), practicing in Alberta and British Columbia.

478. Ms. Monica Scrocchi - Graduate Student (Master's program), training in Ontario.

479. Dr. Fred Chou - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in British Columbia.

480. Ms. Shadini Dematagoda - Graduate Student (Doctoral program), training in Ontario.

481. Dr. Alena Strauss - Psychologist (Doctoral degree), practicing in Ontario.

482. Mr. Graham Berlin - Holds a Master's degree and is currently a Doctoral graduate student, training in Ontario.

483. Ms. Sonali Khera - Graduate Student (Doctoral program), training in Newfoundland and Labrador.

484. Dr. Christina Dimech - Psychologist (Doctoral degree), practicing in Ontario.

485. Dr. Ting Chi Betty Luk - Psychologist (Doctoral degree), practicing in Ontario.

486. Dr. Irit Sterner - Psychologist (Doctoral degree), practicing in Ontario.

487. Mx. Dani Leclair - Graduate Student (Master's program), training in Quebec.

488. Dr. Laura Young - Psychologist (Doctoral degree), practicing in Ontario.

489. Dr. Wendy Rogers - Psychologist (Doctoral degree), practicing in New Brunswick and Quebec.

490. Dr. Sarah Lyons - Psychologist (Doctoral degree), practicing in Ontario.

491. Dr. Sandra Belfry - Psychologist (Doctoral degree), practicing in Ontario.

492. Dr. Susan T. Dowler - Psychologist (Doctoral degree), practicing in Ontario.

493. Dr. Olga Smoliak - Psychologist (Doctoral degree), practicing in Ontario.

494. Dr. Melissa Tiessen - Psychologist (Doctoral degree), practicing in Manitoba and Ontario.

495. Dr. Robyn Stephens - Psychologist (Doctoral degree), practicing in Ontario.

496. Ms. Stephanie Zito - Graduate Student (Doctoral program), training in Quebec.

497. Dr. Drexler Ortiz - Psychologist (Doctoral degree), practicing in British Columbia.

498. Dr. Caroline Ostiguy - Psychologist (Doctoral degree), practicing in Ontario.

499. Dr. Jennifer Hilborn - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

500. Dr. Joan Hillson - Psychologist and Internship Supervisor (Doctoral degree), practicing in Alberta and Ontario.

501. Dr. Joanna Collaton - Psychologist (Doctoral degree), practicing in Ontario.

502. Dr. Marilen J. Gerber - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

503. Dr. Shaofan Bu - Psychologist (Doctoral degree), practicing in Ontario.

504. Dr. Amanda Hatch - Psychologist (Doctoral degree), practicing in Ontario.

505. Dr. Lindsay Gabel - Psychologist (Doctoral degree, Supervised Practice), practicing in Ontario.

506. Dr. Dianne O'Connor - Psychologist (Doctoral degree), practicing in Ontario.

507. Karla Kovacek - Graduate Student (Doctoral program), training in Ontario.

508. Dr. Lauren Stenason - Psychologist (Doctoral degree), practicing in Ontario.

509. Dr. Jessica Campoli - Psychologist (Doctoral degree), practicing in Ontario.

510. Dr. Sarah Haller - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

511. Ms. Brianna George - Graduate Student (Doctoral program), training in Newfoundland and Labrador.

512. Dr. Bojana Budisin - Psychologist (Doctoral degree), practicing in Ontario.

513. Marta Kadziolka - Psychologist (Doctoral degree), practicing in Ontario.

514. Mr. Fernando Chacon - Graduate Student (Master's degree), training in Ontario.

515. Dr. Carolyn Lemsky - Psychologist (Doctoral degree), practicing in Ontario.

516. Dr. Krysta McDonald - Psychologist (Doctoral degree), practicing in Ontario.

517. Dr. Tim Smith - Psychologist (Doctoral degree), practicing in Ontario.

518. Dr. Maureen Whittal - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

519. Dr. Jasmine Eliav - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

520. Dr. Ava Agar - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

521. Prof. Jacinthe Dion - Psychologue (doctorat), professeure et membre du corps professoral, exerçant au Québec.

522. Dr. Krystal Kelly - Psychologist (Doctoral degree), practicing in Ontario.

523. Dr. Morrie M. Kleinplatz - Psychologist (Doctoral degree), practicing in Ontario.

524. Dr. Jessica Pereira - Psychologist (Doctoral degree), practicing in Ontario.

525. Dr. Julian Caza - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

526. Carlo Alberto Grandi - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

527. Dre Sophie Guindon - Psychologue et superviseure clinique (doctorat), exerçant en Ontario.

528. Dr. Hau Chow - Psychologist (Doctoral degree), practicing in Alberta.

529. Dr. Nicole Cormier - Psychologist (Doctoral degree), practicing in Ontario.

530. Dr. Kimberley Wands - Psychologist (Doctoral degree), practicing in Ontario.

531. Dr. Juliet Darke - Psychologist (Doctoral degree), practicing in Ontario.

532. Mme Virginie Turmel - Psychologue et étudiante au doctorat (maîtrise, doctorat), exerçant au Québec.

533. Dr. Suzanne Robinson - Psychologist (Doctoral degree), practicing in Ontario.

534. Dre Myriam Séguin - Psychologue (doctorat), exerçant au Québec.

535. Dr. Tal Singer - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

536. Dr. María Boero-Legge - Psychologist (Doctoral degree), practicing in Ontario.

537. Dr. Lisa Sicoli - Psychologist (Doctoral degree), practicing in Ontario.

538. Dr. Alex Nadalin - Psychologist (Doctoral degree), practicing in Ontario.

539. Dr. Tammy Morrell-Bellai - Psychologist (Doctoral degree), practicing in Ontario.

540. Mme Karen Gagnon - Psychologue (maîtrise), exerçant au Québec.

541. Dre Camille Legault-Denis - Psychologue (doctorat), exerçant au Québec.

542. Dr. Rachael Lyon - Psychologist (Doctoral degree, Supervised Practice), practicing in Ontario.

543. Dr. Diana Lisi - Psychologist (Doctoral degree), practicing in Ontario.

544. Dr. Julie Ayad - Psychologist (Doctoral degree), practicing in Ontario.

545. Dre Philippe Laperle - Psychologue (doctorat), exerçant au Québec.

546. Dr. Jan Heney - Psychologist (Doctoral degree), practicing in Ontario.

547. Dre Sandrine Fortin - Psychologue (doctorat), exerçant en Ontario et au Québec.

548. Dr. Martha McKay - Psychologist (Doctoral degree), practicing in Ontario.

549. Dre Laurianne Bastien - Psychologue (doctorat), exerçant au Québec.

550. Dre Noémie Yacola - Psychologue (doctorat), exerçant au Québec.

551. Ms. Drew Duffy - Psychological Associate or Master's-level Practitioner, and Graduate Student (Doctoral program), training in Ontario.

552. Dr. Andrea Berenstein - Psychologist (Doctoral degree), practicing in Ontario.

553. Dr. Jennifer Hopton - Psychologist and Clinical Consultant & Supervisor (Doctoral degree), practicing in Ontario.

554. Dre Maude Lefebvre - Psychologue (doctorat), exerçant au Québec.

555. Janice Weintraub - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

556. Dr. Roswitha Roese - Psychologist and clinic owner (Doctoral degree), practicing in Ontario.

557. Dr. Carolyn Moss - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

558. Dre Chloé Beaudin - Psychologue (doctorat), exerçant en Ontario et au Québec.

559. Dr Francis Lemay - Psychologue et professeur (doctorat), exerçant au Québec.

560. Dr. M. Sharon Armstrong - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

561. Dr. Karen Hardtke - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

562. Danielle Downie - Graduate Student (Doctoral program), training in Ontario.

563. Dr. Justine Spencer - Psychologist, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

564. Olivia Merulla - Graduate Student (Bachelor's and Master's degrees), training in Ontario.

565. Dr. Christina Semler - Psychologist (Doctoral degree), practicing in Ontario.

566. Dr. Arielle Belisle - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Quebec.

567. Ms. Sally Zheng - Graduate Student (Doctoral program), psychology resident, training in Ontario.

568. Ms. Imogen Sloss - Graduate Student (Doctoral program; Bachelor's degree), training in Ontario.

569. Dr. Barbara Richardson - Psychologist (Doctoral degree), practicing in Ontario.

570. Dr. Rex Collins - Psychologist (Doctoral degree), practicing in Ontario.

571. Dr. Eran Talitman - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

572. Dr. Faye Doell - Psychologist, Clinical Supervisor of Graduate Students, and Supervisor of Psychologists in Supervised Practice (Doctoral degree), practicing in Ontario.

573. Dr. Delyana Miller - Psychologist (Doctoral degree), practicing in Ontario.

574. Dr. Paolo Mazzonetto - Psychologist, Director of Training, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

575. Dr. Mary Acreman - Psychologist (Doctoral degree), practicing in Ontario.

576. Ms. Maya Amestoy - Graduate Student (Doctoral program), training in Ontario.

577. Ms. Sana Junaid - Graduate Student (Doctoral program), training in Ontario.

578. Dr. Chris Carreira - Psychologist and Director of Program (Doctoral degree), practicing in Ontario.

579. Dr. Sarah Usher - Psychologist (Doctoral degree), practicing in Ontario.

580. Dr. Anna Polotskaia - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario and Quebec.

581. Dr. Erin Fallis - Psychologist (Doctoral degree), practicing in Ontario.

582. Dr. Kelly D. Benn - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

583. Dr. Herbert Pollack - Retired Psychologist (Doctoral degree), formerly practicing in Ontario.

584. Dr. Donald Young - Psychologist (Doctoral degree), practicing in Ontario.

585. Dr. Milan Pomichalek - Psychologist (Doctoral degree), practicing in Ontario.

586. Dr. Karen Bax - Psychologist (Doctoral degree), practicing in Ontario.

587. Dr. Sean Lafontaine - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

588. Dr. Jacqueline Brunshaw - Psychologist (Doctoral degree), practicing in Ontario.

589. Ms. Raman Sangha - Graduate Student (Master’s program; Bachelor’s degree), training in Ontario.

590. Kesia Courtenay - Psychological Associate or Master's-level Practitioner and Graduate Student (Doctoral program), practicing and studying in New Brunswick.

591. Dr. Lila Z. Hakim - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

592. Dr. Dianne O'Connor - Psychologist (Doctoral degree), practicing in Ontario.

593. Dre Jimmy Ghaziri - Psychologue (doctorat), exerçant au Québec.

594. Sera Gandhi - Graduate Student (Master's program; Bachelor's degree), training in Ontario.

595. Ms. Alexis Rosen - Psychologist (Master's degree; current doctoral program), practicing in Ontario.

596. Dr. Bradley Daly - Psychologist (Doctoral degree), practicing in Ontario.

597. Dr. Sandeep Hunjan - Psychologist (Doctoral degree), practicing in Ontario.

598. Dr. Pamela Power - Psychologist (Doctoral degree), practicing in Quebec.

599. Dr. Gitty Katie Dashtban - Psychologist (Doctoral degree), practicing in Ontario.

600. Dr. Emily Nielsen - Graduate Student (Doctoral program; Doctoral degree), training in Newfoundland and Labrador.

601. Dr. Annick Buchholz - Psychologist (Doctoral degree), practicing in Ontario.

602. Dr. Leyla Javam - Psychologist (Doctoral degree), practicing in Ontario.

603. Dr. Lisa Vettese - Psychologist (Doctoral degree), practicing in Ontario.

604. Dr. Bryan Choi - Psychologist (Doctoral degree), practicing in Ontario.

605. Ms. Chloë Eidlitz - Graduate Student (Doctoral program), training in Ontario.

606. Ms. Megan Vaziri - Graduate Student (Doctoral program), training in Ontario.

607. Dr. Jennifer Sorochan - Psychologist (Doctoral degree), practicing in Ontario.

608. Dr. Steven Jett - Psychologist (Doctoral degree), practicing in Alberta and Ontario.

609. Dr. Andrea Adams - Psychologist (Doctoral degree), practicing in Ontario.

610. Dr. Odette Weiss - Psychologist (Doctoral degree), practicing in Ontario.

611. Dr. Callon Williams - Psychologist (Doctoral degree, Supervised Practice), practicing in Ontario.

612. Dr. Michelle Collins - Psychologist (Doctoral degree), practicing in Ontario.

613. Dr. Karyn Hood - Psychologist (Doctoral degree), practicing in Ontario.

614. Olivia Richards - Graduate Student (Doctoral program), training in Ontario.

615. Dr. Andrea Spooner - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

616. Dr. Silvia Bernardini - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

617. Dr. Michelle Duwyn - Psychologist (Doctoral degree), practicing in Ontario.

618. Dr. Michelle Neufeld - Psychologist (Doctoral degree), practicing in Ontario.

619. Ms. Jesika Walker - Graduate Student (Master's and Doctoral levels), training in Ontario.

620. Dr. Tali Boritz - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

621. Dr. Kaytlin Constantin - Psychologist (Doctoral degree), practicing in Nova Scotia.

622. Ms. Elisa Richer - Psychologist (Master's degree), practicing in Ontario.

623. Ms. Melalnie Wine - Psychologist (Master's degree), practicing in Newfoundland and Labrador and Ontario.

624. Dr. Marilen J. Gerber - Retired Psychologist (Doctoral degree), formerly practicing in Ontario and Quebec.

625. Dr. Rebecca Douglas - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

626. Ms. Lisa Zhu - Graduate Student (Master's and Doctoral levels), training in Ontario.

627. Dr. Wynsome Walker - Psychologist, Director of Training and Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

628. Dr. Dana Gorelik - Psychologist in Supervised Practice (Doctoral degree), practicing in Ontario.

629. Dr. Jen Rouse - Psychologist (Doctoral degree), practicing in Ontario.

630. Dre Sylvie Fortin - Psychologue (doctorat), exerçant en Ontario.

631. Dr. Marie-Eve Couture - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

632. Ms. My N - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

633. Kate Amato - Graduate Student (Doctoral program), training in Ontario.

634. Mr. Curt Hillier - Psychologist and Clinical Supervisor of Graduate Students (Master's degree), practicing in Newfoundland and Labrador.

635. Dr. Casey Oliver - Psychologist (Doctoral degree), practicing in Ontario.

636. Dr. Cheryl A. Noble - Psychologist (Doctoral degree), practicing in Ontario.

637. Ms. Katherine Finegold - Graduate Student (Doctoral level), training in Ontario.

638. Ms. Hana Abbas - Graduate Student (Doctoral program), training in Ontario.

639. Dr. Nicole Yarkovsky, C.Psych - Psychologist (Doctoral degree), practicing in Ontario.

640. Dr. Naomi Ennis - Psychologist, Clinical Supervisor of Graduate Students, and Clinical and Training Lead for Registered Psychotherapists and Social Workers in a Provincially Funded Program (Doctoral degree), practicing in Ontario.

641. Dr. Julie MacDonald - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

642. Dr. Laura Leong - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

643. Ms. Michelle Sorensen - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

644. Dr. Patricia Minnes - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

645. Dr. Angela Massey-Garrison - Psychologist (Doctoral degree), practicing in Ontario.

646. Dr. M. Cheryl A. Alyman - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

647. Dr. Ashley Hyatt - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

648. Dr. Melissa Wuerch - Psychologist (Doctoral degree), practicing in Ontario.

649. Dr. Melisa Arias-Valenzuela - Psychologist (Doctoral degree), practicing in Ontario.

650. Dr. Lesley Daniels - Psychologist (Doctoral degree), practicing in Ontario.

651. Dr. Nicole Varshney - Psychologist (Doctoral degree), practicing in Ontario.

652. Ms. Amira Hmidan - Graduate Student (Master's or Doctoral level) (Master's degree), training in Ontario.

653. Dr. Kelly Weegar - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

654. Dr. Wendy LeDoux - Psychologist and Clinical Director (Doctoral degree), practicing in Ontario.

655. Dr. Lidia A. Domitrovic - Psychologist (Doctoral degree), practicing in Ontario.

656. Dr. Susan Chiddix - Psychologist (Doctoral degree), practicing in Ontario.

657. Dr. Krista Mitchnick - Psychologist (Doctoral degree), practicing in Ontario.

658. Prof. Amanda A. Uliaszek - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

659. Dr. Karen Tsuk - Psychologist (Doctoral degree), practicing in Ontario.

660. Dr. Mary Susan Crawford - Psychologist, Oral Examiner for CPBAO, and Member of ICRC (Doctoral degree), practicing in Ontario.

661. Dr. Meghan Prosser - Psychologist (Doctoral degree), practicing in Ontario.

662. Dr. Jenny Rogojanski - Psychologist (Doctoral degree), practicing in Ontario.

663. Dr. Sara Lynn Rependa - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

664. Dr. Jo Ann Unger - Psychologist (Doctoral degree), practicing in Manitoba.

665. Ms. Emma Collie - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Ontario.

666. Dr. Marina Dupasquier - Psychologist (Doctoral degree), practicing in Ontario.

667. Dr. Kris Boksman - Psychologist (Doctoral degree), practicing in Ontario.

668. Ms. Samantha Wong - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Ontario.

669. Dr. Kim Saliba - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

670. Dr. Adina Coroiu - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

671. Dr. Catherine Joy Archibald - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

672. Dr. Elizabeth Holmes-Bose - Psychologist (Doctoral degree), practicing in Ontario.

673. Dr. Judy Turner - Psychologist (Doctoral degree), practicing in Ontario.

674. Dr. Peter Jaffe - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

675. Ms. Taylor Wasylyshyn - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Alberta and Nova Scotia.

676. Dr. Pamela Seeds - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

677. Dr. Robert Besner - Retired Psychologist (Doctoral degree), residing in Ontario.

678. Dr. Cherisse McKay - Psychologist (Doctoral degree), practicing in Ontario.

679. Dr. Karen Leitner - Retired Psychologist (Doctoral degree), residing in Ontario.

680. Dr. Carol Root - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

681. Dr. Jill Robinson - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

682. Dr. Geoffrey Mok - Psychologist (Doctoral degree), practicing in Ontario.

683. Dr. Antonina Omisade - Psychologist (Doctoral degree), practicing in Nova Scotia.

684. Dr. Heather Durdle - Psychologist (Doctoral degree), practicing in Nova Scotia.

685. Dr. Lana Zinck - Psychologist (Doctoral degree), practicing in Ontario.

686. Dr. Shannon Bedford - Psychologist (Doctoral degree), practicing in Newfoundland and Labrador, Nova Scotia, and Ontario.

687. Dr. Heather Getty - Psychologist (Doctoral degree), practicing in Ontario.

688. Dr. Tiffany Shepherd - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

689. Dr. Robyn Westmacott - Psychologist (Doctoral degree), practicing in Ontario.

690. Dr. Daniella Sandre - Psychologist (Doctoral degree), practicing in Ontario.

691. Dr. Sarah Sinclair - Psychologist (Doctoral degree), practicing in Ontario.

692. Dr. Jessica Bird - Psychologist (Doctoral degree), practicing in Ontario.

693. Dr. Susan Jerrott - Psychologist and Advanced Practice Leader (Doctoral degree), practicing in Nova Scotia.

694. Dr. Glendon Rayworth - Psychologist (Doctoral degree), practicing in New Brunswick and Ontario.

695. Dr. Sara Ahola Kohut - Psychologist (Doctoral degree), practicing in Ontario.

696. Dr. Emma Schmelefske - Provisionally Registered Psychologist (Doctoral degree), practicing in Newfoundland and Labrador.

697. Dr. Sara Antunes-Alves - Psychologist (Doctoral degree), practicing in Ontario.

698. Ms. Kiranjot Jhajj - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Newfoundland and Labrador.

699. Dr. Marie-Claude Long - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

700. Dr. Iloradanon Efimoff - Professor / Academic Faculty Member (Doctoral degree), practicing in British Columbia, Manitoba, Ontario, and Saskatchewan.

701. Dr. Karen Tang - Psychologist (Doctoral degree), practicing in Alberta.

702. Dr., Prof. Lana Stermac - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

703. Dr. Adam Heenan - Psychologist (Doctoral degree), practicing in Ontario.

704. Dr. David Armstrong - Psychologist (Doctoral degree), practicing in Ontario.

705. Ms. Kathryn Bolton - Graduate Student (Master's or Doctoral level) (Master's degree), training in Ontario.

706. Dr. Aleah Fontaine - Professor / Academic Faculty Member and C.Psych Candidate (Doctoral degree), practicing in Manitoba.

707. Dr. Amelie Beausoleil - Psychologist (Doctoral degree), practicing in Ontario.

708. Dr. S. Danielle Shelley - Psychologist (Doctoral degree), practicing in Nova Scotia.

709. Ms. Genevieve Bianchini - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Ontario.

710. Dr. Lindsay Woods - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

711. Dr. Jenny Demark - Psychologist (Doctoral degree), practicing in Ontario.

712. Dre Simonne Couture - Psychologue (doctorat), exerçant au Québec.

713. Dr. Susan Williams - Psychologist (Doctoral degree), practicing in Ontario.

714. Dr. Lianne Rosen - Psychologist (Doctoral degree), practicing in Ontario.

715. Ms. Martine Southall - Psychological Associate or Master's-level Practitioner and Graduate Student (Doctoral program) (Master's degree), practicing and training in Manitoba.

716. Dr. Karen Cochrane - Psychologist (Doctoral degree), practicing in Nova Scotia.

717. Ms. Sydney Andersen - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Manitoba.

718. Dr. Sarah Kibblewhite - Psychologist (Doctoral degree), practicing in Ontario.

719. Dr. Anderson Dorbeck - Psychologist (Doctoral degree), practicing in Ontario.

720. Dr. Aliza Friedman - Psychologist (Doctoral degree), practicing in Ontario.

721. Dr. Jasmine Dean - Psychologist (Doctoral degree), practicing in Ontario.

722. Dr. Janice Kurita - Psychologist (Doctoral degree), practicing in Ontario.

723. Dr. Lisa Lee - Psychologist (Doctoral degree), practicing in Ontario.

724. Dr. Maya Gupta - Psychologist (Doctoral degree), practicing in Ontario.

725. Dr. Anne Ritzema - Psychologist (Doctoral degree), practicing in Ontario.

726. Dr. Douglas Cane - Psychologist (Doctoral degree), practicing in Nova Scotia and Ontario.

727. Dr. Jennifer Fogarty - Psychologist (Doctoral degree), practicing in Alberta, British Columbia, and Ontario.

728. Dr. Kimberley Cullen - Psychologist (Doctoral degree), practicing in Ontario.

729. Ms. Brianna Fougere - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

730. Dr. Cheryl Fernandes - Psychologist (Doctoral degree), practicing in Ontario.

731. Dr. Laurie Hollis-Walker - Psychologist (Doctoral degree), practicing in Ontario and Yukon.

732. Dre Mélanie Joanisse - Psychologue et Professeure / membre du corps professoral (doctorat), exerçant en Ontario.

733. Sahej Kaur - Graduate Student (Master's or Doctoral level) (Doctoral degree), training in Ontario.

734. Ms. Joanna Jeffers - Psychologist (Master's degree), practicing in Ontario.

735. Dr. Yvonne Orr - Psychologist, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba, Ontario, and Saskatchewan.

736. Dr. Kyla Baird - Psychologist (Doctoral degree), practicing in Ontario.

737. Dr. Melissa Houser - Psychologist (Doctoral degree), practicing in Ontario.

738. Ms. Noelle Citron - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Ontario.

739. Dr. Helena Goodwill - Psychologist (Doctoral degree), practicing in Ontario.

740. Dr. Kelly Katsuras - Psychologist (Doctoral degree), practicing in Ontario.

741. Dr. Kerry Allyson Collins - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

742. Dr., Prof. Kelsey Collimore - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

743. Ms. Kassandra Roul - Graduate Student (Master's or Doctoral level) (Master's program), training in British Columbia.

744. Dr. Nicola McHale - Psychologist (Doctoral degree), practicing in New Brunswick and Ontario.

745. Dr. Angelina Chupetlovska - Psychologist (Doctoral degree), practicing in Ontario.

746. Dr. Ariella Lenton-Brym - Psychologist (Doctoral degree), practicing in Ontario.

747. Dr. Mashal Haque - Psychologist (Doctoral degree), practicing in Ontario.

748. Dr. Eamon Colvin - Psychologist (Doctoral degree), practicing in Ontario.

749. Dr. Debbie Reixach - Psychologist (Doctoral degree), practicing in Ontario.

750. Dr. Stephanie Montgomery-Graham - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

751. Dr. Sandra Krause - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

752. Gabrielle Schmitt - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

753. Dr. Christine Lilley - Psychologist (Doctoral degree), practicing in British Columbia.

754. Dr. Wendy Zhao - Psychologist (Doctoral degree), practicing in Ontario.

755. Dr. Vanessa Zayed - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

756. Dr. Marc Zahradnik - Psychologist (Doctoral degree), practicing in Ontario.

757. Dr. Staci Person - Psychologist (Doctoral degree), practicing in Ontario.

758. Dr. Mohamed Bekkari - Psychologist (Doctoral degree), practicing in Ontario.

759. Ms. Pascale Lacroix - Graduate Student (Master's or Doctoral level) (Master's program), training in Ontario.

760. Mr. Willem Le Duc - Psychological Associate or Master's-level Practitioner and Graduate Student (Master's or Doctoral level) (Doctoral degree), practicing and training in Ontario.

761. Dr. Sarbjit Sanghera - Psychologist (Doctoral degree), practicing in Ontario.

762. Dr. Cynthia Chan Reynolds - Psychologist (Doctoral degree), practicing in Ontario.

763. Dr. Jo-Ann Birt - Psychologist (Doctoral degree), practicing in Ontario and Prince Edward Island.

764. Dr. Percy Wright - Psychologist (Doctoral degree), practicing in Ontario.

765. Dr. Andrea Downie - Psychologist (Doctoral degree), practicing in Ontario.

766. Dr. Alison Rose - Psychologist in Supervised Practice (Doctoral degree), practicing in Ontario.

767. Dr. Luis Oliver - Psychologist (Doctoral degree), practicing in Ontario.

768. Dr. Alvi Dandal - Psychologist in Supervised Practice (Doctoral degree), practicing in Ontario.

769. Dr. Maryam Gholamrezaei - Psychologist (Doctoral degree), practicing in Ontario.

770. Dr. Danielle Cataudella - Psychologist (Doctoral degree), practicing in Ontario.

771. Dr. Mini Mamak - Psychologist (Doctoral degree), practicing in Ontario.

772. Dr. Sylvia Romanowska - Psychologist (Doctoral degree), practicing in Ontario.

773. Dr. Aleksandra Usyatynsky - Psychologist (Doctoral degree), practicing in Nova Scotia.

774. Ms. Mary Kate Schilke - Graduate Student (Master's or Doctoral level) (Master's program), training in Ontario.

775. Dr. Margaret Lumley - Psychologist, Professor / Academic Faculty Member, and Director of Training (Doctoral degree), practicing in Ontario.

776. Ms. Eirini Boutakis - Graduate Student (Doctoral program) (Master's or Doctoral level), training in Ontario.

777. Dr. Molisa Meier - Psychologist (Doctoral degree), practicing in Ontario.

778. Dr. Danielle Schwartz - Psychologist (Doctoral degree), practicing in Ontario.

779. Dr. Tara Conway - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

780. Dr. Sandra McKenzie - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

781. Dre Josée Chartrand - Psychologue (doctorat), exerçant en Ontario.

782. Mr. Andrew Goodwin - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Ontario.

783. Mme Karianne Dion - Étudiante aux cycles supérieurs (maîtrise ou doctorat) (doctorat), en formation en Ontario.

784. Ms. Lauren Dalicandro - Graduate Student (Doctoral program), training in Ontario.

785. Dr. Mirella Pugliese - Psychologist (Doctoral degree), practicing in Ontario.

786. Dr. Tamara Libfeld - Psychologist (Doctoral degree), practicing in Ontario.

787. Ms. Lauren Hytman - Graduate Student (Doctoral program), training in Ontario.

788. Dr. Shira Yufe - Psychologist (Doctoral degree), practicing in Ontario.

789. Dr. Melody Ashworth - Psychologist (Doctoral degree), practicing in Ontario.

790. Dr. Samuel Siah - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

791. Dr. Elena Ivanova - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

792. Dr. Emma Murray - Psychologist (Doctoral degree), practicing in Ontario.

793. Dr. Patrick Carney - Psychologist (Doctoral degree), practicing in Ontario.

794. Ms. Ashlee Coles - Graduate Student (Doctoral program), training in Newfoundland and Labrador.

795. Dr. Val Daigen - Psychologist (Doctoral degree), practicing in Ontario.

796. Dr. Philip Desormeau - Psychologist (Doctoral degree), practicing in Ontario.

797. Dr. Sara King - Psychologist (Doctoral degree), practicing in Nova Scotia.

798. Dr. Victoria Lishak - Psychologist (Doctoral degree), practicing in Ontario.

799. Dr. Yue Zhao - Psychologist (Doctoral degree), practicing in Ontario.

800. Dr. Caelin White - Psychologist (Doctoral degree), practicing in Alberta and Manitoba.

801. Dr. Christine Beck - Psychologist (Doctoral degree), practicing in Prince Edward Island.

802. Ms. Charlotte Leon-Williamson - Graduate Student (Master's or Doctoral level) (Master's program), training in Ontario.

803. Mr. Matthew Brown - Graduate Student (Doctoral program), training in Ontario.

804. Dr. Alexandra Gousse - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

805. Dr. Elmar Gardizi - Psychologist (Doctoral degree), practicing in Ontario.

806. Dr. Pam Struiksma - Psychologist (Doctoral degree), practicing in Nunavut and Ontario.

807. Dr. Leann Lapp - Psychologist (Doctoral degree), practicing in Ontario.

808. Dr. Matias Mariani - Psychologist, Professor / Academic Faculty Member, Clinical Supervisor of Graduate Students, and Owner and Director of Mariani and Associates (Doctoral degree), practicing in Ontario.

809. Dr. Sidney Lichtenstein - Psychologist in Supervised Practice (Doctoral degree), practicing in Newfoundland and Labrador and Ontario.

810. Dr. Lisa Berger - Psychologist (Doctoral degree), practicing in Ontario.

811. Dr. Adisa Azubuike - Psychologist (Doctoral degree), practicing in Ontario.

812. Dr. Julie Goodman - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario; Adjunct Faculty, Queen's University, Kingston, ON.

813. Dr. Jason Carr - Psychologist (Doctoral degree), practicing in Ontario.

814. Dr. David Direnfeld - Psychologist (Doctoral degree), practicing in Ontario.

815. Dr. Tessa Colthoff - Psychologist (Doctoral degree), practicing in Ontario.

816. Dre Isabelle Lessard - Psychologue (doctorat), exerçant au Québec.

817. Elizabeth Herrington - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

818. Dr. Leslie Atkinson - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

819. Dr. Jaclyn Nofech-Mozes - Psychologist (Doctoral degree), practicing in Ontario.

820. Dr. Megan Hancock - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

821. Dr. Alexandra Drawson - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

822. Dr. Tasmia Hai - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

823. Dr. Josee Casati - Psychologist (Doctoral degree), practicing in Ontario.

824. Dr. Lynda Thompson - Psychologist (Doctoral degree), practicing in Ontario.

825. Mr. Valery Kleiman - Psychologist (Master's degree), practicing in Ontario.

826. Dr. Lianne Trachtenberg - Psychologist (Doctoral degree), practicing in Ontario.

827. Ms. Kate Lee - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Ontario.

828. Erin Leonard - Psychologist (Master's degree), practicing in Newfoundland and Labrador and Ontario.

829. Dr. Ashley Brunsek - Psychologist (Doctoral degree), practicing in Ontario.

830. Dr. Beverley David - Psychologist (Doctoral degree), practicing in Ontario.

831. Dr. Robert Hill - Psychologist (Doctoral degree), practicing in Ontario.

832. Dr. Kate Spere - Psychologist (Doctoral degree), practicing in Ontario.

833. Dr. Laura Cuttini - Psychologist (Doctoral degree), practicing in Ontario.

834. Dr. Galit Ishaik - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

835. Dr. Kathryn Curtis - Psychologist (Doctoral degree), practicing in Ontario.

836. Dr. Brian Brooks - Psychologist (Doctoral degree), practicing in Alberta and British Columbia.

837. Dr. Susan Graham-Clay - Psychologist (Doctoral degree), practicing in Ontario.

838. Mr. Benjamin Nguyen - Graduate Student (Master's or Doctoral level) (Bachelor's degree; current Master's program), training in Ontario.

839. Dr. Andrew Wong - Psychologist (Doctoral degree), practicing in Ontario.

840. Prof. David Hodgins - Psychologist, Professor / Academic Faculty Member, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Alberta, Nova Scotia, and Ontario.

841. Dr. Ashwin Mehra - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

842. Ms. Valerie Ginsom - Social Worker, MSW (Master's degree) (Retired), in Ontario.

843. Ms. Jody Markow - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

844. Dr. Stéphanie Boyer - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

845. Mme Isabelle Bonsaint - Psychologue (maîtrise), exerçant en Ontario et au Québec.

846. Dr. Sara Heimpel - Psychologist (Doctoral degree), practicing in Ontario.

847. Dr. Linda Johnston - Psychologist (Doctoral degree), practicing in Ontario.

848. Dr. Sara Caird - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

849. Dr(e) Jesse Bossé, D.Ps., C.Psych - Psychologue (doctorat), exerçant en Ontario et au Québec.

850. Dr. Rachel Siegal - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

851. Dr. Laura Gates - Psychologist (Doctoral degree), practicing in Ontario.

852. Dr. Vanessa Bao - Psychologist (Doctoral degree), practicing in Ontario.

853. Dr. Jason Isaacs - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

854. Ms. Katherine Davidson - Psychologist (Master's degree), practicing in Ontario.

855. Ms. Maksuda Akter - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

856. Dr. Kathy Smolewska - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

857. Dr. Laurie Ford - Professor / Academic Faculty Member (Doctoral degree), practicing in British Columbia.

858. Dr. Christine Curran - Psychologist (Doctoral degree), practicing in Ontario.

859. Dr. Brittany Mascioli - Psychologist (Doctoral degree), practicing in Ontario.

860. Dr. Lorraine Champaigne - Psychologist (Doctoral degree), practicing in Ontario.

861. Dr. Heather Schultz - Psychologist (Doctoral degree), practicing in Ontario.

862. Dr. Sydney Waring - Psychologist (Doctoral degree), practicing in Ontario.

863. Dr. Kimberly Watson - Psychologist (Doctoral degree), practicing in Ontario.

864. Dr. Jolene Kinley - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

865. Dr. Shelby Levine - Psychologist (Doctoral degree), practicing in Ontario.

866. Dr. Todd Cunningham - Psychologist, Professor / Academic Faculty Member, and Director of Training (Doctoral degree), practicing in Ontario.

867. Dr. Lynette Kivisto - Psychologist (Doctoral degree), in supervised practice in Ontario.

868. Dr. Daniel Krzyzanowski - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

869. Dr. Jason Bacchiochi - Psychologist (Doctoral degree), practicing in Ontario.

870. Kimberley Shilson - Psychologist (Master’s degree), practicing in Ontario.

871. Dr. Gia Pugliese - Psychologist (Doctoral degree), practicing in Ontario.

872. Dr. Rod Day - Psychologist (Doctoral degree), practicing in Ontario.

873. Dr. Lila Hakim - Psychologist and Director of Training (Doctoral degree), practicing in Ontario.

874. Dr. Penny Corkum - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

875. Dr. Kristin Fossum - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

876. Mrs. Margot Baker - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

877. Dr. Nicole Carmona - Psychologist (Doctoral degree), practicing in Ontario.

878. Dr. Jill Shuster - Psychologist (Doctoral degree), practicing in Ontario.

879. Dr. Sara Bartel - Psychologist (Doctoral degree), practicing in Nova Scotia.

880. Dr. Ena Vukatana - Psychologist (Doctoral degree), practicing in Nova Scotia.

881. Dr. Sandra Yuen - Psychologist (Doctoral degree), practicing in Ontario.

882. Ms. Marina Fonseca - Graduate Student (Master's or Doctoral level) (Master's program), training in Ontario.

883. Dr. Melissa McGonnell - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Nova Scotia.

884. Dr. Jared Berger - Psychologist (Doctoral degree), practicing in Ontario.

885. Dr. Jill Firestone - Psychologist (Doctoral degree), practicing in Ontario.

886. Dr. Kate Henry - Psychologist (Doctoral degree), practicing in Ontario.

887. Dr. Matthew King - Psychologist (Doctoral degree), practicing in Ontario.

888. Dr. Hazel Ipp - Psychologist (Doctoral degree), practicing in Ontario.

889. Dr. Katherine Jongsma - Psychologist (Doctoral degree), practicing in Ontario.

890. Dr. Tamara Biederman - Psychologist (Doctoral degree), practicing in Ontario.

891. Ms. Maya Mammon - Graduate Student (Master's or Doctoral level) (Bachelor's degree; current Master's program), training in Ontario.

892. Dr. Andrea Turner-Sack - Psychologist (Doctoral degree), practicing in Ontario.

893. Dr. Kelly Nash - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

894. Ms. Emily Cowan - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Ontario.

895. Dr. Judith Wiener - Professor / Academic Faculty Member, Director of Program, Clinical Supervisor of Graduate Students, and Retired Psychologist (Doctoral degree), in Ontario.

896. Dr. A. Lynne Beal - Psychologist (Doctoral degree), practicing in Ontario.

897. Dr. Carolyne Lee - Psychologist (Doctoral degree), practicing in Ontario.

898. Ms. Grace Armstrong - Graduate Student (Master's or Doctoral level) (Master's degree), training in Ontario.

899. Dr. Adrienne Li - Psychologist (Doctoral degree), practicing in Ontario.

900. Ms. Julie Glenn - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

901. Dr. Julia van der Werf - Psychologist (Doctoral degree), practicing in Ontario.

902. Dr. Naomi Wiesenthal - Psychologist (Doctoral degree), practicing in Ontario.

903. Dr. Brigitte Sabourin - Psychologist (Doctoral degree), practicing in Manitoba.

904. Dr. Bev Walpole - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

905. Dr. Jasmine Khattra - Psychologist (Doctoral degree), practicing in Ontario.

906. Dr. Sharon Pauker - Psychologist (Doctoral degree), practicing in Ontario.

907. Dr. Charlene Barva - Psychologist (Doctoral degree), practicing in Alberta.

908. Dr. Carlin J. Miller - Psychologist, Professor / Academic Faculty Member, and former Director of Clinical Training, University of Windsor (Doctoral degree), practicing in Ontario.

909. Dr. Catherine Sabourin - Psychologist (Doctoral degree), practicing in Ontario.

910. Mr. Camara Azubuike - Graduate Student (Master's or Doctoral level) (Doctoral degree), training in Ontario.

911. Savannah Marshall - Graduate Student (Master's or Doctoral level) (current Master's program), training in Ontario.

912. Mr. Hank Hunse - Retired Psychologist (Bachelor's degree), in Ontario.

913. Dr. Calvin Langton - Psychologist, Professor / Academic Faculty Member, and Director of Program (Doctoral degree), practicing in Ontario.

914. Dr. Judi Kobrick - Psychologist (Doctoral degree), practicing in Ontario.

915. Dr. Chantal Boucher - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

916. Dr. A. Dana Ménard - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

917. Dr. Joy Andres-Lemay - Psychologist (Doctoral degree), practicing in Ontario.

918. Ms. Charlie Gryspeerdt - Graduate Student (Master's or Doctoral level) (current Master's program), training in Ontario.

919. Micah Hughes - Graduate Student (Master's or Doctoral level) (Bachelor's degree; current Master's program), training in Ontario.

920. Connie Lassiter - Psychologist (Master's degree), practicing in Alberta.

921. Dr. Bri Glazier - Psychologist (Doctoral degree), practicing in British Columbia.

922. Dr. Joyce Li - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

923. Dr. Katie Bendell - Psychologist (Doctoral degree), practicing in Ontario.

924. Dr. Daniel P. Hargadon - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

925. Dr. Sarah Jane Norwood - Psychologist (Doctoral degree), practicing in Ontario.

926. Dr. Dilys Haner - Psychologist, Professor / Academic Faculty Member, Director of Training, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

927. Dr. Tyler Tulloch - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

928. Ms. Mushfika Chowdhury - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

929. Ms. Fatima Cornejo - Government employee (Bachelor's degree), in Ontario.

930. Ms. Maeve Mulroy - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Nova Scotia and Ontario.

931. Ms. Christen Potvin - Graduate Student (Master's program) (Master's or Doctoral level), training in Ontario.

932. Lyla Caudle - Retired Psychological Associate (Master's degree), in Ontario.

933. Dr. Lauren Wysman - Psychologist (Doctoral degree), practicing in Ontario.

934. Dr. Alexander Daros - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

935. Dr. Kathy Rach-Longman - Psychologist (Doctoral degree), practicing in Alberta and Ontario.

936. Dr. Navneet K. Dhami - Psychologist (Doctoral degree), practicing in Ontario.

937. Dr. Jennifer Gordon - Psychologist (Doctoral degree), practicing in Alberta and Ontario.

938. Dr. Mary Caravias - Psychologist (Doctoral degree), practicing in British Columbia and Ontario.

939. Dr. Giuseppe Spezzano - Psychologist (Doctoral degree), practicing in Ontario.

940. Dr. Jill Glasgow - Psychologist (Doctoral degree), practicing in Nova Scotia.

941. Dr. Miranda DiLorenzo-Klas - Psychologist (Doctoral degree), practicing in Ontario.

942. Dr. Edward A. Beharry - Psychologist (Doctoral degree), practicing in Ontario.

943. Dr. Isabelle Lussier - Psychologist (Doctoral degree), practicing in Ontario.

944. Ms. Sabrina Adamo - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

945. Dr. Sabrina Moraes - Psychologist (Doctoral degree), practicing in British Columbia and Ontario.

946. Brooke Farrell - Graduate Student (Master's or Doctoral level) (Master's degree), training in Ontario.

947. Ms. Angela Povar - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

948. Ms. Carley Paterson - Graduate Student (Master's or Doctoral level) (Doctoral program), training in British Columbia.

949. Salma Ben Messaoud - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

950. Dr. Karen Chipman - Psychologist, Associate Director of Training for the Halifax Clinical Psychology Residency Program (Doctoral degree), practicing in Nova Scotia and Ontario.

951. Dr. Dubravka Gavric - Psychologist (Doctoral degree), practicing in Ontario.

952. Mrs. Nicole Belina - Graduate Student (Master's or Doctoral level) (Master's degree), training in Ontario.

953. Dr. Teresa Marin - Psychologist (Doctoral degree), practicing in Ontario.

954. Dr. Melanie Edwards - Psychologist (Doctoral degree), practicing in Ontario.

955. Dr. Kate Rancourt - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

956. Dr. Kirstyn Krause - Psychologist (Doctoral degree), practicing in Alberta.

957. Dr. Chris Edmondstone - Psychologist (Doctoral degree), practicing in Ontario.

958. Dr. Sandra Mendlowitz - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

959. Dr. Susan Davies - Psychologist (Doctoral degree), practicing in Ontario.

960. Dr. Holly McGinn - Psychologist (Doctoral degree), practicing in Ontario.

961. Dr. Emma Dargie - Psychologist, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

962. Dr. Jeffrey Letourneau - Psychologist (Doctoral degree), practicing in Alberta, Ontario, and Saskatchewan.

963. Dr. Tamara Goranson - Psychologist (Doctoral degree), practicing in British Columbia.

964. Dr. Kristen Kaploun - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

965. Dr. Jennifer Parlee - Psychologist (Doctoral degree), practicing in British Columbia and Nova Scotia.

966. Dr. K. S. Workman - Retired Psychologist (Doctoral degree), in Ontario.

967. Dr. Lyndsey Silva - Psychologist (Doctoral degree), practicing in Alberta.

968. Dr. Iulia Banica Malcolm - Psychologist (Doctoral degree), practicing in Ontario. In parental leave.

969. Dr. Jonathan Dubue - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Alberta.

970. Dr. Ashli Watt - Psychologist (Doctoral degree), practicing in Alberta.

971. Dr. Ehud Avitzur - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

972. Dr. Anna Bowers - Psychologist (Doctoral degree), practicing in Ontario.

973. Dr. Natasha Whitfield - Psychologist (Doctoral degree), practicing in Ontario.

974. Dr. Perry Adler - Psychologist, Professor / Academic Faculty Member, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Quebec.

975. Dr., Prof. J. R. Bruce Cassie - Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

976. Dr. Karen Dinsmore - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

977. Dr. Chloe Powell - Psychologist (Doctoral degree), practicing in British Columbia.

978. Ms. Julianne Dumont - Graduate Student (Master’s or Doctoral level) (Master’s degree; current Doctoral program), training in Quebec.

979. Mr. Aidan O'Callahan - Graduate Student (Master's or Doctoral level) (Doctoral program), training in British Columbia.

980. Dr. Meagan Smith - Psychologist (Doctoral degree), practicing in British Columbia.

981. Dr. Katerina Malat - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

982. Dr. Patricia Behnke - Psychologist (Doctoral degree), practicing in Ontario.

983. Dr. Miroslav Lojkasek - Psychologist (Doctoral degree), practicing in Ontario.

984. Dr. Michele Peterson-Badali - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

985. Dr. Tammy Whitlock - Psychologist (Doctoral degree), practicing in Ontario.

986. Dr. Claire Sira - Psychologist (Doctoral degree), practicing in British Columbia.

987. Dr. Nicole Dryburgh - Holds a Ph.D. in Clinical Psychology (Doctoral degree), practicing in Quebec; not yet licensed.

988. Dr. Simone Levey - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

989. Dr. Saunia Ahmad - Psychologist, Director of Training, and Founding Director of the Toronto Psychology Clinic (Doctoral degree), practicing in Ontario.

990. Dr. Amena Syed - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

991. Dr. Andrea Too - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

992. Dr. Lisa Walker - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), also listed as a Graduate Student (Master's or Doctoral level), practicing in Ontario.

993. Dr. Nathalie Berard - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Saskatchewan.

994. Dr. Megan Duffett - Psychologist (Doctoral degree), practicing in Nova Scotia.

995. Dr. Isabelle Ares - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

996. Mrs. Rachel Moore - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

997. Dr. Julie Riendeau - Psychologist (Doctoral degree), practicing in Ontario.

998. Dr. Alessandra Schiavetto - Psychologist, Clinical Supervisor of Graduate Students, and Professional Practice Coordinator (Doctoral degree), practicing in Quebec.

999. Dr. Chaya Cassidy - Psychologist (Doctoral degree), practicing in Ontario.

1000. Ms. Vivian Tran - Graduate Student (Master's or Doctoral level) (Doctoral program), training in British Columbia and Saskatchewan.

1001. Ms. Christina Wong - Graduate Student (Master's or Doctoral level) (Doctoral program), training in British Columbia.

1002. Mr. Brandin Glos - Graduate Student (Master's or Doctoral level) (Master's degree; current Doctoral program), training in Ontario.

1003. Mr. Lucas Walters - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1004. Ms. Alexandra Gainsford - Future Graduate Student (Bachelor's degree), employed as an administrative assistant at an Ottawa-based psychologist office in Ontario.

1005. Ms. Caitlin Courchesne - Graduate Student (Master's or Doctoral level) (Doctoral program), training in British Columbia.

1006. Dr. Amy Burns - Psychologist, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

1007. Dr. Kristine Knauff - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

1008. Dr. Nicole Keir - Psychologist (Doctoral degree), practicing in Ontario.

1009. Dr. Erika Portt - Psychologist (Doctoral degree), practicing in Ontario.

1010. Dr. Brandon Vasquez - Psychologist (Doctoral degree), practicing in Ontario.

1011. Dr. Janice Hansen - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

1012. Dr. Hien Nguyen - Psychologist (Doctoral degree), practicing in Ontario.

1013. Dr. Samantha Chong - Psychologist (Doctoral degree), practicing in Ontario.

1014. Dr. Sonia Matwin - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

1015. Ms. Olivia Romano - Graduate Student (Master's or Doctoral level) (Master's degree), training in Quebec.

1016. Dr. JoAnne Savoie - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in New Brunswick.

1017. Ms. Maegan Dymarski - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario and Quebec.

1018. Dr. Erika Penner - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

1019. Ms. Eden Mancor - Psychologist (Doctoral degree), practicing in Quebec.

1020. M. Ignacio Perezmontemayor Cruz - Étudiant au doctorat (Maîtrise; Étudiant(e) aux cycles supérieurs au doctorat), au Québec.

1021. Prof. Gabriel (Naiqi) Xiao - Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

1022. Prof. Ingrid Johnsrude - Professor / Academic Faculty Member (Doctoral degree), practicing in Quebec.

1023. Dr. Leslie E. Roos - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

1024. Ms. Nyissa Walsh - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Newfoundland and Labrador and Quebec.

1025. Dr. Heather Fulton - Psychologist, Professor / Academic Faculty Member, Clinical Supervisor of Graduate Students, and Clinical Supervisor of Psychiatry Residents (Doctoral degree), practicing in British Columbia.

1026. Dr. Shannon Johnson - Psychologist, Professor / Academic Faculty Member, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

1027. Ms. Kayla Hollett - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Quebec.

1028. Dr. Alicia Nijdam-Jones - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

1029. Ms. Emily Wildeboer - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Nova Scotia.

1030. Dr. Natalie Rosen - Psychologist, Professor / Academic Faculty Member, Director of Training, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

1031. Ms. Anne Diamyla Baptiste - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Quebec.

1032. Dr. Paul Mendella - Psychologist (Doctoral degree), practicing in Ontario.

1033. Dr. Geneva Millett - Psychologist (Doctoral degree), practicing in Ontario.

1034. Dr., Ms. Kirthana Ganesh - Doctoral-level clinician in supervised practice while applying for registration (Doctoral degree), practicing in British Columbia.

1035. Dr. Kay Wilson - Psychologist (Doctoral degree), practicing in Alberta.

1036. Nereah Felix - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1037. Mr. Tristin - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Quebec.

1038. Dr. Jonathan Weiss - Psychologist and Director of Training (Doctoral degree), practicing in Ontario.

1039. Ms. Amelie Tanner - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Nova Scotia.

1040. Mr. Laurence Lai - Graduate Student (Master's or Doctoral level) (Doctoral degree), training in Quebec.

1041. Dr. Patricia Zimmerman - Psychologist, Director of Training, Director of Program, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

1042. Dr. Nancy Freeman - Psychologist (Doctoral degree), practicing in Ontario.

1043. Dr. Katharine Thomson - Psychologist, Professor / Academic Faculty Member, and Director of Program (Doctoral degree), practicing in British Columbia.

1044. Ms. Charlotte Aelick - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Nova Scotia.

1045. Dr. Joelle Caplan - Psychologist (Doctoral degree), practicing in Nova Scotia.

1046. Ms. Grishma Dabas - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1047. Mr. Paul Stan - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Quebec.

1048. Dr. Janet Amos - Psychologist (Doctoral degree), practicing in Ontario.

1049. Radu Urian - Graduate Student (Master's or Doctoral level) (Master's program), training in Quebec.

1050. Dr. Susan Battista - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Nova Scotia.

1051. Dr. Michelle Sala - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

1052. Dr. Lauren Steinhart - Psychologist (Doctoral degree), practicing in Ontario.

1053. Dr. Emily Boughner - Psychologist (Doctoral degree), practicing in Saskatchewan.

1054. Dr. Sarah Dermody - Psychologist, Professor / Academic Faculty Member, and Director of Program (Doctoral degree), practicing in Ontario.

1055. Ms. Chloe White - Graduate Student (Master's or Doctoral level) (Doctoral program), training in British Columbia.

1056. Ms. Vamika Mann - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1057. Dr. Jan van der Tempel - Psychologist (Doctoral degree), practicing in British Columbia.

1058. Shree Smruthi Venkateshan - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1059. Dr. Megan McLarnon - Psychologist, Clinical Supervisor of Graduate Students, and Director of a Psychology Training Clinic (Doctoral degree), practicing in British Columbia.

1060. Dr. Andrew (Hyounsoo) Kim - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

1061. Dr. Zarina Giannone - Psychologist (Doctoral degree), practicing in British Columbia.

1062. Mr. Ahmad Alftieh - Graduate Student (Master's or Doctoral level) (Master's program), training in Ontario.

1063. Dr. Meghan McInnis - Psychologist (Supervised Practice) (Doctoral degree), practicing in Ontario.

1064. Ms. Lydia Hicks - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1065. Ms. Lindsay Fulham - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1066. Mr. Samuel Matthew - Psychologist (Doctoral degree), practicing in British Columbia.

1067. Ms. Harleen Rai - Graduate Student (Master's or Doctoral level) (Master's program), training in Ontario.

1068. Ms. Isabel Shapiro - Graduate Student (Master's or Doctoral level) (Master's program), training in Quebec.

1069. Ms. Mandy Wu - Graduate Student (Master's or Doctoral level) (Master's degree), training in Ontario.

1070. Emma Ritchie - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1071. Mr. Jacob van Haaften - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Nova Scotia.

1072. Dr. Tae Hart - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

1073. Ms. Ashley Siegel - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1074. Dr. Kristin Schaub - Psychologist (Doctoral degree), practicing in Ontario.

1075. Dr. Lauren Flavelle - Psychologist and Director of Training (Doctoral degree), practicing in Ontario.

1076. Dr. Michela David - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Ontario.

1077. Dr. Arthur Braaten - Psychologist (Doctoral degree), practicing in Ontario.

1078. Dr. Carla Fry - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

1079. Dr. Geoffrey Carr - Psychologist (Doctoral degree), practicing in British Columbia.

1080. Dr. Fjóla Helgadottir - Psychologist (Doctoral degree), practicing in British Columbia.

1081. Dr. Lisa Ohlhauser - Psychologist (Doctoral degree), practicing in British Columbia.

1082. Ms. Edwina Picon - Graduate Student (Master's or Doctoral level) (Doctoral program), training in British Columbia.

1083. Dr. Joan Pinkus - Psychologist (Doctoral degree), practicing in British Columbia and Ontario.

1084. Dr. Lori Taylor - Psychologist (Doctoral degree), practicing in British Columbia.

1085. Dr. Catherine Young - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

1086. Dr. Kelly Price - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

1087. Dr. Rosemary Rukavina - Psychologist (Doctoral degree), practicing in British Columbia.

1088. Dr. Natsumi Sawada - Psychologist (Doctoral degree), practicing in Alberta, British Columbia, Ontario, and Quebec.

1089. Dr. Karianne Axford - Psychologist (Doctoral degree), practicing in British Columbia.

1090. Dr. Brenda Dyer - Psychologist (Doctoral degree), practicing in British Columbia.

1091. Dr. Kenneth Hemphill - Psychologist (Doctoral degree), practicing in British Columbia.

1092. Dr. Shakira Mohammed - Psychologist (Doctoral degree), practicing in Ontario.

1093. Dr. Larissa Mead-Wescott - Psychologist (Doctoral degree), practicing in British Columbia.

1094. Dr. Jamie Lyn Flesch - Psychologist (Doctoral degree), practicing in Ontario.

1095. Dr. Andrea McEachran - Psychologist (Doctoral degree), practicing in British Columbia.

1096. Dr. Alina Carter - Psychologist (Doctoral degree), practicing in Ontario.

1097. Ms. Kristina Axenova - Graduate Student (Master's or Doctoral level), training in Ontario.

1098. Ms. Bronwen Grocott - Graduate Student (Master's or Doctoral level) (Doctoral degree holder), training in British Columbia.

1099. Dr. Marei Perrin - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

1100. Dr. Antonia Dangaltcheva - Psychologist (Doctoral degree), practicing in British Columbia.

1101. Ms. Jesse Scott - Graduate Student (Master's or Doctoral level) (Doctoral program), training in British Columbia.

1102. Dr. Lauren Campbell - Psychologist (Doctoral degree), practicing in British Columbia.

1103. Mrs. Jodi Heys -Clinical Psychology Doctoral Candidate (Doctoral degree), practicing in Ontario and Prince Edward Island.

1104. Ms. Victoria Bolton - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Prince Edward Island.

1105. Dr. Linda Gruson - Retired Psychologist (Doctoral degree), formerly practicing in Ontario.

1106. Ms. Tessa - Graduate Student (Master's or Doctoral level) (Doctoral degree), training in Prince Edward Island.

1107. Audrey Renaud-da Costa - Applicant to practice as a Psychologist (Doctoral degree), practicing in Ontario.

1108. Dr. Jasper (Jessie) Sandhu - Psychologist (Doctoral degree), practicing in British Columbia.

1109. Dr. Sare Akdag - Psychologist, Professor / Academic Faculty Member, Clinical Supervisor of Graduate Students, and Psychology Practice Leader in the public sector (Doctoral degree), practicing in British Columbia.

1110. Ms. Ashlee Morrell - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Prince Edward Island.

1111. Dr. Gretchen Conrad - Psychologist (Doctoral degree), practicing in Ontario.

1112. Dr. Nina Vitopoulos - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

1113. Dr. Linda Weaver - Psychologist (Doctoral degree), practicing in British Columbia.

1114. Dr. Erika Puiras - Psychologist (Doctoral degree), practicing in Ontario.

1115. Tatjana Kay - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1116. Dr. Breanne Faulkner - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Ontario.

1117. Dr. Lisa Linardatos - Psychologist (Doctoral degree), practicing in Ontario and Quebec.

1118. Jennifer Kwong - Psychological Associate or Master's-level Practitioner (Master's degree), practicing in Ontario.

1119. Dr. Rebecca West - Psychologist in Supervised Practice (Doctoral degree), practicing in Ontario.

1120. Dr. Alison Spadafora - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in British Columbia.

1121. Miss Sarah Haggett - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Nova Scotia.

1122. Ms. Jie Chang - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Quebec.

1123. Dr. Tim Callaway - Graduate Student (Master's or Doctoral level) (Doctoral degree), training in Alberta.

1124. Dr. Xiaolei Deng - Psychologist (Doctoral degree), practicing in British Columbia.

1125. Dr. Ioan Tiberiu Mahu - Psychologist (Doctoral degree), practicing in Nova Scotia.

1126. Mrs. Charlotte Corran - Psychological Associate or Master's-level Practitioner and Graduate Student (Master's or Doctoral level) (Doctoral program), training in Quebec.

1127. Prof. Miriam Beauchamp - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Quebec.

1128. Ms. Sara Mansueto - Graduate Student (Master's or Doctoral level) (Master's program), training in Ontario.

1129. Dr. Michael Boissevain - Psychologist (Doctoral degree), practicing in British Columbia.

1130. Dr. Jason Ediger - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

1131. Dr. Hayley Chartrand - Psychologist (Doctoral degree), practicing in Manitoba.

1132. Dr. Philip Grandia - Psychologist and Director of Training (Doctoral degree), practicing in Ontario.

1133. Chelsea Reaume - Graduate Student (Master's or Doctoral level) (Doctoral program), training in Ontario.

1134. Dre Josée Rivest - Psychologue et Professeure / membre du corps professoral (Doctorat), pratiquant en Ontario.

1135. Dr. Maia Kredentser - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

1136. Mme Jade Côté - Étudiante aux cycles supérieurs (maîtrise ou doctorat) (Doctorat), au Québec.

1137. Dr. Agatha Murray - Psychologist (Doctoral degree), practicing in Alberta.

1138. Dr. Kayla Joyce - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Manitoba.

1139. Dr. Margaret Brennan - Psychologist and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Alberta and British Columbia.

1140. Dr. Kelty Berardi - Psychologist (Doctoral degree), practicing in Ontario.

1141. Dr. Aleah Fontaine - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Manitoba.

1142. Dr. Brooke Beatie - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

1143. Dr. Kylee Clayton - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (Doctoral degree), practicing in Manitoba.

1144. Dr. Jessica Zagrodney - Psychologist (Doctoral degree), practicing in Manitoba.

1145. Dr. Paige Ethridge - Psychologist and Professor / Academic Faculty Member (Doctoral degree), practicing in Alberta and Manitoba.

1146. Dr. Theresa Nicassio - Psychologist (Doctoral degree), practicing in British Columbia and Ontario.

1147. Dre. Julie Potvin - Psychologue (doctorat), practicing in Québec.

1148. Dr. Raby Bouras - Psychologist, Director of Training, Director of Program, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Quebec.

1149. Dre. Elisabeth Camirand - Psychologue (doctorat), practicing in Québec.

1150. Dr. Susan Hackett - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in British Columbia.

1151. Dre. Mélissa Talbot - Psychologue (doctorat), practicing in Québec.

1152. Dr. Emily Pynoo - Psychologist (Supervised Practice) (doctoral degree), practicing in Ontario.

1153. Dr., Prof. David Willoughby - Psychologist and Professor / Academic Faculty Member (doctoral degree), practicing in Manitoba.

1154. Dr. Kazimiera Stypka - Psychologist (doctoral degree), practicing in British Columbia.

1155. Dre. Zoé Therrien - Psychologue (doctorat), practicing in Manitoba.

1156. Dr. Kathleen Lewis - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in British Columbia.

1157. Dr. Nicola Hermanto - Psychologist (doctoral degree), practicing in Nova Scotia and Ontario.

1158. Prof. Corey Mackenzie - Psychologist, Professor / Academic Faculty Member, Director of Training, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Manitoba.

1159. Ms. Maya Atlas - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1160. Dre. Catherine Gourlay - Psychologue, Clinical Supervisor of Graduate Students, (doctoral degree), practicing in Québec.

1161. Dr. Jaime Williams - Psychologist (doctoral degree), practicing in Alberta, British Columbia, and Saskatchewan.

1162. Dr. Gladiola Musabelliu - Psychologist (doctoral degree), practicing in Ontario.

1163. Dr. Camille Guérin Marion - Psychologist (doctoral degree), practicing in Ontario.

1164. Dr. Laura-Lynn Stewart - Psychologist (doctoral degree), practicing in British Columbia.

1165. Dr. Megan Hebert - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Alberta and Manitoba.

1166. Dr. Angela Priede - Psychologist (doctoral degree), practicing in Ontario.

1167. Dr. Angela Caron - Psychologist (doctoral degree), practicing in Ontario.

1168. Dr. Daniela Wong Gonzalez - Psychologist (doctoral degree), practicing in Alberta and Ontario.

1169. Dr. Sabine Fritz - Psychologist (doctoral degree), practicing in British Columbia.

1170. Dr. L. J. Quesnel - Psychologist (doctoral degree), practicing in British Columbia and Manitoba.

1171. Ms. Maria Halleran - Graduate Student (master's or doctoral level) (doctoral program), training in British Columbia and Newfoundland and Labrador.

1172. Dr. Annie Hsieh - Psychologist (doctoral degree), practicing in British Columbia.

1173. Dr. Katelynn Boerner - Psychologist and Professor / Academic Faculty Member (doctoral degree), practicing in British Columbia.

1174. Ms. Aysha Natisha Nabbijohn - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1175. Dr. Beth A. McConnell - Psychologist (doctoral degree), practicing in Ontario.

1176. Dr. Helen - Psychologist and Clinical Director of Training and Clinical Operations (doctoral degree), practicing in Ontario.

1177. Dr. Katherine Holshausen - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1178. Dr. Siobhan Sutherland - Psychologist and Professor / Academic Faculty Member (doctoral degree), practicing in Ontario.

1179. Ms. Anastasiya Voloshyn - Graduate Student (master's or doctoral level) (doctoral program), training in Quebec.

1180. Dr. Marilyn Kwong - Psychologist (doctoral degree), practicing in British Columbia.

1181. Dr. Healey Gardiner - Psychologist (doctoral degree), practicing in Ontario.

1182. Ms. B. Mackenzie Barnett - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1183. Dr. Katherine McKenney - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in British Columbia.

1184. Dr. Robert Selles - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in British Columbia.

1185. Dr. Anisha Varghese - Psychologist (doctoral degree), practicing in British Columbia.

1186. Dr. Cathy (Caterina) Giordano - Psychologist (doctoral degree), practicing in Ontario.

1187. Dr. Joanne Cummings - Psychologist (doctoral degree), practicing in Ontario.

1188. Dr. Carly Parsons - Psychologist (doctoral degree), practicing in British Columbia.

1189. Ms. Erin Sinclair - Graduate Student (master's or doctoral level), training in Manitoba.

1190. Dr. Teresa Grimbos - Psychologist (doctoral degree), practicing in Ontario.

1191. Ms. Erin White - Graduate Student (master's or doctoral level) (doctoral program), training in Manitoba.

1192. Dr. Dina McConnell - Psychologist (doctoral degree), practicing in British Columbia and Ontario.

1193. Dr. Sarah Anderson - Psychologist (doctoral degree), practicing in British Columbia.

1194. Dr. Marlena Colasanto - Psychologist (doctoral degree), practicing in Ontario.

1195. Dr. Wendy Manel - Psychologist (doctoral degree), practicing in Ontario.

1196. Dr. Phil Shnaider - Psychologist (doctoral degree), practicing in Ontario.

1197. Dr. Sheila MacNeil - Psychologist (doctoral degree), practicing in Nova Scotia.

1198. Dr. Naomi Carpenter - Psychologist (doctoral degree), practicing in Ontario.

1199. Dr. Renée El-Gabalawy - Psychologist, Professor / Academic Faculty Member, Director of Program, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Manitoba.

1200. Dr. Elizabeth Hebert - Psychologist (doctoral degree), practicing in Manitoba.

1201. Dr. Kiruthiha Vimalakanthan - Psychologist (doctoral degree), practicing in Ontario.

1202. Dr. Jamal Lake - Psychologist (doctoral degree), practicing in Ontario.

1203. Dr. Davey Chafe - Psychologist (doctoral degree), practicing in Ontario.

1204. Dr. Nesrine Shimoon - Psychologist (doctoral degree), practicing in Ontario.

1205. Dr. Melissa Furtado - Psychologist (doctoral degree), practicing in Ontario.

1206. Ms. Briana De Roo - Graduate Student (master's or doctoral level) (master's program), training in Saskatchewan.

1207. Krystal Bursey - Graduate Student (master's or doctoral level) (doctoral degree completed), training in Newfoundland and Labrador.

1208. Dr. Karine Côté - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario and Quebec.

1209. Dr. Christina Gojmerac - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1210. Dr. Dragana Ostojic-Aitkens - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1211. Dr. Heather McNeely - Psychologist and Professor / Academic Faculty Member (doctoral degree), practicing in Ontario.

1212. Dr. Deborah Shaw - Psychologist (doctoral degree), practicing in Ontario.

1213. Dr. Celina Bowman-Smith - Psychologist (doctoral degree) (Supervised Practice), practicing in Ontario.

1214. Dr. Briar Inness - Psychologist (doctoral degree), practicing in Ontario.

1215. Dr. Stephanie Houle - Psychologist (doctoral degree), practicing in Ontario.

1216. Dr. Michel Bonin - Psychologist (doctoral degree), practicing in British Columbia and Manitoba.

1217. Dr. Kathryn Greenaway - Psychologist (doctoral degree), practicing in Ontario.

1218. Mr. Max Cooper - Graduate Student (master's or doctoral level) (master's program), training in Ontario.

1219. Ms. Martina Faitakis - Graduate Student (master's or doctoral level) (master's program and doctoral program), training in Ontario.

1220. Mrs. Emilie Arbour - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1221. Ms. Zoe Wiemdna - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1222. Ms. Sadie Neufeld - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1223. Dr. Allison Mizzi - Psychologist (doctoral degree), practicing in Nova Scotia and Ontario.

1224. Dr. Melissa Castro - Psychologist (doctoral degree), practicing in British Columbia.

1225. Dr. Irena Milosevic - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1226. Dr. Susanna Konsztowicz - Psychologist (doctoral degree), practicing in Ontario.

1227. Dre. Marie-Ève Daspe - Psychologue et Professeure / membre du corps professoral (doctorat), exerçant au Québec.

1228. Mr. Henri Lu - Graduate Student (master's or doctoral level) (master's program and doctoral program), training in British Columbia and Manitoba.

1229. Ms. Emma Truffyb - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1230. Dr. Lynn Swanson - Psychologist (doctoral degree), practicing in Ontario.

1231. Dr. Anita Gupta - Psychologist (doctoral degree), practicing in Nova Scotia and Ontario.

1232. Dr. Michael Vallis - Psychologist and Professor / Academic Faculty Member (doctoral degree), practicing in Nova Scotia.

1233. Dr. Paul Greenman - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario and Quebec.

1234. Shannen Rowe - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1235. Dr. Hannah Stewart - Psychologist and Clinical Supervisor of Graduate Students, Clinical Supervisor of PhD Clinical Psychology Residents, and Clinical Supervisor of Master's and PhD Psychologist Candidates (doctoral degree), practicing in New Brunswick and Nova Scotia.

1236. Dr. Jennifer Stanga - Psychologist (doctoral degree), practicing in Ontario.

1237. Ms. Ruxandra Filip - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1238. Dr. Laura Katz - Psychologist (doctoral degree), practicing in Ontario.

1239. Dr. Janis Williams - Psychologist (doctoral degree), practicing in Ontario.

1240. Ms. C. Joanne Kao - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1241. Dr. Lesley Ruttan - Psychologist (doctoral degree), practicing in Ontario.

1242. Dr. Alma Roldan - Psychologist (doctoral degree), practicing in Ontario.

1243. Dr. Amanda Beaman - Psychologist (doctoral degree), practicing in Ontario.

1244. Dr. Jeremy Stewart - Psychologist, Professor / Academic Faculty Member, and Associate Director of Clinical Training (doctoral degree), practicing in Ontario.

1245. Dr. Bryan Butler - Psychologist (doctoral degree), practicing in Ontario.

1246. Dr. Karen Roberts - Psychologist (doctoral degree), practicing in Ontario.

1247. Dr. John Platt - Retired Psychologist (doctoral degree), based in Ontario.

1248. Dr. Héloïse Drouin St-Onge - Psychologist (doctoral degree), practicing in Ontario.

1249. Dr. Jessica Kurta - Psychologist (doctoral degree), practicing in Ontario.

1250. Dr. Tanya Teall - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1251. Dr. Farena Pinnock - Psychologist (doctoral degree), practicing in Ontario.

1252. Dr. Fern Kagan - Psychologist (doctoral degree), practicing in Ontario.

1253. Dr. Dora Ladowski - Psychologist (doctoral degree), practicing in Ontario.

1254. Dr. Christian Wyss - Psychologist (doctoral degree), practicing in Ontario.

1255. Ms. Hiba Al-Hakeem - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1256. Dr. Judy Turner - Psychologist (doctoral degree), practicing in Ontario.

1257. Dr. Robin Hargadon - Psychologist (doctoral degree), practicing in Ontario.

1258. Dr. Robyn Legge - Psychologist (doctoral degree), practicing in Manitoba.

1259. Dr. Angela Celebre - Psychologist (doctoral degree), practicing in Ontario.

1260. Dr. Amanda Levine - Psychologist (doctoral degree), practicing in Ontario.

1261. Dr. Catharine Notarfonzo - Psychologist (doctoral degree), practicing in Ontario.

1262. Dr. Polly Cheng - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in British Columbia, Ontario, and Quebec.

1263. Ms. Claire Hallett - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1264. Dr. Craig Ross - Psychologist, Clinical Supervisor of Graduate Students, Psychology Residency Coordinator (Child and Adolescent Competency), and Supervisor of Psychometrists (doctoral degree), practicing in Ontario.

1265. Dr. Lily Riggs - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1266. Dr. Angel Enrique Pacheco, Ph.D., C.Psych. - Psychologist (doctoral degree), practicing in Ontario.

1267. Dr. Jotthi Bansal - Psychologist (doctoral degree), practicing in Ontario.

1268. Dr. Trina Epstein - Psychologist (doctoral degree), practicing in Ontario.

1269. Dr. Robert Clark - Psychologist (doctoral degree), practicing in Ontario.

1270. Dr. David Paul - Psychologist (doctoral degree), practicing in Alberta and the Northwest Territories.

1271. Dr. Annette Dufresne - Psychologist (doctoral degree), practicing in Ontario.

1272. Dr. Tammy Drain - Psychologist (doctoral degree), practicing in Ontario.

1273. Dr. Stevenson Baker - Psychologist (doctoral degree), practicing in Ontario.

1274. Dr. Jaan Reitav - Psychologist and Professor / Academic Faculty Member (doctoral degree), practicing in Ontario.

1275. Ms. Parvaneh Moallef Akbari - Psychologist (master's degree), practicing in Ontario.

1276. Dr. Traleena Rouleau - Psychologist (doctoral degree), practicing in Ontario.

1277. Lola Leving - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1278. Dr. Lindsay Rosval - Psychologist (doctoral degree), practicing in Ontario.

1279. Ms. Gloria Liederman - Retired Psychological Associate (master's degree), based in Ontario.

1280. Ms. Amanda Krause - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1281. Dr. Ksusha Blacklock - Psychologist (doctoral degree), practicing in Ontario.

1282. Dr. Katherine Henderson - Psychologist and Professor / Academic Faculty Member (doctoral degree), practicing in Ontario.

1283. Dr. Shari Mayman - Psychologist (doctoral degree), practicing in Ontario.

1284. Dr. Lauren Humphreys - Psychologist (doctoral degree), practicing in Ontario.

1285. Dr. Maddy Burley - Psychologist (doctoral degree), practicing in Ontario.

1286. Dr. Sandy Erb - Psychologist (doctoral degree), practicing in Ontario.

1287. Dr. Marta Bruchkowsky - Psychologist (doctoral degree), practicing in Ontario.

1288. Dr. Fiona Meek - Psychologist (doctoral degree), practicing in Ontario.

1289. Dr. Linda Winter - Psychologist (doctoral degree), practicing in Ontario.

1290. Dr. Mariam Ayoub - Psychologist (doctoral degree), practicing in Ontario.

1291. Dr. Nancy J Wallis - Psychologist (doctoral degree), practicing in Ontario.

1292. Dr. Nelson Byrne - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1293. Dr. Suzanne Stone - Psychologist (doctoral degree), practicing in Ontario.

1294. Dr. Shannon Scratch - Psychologist (doctoral degree), practicing in Ontario.

1295. Dr. Patricia Rankine - Psychologist (doctoral degree), practicing in Ontario.

1296. Dr. Josee Fleury - Psychologist (doctoral degree), practicing in Ontario.

1297. Dre Yara Kadulina - Psychologue et Professeure / membre du corps professoral (doctorat), exerçant en Ontario.

1298. Dr. Kim Buchanan - Psychologist (doctoral degree), practicing in Alberta.

1299. Dr. Teddy Cheung - Psychologist (doctoral degree), practicing in Ontario.

1300. Dr. Tara Smith - Psychologist (doctoral degree), practicing in Ontario.

1301. Dre. Andree Cousineau - Psychologue (doctorat), exerçant en Ontario.

1302. Dr. Louise Sas - Psychologist (doctoral degree), practicing in Ontario.

1303. Dr. Terry Diamond - Psychologist (doctoral degree), practicing in Ontario.

1304. Ms. Casey Hon - Graduate Student (master's or doctoral level) (master's program and doctoral program), training in Ontario.

1305. Dr. Arunima Khanna - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1306. Dr. Catherine Kyeremanteng - Psychologist (doctoral degree), practicing in Ontario.

1307. Ms. Marjorie Coristine - Psychological Associate or Master's-level Practitioner (master's degree), practicing in Ontario.

1308. Ms. Genevieve Barlow - Graduate Student (master's or doctoral level) (master's program), training in Ontario.

1309. Janice Weintraub-Wilson - Psychological Associate or Master's-level Practitioner (master's degree), practicing in Ontario.

1310. Mrs. Shanna Arsenault - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1311. Ms. Sydnee Schreiter - Current student in behavioural psychology planning to pursue a doctorate (bachelor's degree), based in Ontario.

1312. Dr. Elizabeth Moore - Psychologist (doctoral degree), practicing in Ontario.

1313. Prof Basem Gohar - Psychologist, Psychological Associate or Master's-level Practitioner, and Professor / Academic Faculty Member (master's degree and doctoral degree), practicing in Ontario.

1314. Dr. Heather Schultz - Psychologist (doctoral degree), practicing in Ontario.

1315. Dr. Angela Deotto - Psychologist (doctoral degree), practicing in Ontario.

1316. Dr. Nick Kerman - Psychologist (doctoral degree), practicing in Ontario.

1317. Mr. Yusuf Ghauri - Graduate Student (master's or doctoral level) (master's program), training in Ontario.

1318. Dr. Karmen McDivitt - C. Psych Candidate (doctoral degree), based in Manitoba.

1319. Dr. Susan Doyle - Psychologist (doctoral degree), practicing in Newfoundland and Labrador.

1320. Dr. Shira Segal - Psychologist (doctoral degree), practicing in Ontario.

1321. Dr. Michael Spilka - Psychologist (doctoral degree), practicing in Ontario.

1322. Dr. Caroline Roncadin - Psychologist (doctoral degree), practicing in Ontario.

1323. Dr. Andrew Lumb - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1324. Dr. Kyrsten Grimes - Psychologist (doctoral degree), practicing in Ontario.

1325. Dr. Andrew Jacobs - Psychologist (doctoral degree), practicing in Ontario.

1326. Dr. Emily Saunders - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1327. Dr. Melanie Cohn - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1328. Dr. Ellen Gutowski - Psychologist (doctoral degree), practicing in Ontario.

1329. Dr. Meredith Gillespie - Psychologist (doctoral degree), practicing in Ontario and Quebec.

1330. Dr. Susan Buchanan - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1331. Dr. Elizabeth A. Skidmore - Psychologist (doctoral degree), practicing in Ontario.

1332. Dr. Nicole Taylor - Psychologist (doctoral degree), practicing in Manitoba.

1333. Dr. Irene Hong - Psychologist (doctoral degree), practicing in Ontario.

1334. Ms. Rachael Morgan - Psychological Associate or Master's-level Practitioner and Graduate Student (master's or doctoral level) (doctoral program), practicing and training in Ontario.

1335. Dr. Audur Thorisdottir - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Saskatchewan.

1336. Dr. Kirsten Gullickson - Psychologist (doctoral degree), practicing in Saskatchewan.

1337. Dr. Andrea Librado - Psychologist (doctoral degree), practicing in Ontario.

1338. Dr. Meghan Campbell - Psychologist (doctoral degree), practicing in Ontario.

1339. Dr. Angela Fu - Psychologist and Professor / Academic Faculty Member (doctoral degree), practicing in British Columbia.

1340. Alena Lawrence - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1341. Dr. Davis West-Johnson - Psychologist (doctoral degree), practicing in Saskatchewan.

1342. Dr. Petrice Gentile - Psychologist (doctoral degree), practicing in Ontario.

1343. Dr. Christine Sloss - Psychologist, Director of Program and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1344. Dr. Sheri Turrell - Psychologist (doctoral degree), practicing in Ontario.

1345. Dr. Sarah Wootten - Psychologist (doctoral degree), practicing in Ontario.

1346. Dr. Lina Budianto - Psychologist (doctoral degree), practicing in Ontario.

1347. Dr. Lianne Rosen - Psychologist (doctoral degree), practicing in Ontario.

1348. Dr. Parmjit Sanghera - Psychologist (doctoral degree), practicing in Ontario.

1349. Dre. Héloïse Sirois-Leclerc - Psychologue (doctorat), exerçant en Ontario.

1350. Dr. Christine Beauregard - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

1351. Dr. Angela Stewart - Psychologist (doctoral degree), practicing in Ontario.

1352. Corien Peeters - Psychologist (doctoral degree), practicing in Ontario.

1353. Dr. Heather Hood - Psychologist (doctoral degree), practicing in Ontario.

1354. Mr. Shawn Sanders - Graduate Student (master's or doctoral level) (doctoral program), training in Ontario.

1355. Dre. Isabelle Cossette - Psychologue et Superviseure clinique d'étudiant(e)s aux cycles supérieurs (doctorat), exerçant en Ontario et au Québec.

1356. Dr. Stephanie Wiebe - Psychologist and Professor / Academic Faculty Member (doctoral degree), practicing in Ontario.

1357. Dr. Kim Ceurstemont - Psychologist (doctoral degree), practicing in British Columbia and Ontario.

1358. Dre. Emilie Bellehumeur - Psychologue (doctorat), exerçant en Ontario et au Québec.

1359. Dr. Colleen Millikin - Psychologist, Professor / Academic Faculty Member, and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Manitoba and Ontario.

1360. Dr. Andrew Ekblad - Psychologist and Clinical Supervisor of Graduate Students (doctoral degree), practicing in Ontario.

Anonymous signatories / Signataires anonymes

1361. Dr. S. B.

1362. Dr. É. C.

1363. Dr. A. P.

1364. Dr. M. B.

1365. Dr. S. B.

1366. Dr. N. W.

1367. Dr. R. C.

1368. Ms. N. S.

1369. Mrs. T. N.

1370. Mrs. E. N.

1371. Dr. J. D. L.

1372. Dr. M. R.

1373. Dr. S. C.

1374. Dr. M. F.

1375. Dr. C. S.

1376. Ms. R. S.

1377. Ms. K. M.

1378. Ms. K. T.

1379. Mr. M. S.

1380. Ms. S. T.

1381. Dr. N. J.

1382. Mrs. B. V.

1383. Dr. S. K.

1384. Ms. C. E.

1385. Dr. D. K.

1386. Ms. G. M.

1387. Mr. J. T.

1388. Prof. L. P.

1389. Dr. S. P.

1390. Dr. T. B.

1391. Dr. N. R.

1392. Dr. A. C.

1393. Ms. C. M. C

1394. Ms. M. R.

1395. Ms. M. H.

1396. Ms. K. A.

1397. Ms. A. G.

1398. Dr. L. M. L.

1399. Dr. J. I.

1400. Ms. J. T.

1401. Mr. T. Y.

1402. Dr. G. W.

1403. Dr. A. Z

1404. Ms. M. T.

1405. Dr. N. B.

1406. Ms. N. C.

1407. Dr. T. C

1408. Dr. N. D.

1409. Dr. S. T

1410. Ms. R. L.

1411. Dr. M. F.

1412. Mrs. R. R.

1413. Dr. N. H.

1414. Mrs. M. L.

1415. Ms. K. G.

1416. Ms. H. P.

1417. Ms. A. K.

1418. Ms. A. L.

1419. Dr. A. G.

1420. Dr. S. W.

1421. Dr. A. V.

1422. Dr. A. A.

1423. Dr. N. S.

1424. Dr. M. D.

1425. Dr. S. V. B.

1426. Dr. K. O.

1427. Dr. J. H.

1428. Dr. F. P.

1429. Ms. J. K.

1430. Dr. A. T.

1431. Dr. M. F.

1432. Dr. J. N.

1433. Dr. C. B.

1434. Dr. R. F.

1435. Ms. K. M.

1436. Ms. M. D.

1437. Ms. R. A.

1438. Dr. L. T.

1439. Dr. B. W.

1440. A. A.

1441. Dr. C. D.

1442. Dr. L. G.

1443. Ms. C. C.

1444. Dr. C. A. D.

1445. Ms. C. B.

1446. Dr. Z. L.

1447. Dr. M. M.

1448. Mr. N. S.

1449. Ms. T. B.

1450. Dr. I. B.

1451. Ms. C. T.

1452. Dr. S. I.

1453. Ms. B. L.

1454. Ms. H. E.

1455. Ms. O. O.

1456. Dr. F. H.

1457. Ms. C. M.

1458. Dr. G. E.

1459. Ms. H. B.

1460. Dre. M. G.

1461. Dr. L. D. T.

1462. Dr. D. O.

1463. Ms. J. C.

1464. Dr. D. S.

1465. Dr. K. R. W.

1466. M. A. G.

1467. Ms. J. T.

1468. Dr. J. L.

1469. Ms. J. T.

1470. Dr. J. K.

1471. Ms. L. G.

1472. Dr. J. B. F.

1473. Dr. P. G.

1474. Ms. K. H.

1475. Dr. B. B.

1476. Dr. F. M.

1477. Dr. K. A.

1478. Dr. T. J.

1479. Mr. A. Z.

1480. Dr. N. E.

1481. Dr. B. G.

1482. Dre. S. L

1483. Dr. L. O.

1484. Dr. M. P.

1485. Ms. D. Q.

1486. Ms. K. V.

1487. Dre. J. J.

1488. Mr. P. T.

1489. Dr. T. D.

1490. Dr. L. B.

1491. Mrs. E. C. L.

1492. Ms. L. B.

1493. F. P.

1494. Dre.G. B.

1495. Ms. J. I.

1496. Dr. T. F.

1497. Dr. S. R.

1498. Dr. D. B.

1499. F. R.

1500. Dr. S. T.

1501. Dr. S. S.

1502. Ms. M. G.

1503. C. I.

1504. Ms. H. N.

1505. Ms. A. H.

1506. Dr. A. A.

1507. Dr. K. C.

1508. Dr. A. S.

1509. Dr. N. E.

1510. Mr. N. R.

1511. Mme. E. F.

1512. Dr. M. V.

1513. Mr. A. P

1514. Ms. U. O.

1515. S. P.

1516. Ms. D. C.

1517. Dr. R. S.

1518. Dr. L. D.

1519. Dr. K. B.

1520. Mrs. E. M.

1521. Dr. H. B.

1522. Dr. C. P.

1523. Dr. A. S.

1524. Dr. A. F.

1525. Dr. L. G.

1526. Dr. J. B.

1527. Dr. S. B.

1528. Ms. H. H.

1529. Dr. A. Z.

1530. Dr. C. L.

1531. Dr. M. M.

1532. Mr. N. B.

1533. Dr. J. B.

1534. Prof. C. G.

1535. A. M. R.

1536. Dr. J. D.

1537. Dr. L. H.

1538. Dr. M. N

1539. Dr. A. W.

1540. Dr. M. B.

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1599. Ms. K. G.

1600. Ms. C. O.

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1609. Dr. A. D. E.

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1690. Dre. A. L.

1691. Dr. E. O. F.

55 signatures were removed for the following reasons

18 signatures were from individuals with a bachelor's degree who were not enrolled in a graduate program

10 signatures were from Ontario psychologists who only provided their first name

5 signatures were from undergraduate students

4 signatures were from social workers

3 signatures were from nurses

2 signatures were from individuals who did not provide a first or last name

2 signatures were from psychiatrists

2 signatures were from graduate students who only provided their initials

1 signature was from a psychotherapist

1 signature was from a graduate student who was not enrolled in a psychology program

1 signature was from a doctoral-level professional working with children and adolescents

1 signature was from a pharmacist

1 signature was from a psychotherapist

1 signature was from a teacher

1 signature was from a nurse practitioner

1 signature was from a nurse working in psychiatry

1 signature was anonymous

55 signatures ont été retirées pour les raisons suivantes

18 signatures provenaient de personnes titulaires d'un baccalauréat qui n'étaient pas inscrites aux études supérieures

10 signatures provenaient d'une psychologue ontarienne qui n'avait indiqué que son prénom

5 signatures provenaient d'étudiantes au baccalauréat

4 signatures provenaient de travailleuses sociales

3 signatures provenaient d'infirmières

2 signatures provenaient de personnes qui n'avaient pas indiqué leur prénom ni leur nom de famille

2 signatures provenaient de psychiatres

2 signatures provenaient d'étudiantes aux cycles supérieurs qui n'avaient inscrit que leurs initiales

1 signature provenait d'une psychothérapeute

1 signature provenait d'une étudiante diplômée qui ne suit pas un programme en psychologie.

1 signature provenait d'une professionnelle titulaire d'un doctorat travaillant auprès d'enfants et d'adolescents

1 signature provenait d'une pharmacienne

1 signature provenait d'une psychothérapeute

1 signature provenait d'une enseignante

1 signature provenait d'une infirmière praticienne

1 signature provenait d'une infirmière travaillant en psychiatrie

1 signature était anonyme

November 27, 2025

Ian Nicholson, Ph.D., C.Psych.
College of Psychologists and Behaviour Analysts (CPBAO)
College Council President
cpbao@cpbao.ca

Tony DeBono, MBA, Ph.D., C.Psych.
College of Psychologists and Behaviour Analysts (CPBAO)
Registrar & Executive Director
tdebono@cpbao.ca

Dear Dr. Nicholson and Dr. DeBono,

We are writing on behalf of the Clinical Psychology Program at the University of Waterloo, one of the first doctoral programs to be accredited by the Canadian Psychological Association. We are comprised of 8 core faculty, a training director, and adjunct supervisors – all licensed psychologists through CPBAO.

We support the mandate to increase public access to psychological services in Ontario. However, the motion put forward by the College (September 26, 2025) will not achieve this aim. Instead, the proposed changes would remove important training standards (that allow psychologists to provide essential care to Ontarians) and remove essential safeguards that are in place to mitigate risk to the public. **We strongly urge you to rescind the motion either in its entirety (i.e., all 4 proposed changes) or, at the least, separate and rescind some of the components of the motion such that the essential safeguards currently in place within our profession can be retained**.

We have outlined our points below:

1. **The motion does not address the key issue it purports to address**

We recognize the need to increase access to psychological services for the Ontario public. Although this may increase the number of clinicians with title "psychologist", it will not increase the number of highly trained or specialized mental health professionals, for key reasons:

a) Ontario already has a network of regulated mental health professionals who capably provide psychotherapy with a master's degree (e.g., psychotherapists, social workers, occupational therapy), including those registered through the CPBAO (i.e., psychological associates). Thus, changing the requirement for the title "psychologist" will not open new avenues for increasing mental health professionals providing services for the public. These pathways already exist.

b) The number of "psychologists" with the advanced training that allows them to competently serve Ontarians with complex, often comorbid, mental health conditions will be reduced. That is, a two-year master's degree [with one practicum (with unspecified criteria), and one year of supervised practice] is wholly insufficient to train clinicians to competently provide the *full scope* of psychological practice. There are certainly skills/activities within the scope that can be trained within that time, but others cannot be. The ability to competently assess, diagnose, and treat the full range of mental health challenges within the Ontario population, as well as provide essential consultation services, supervision of trainees, and the research skills to adequately evaluate our practices, requires more time and supervised practice. As a training program, we see immense growth in all areas of competency between students at the end of their master's degree versus at the end of their doctoral degree. Thus, while the proposed changes may increase the number of practicing clinicians with the title "psychologist", the changes will not address the clear need Ontario has for psychologists with advanced training in complex differential diagnoses (e.g., adult autism, psychosis, somatic disorders), forensic and custody assessments, consultation, neuropsychological assessments, and the development and evaluation of effective psychological services that will adequately support the needs of the most vulnerable members of our population.

c) Removing the required 4-years of clinical experience post-master's will not increase the number of psychologists. Individuals choosing to register with master's degrees already provide clinical service to Ontarians. However, in the current model they are doing so in a way that ensures their skills are scaffolded towards autonomous practice – an important approach if we want psychologists to be working with individuals with complex mental health concerns and/or working in areas that require specialized training.

Alternative pathways: There are other ways to effectively address the shortage of psychologists with adequate training to perform the full roles within our scope of practice. Two routes that will allow psychological services to become more

accessible to *all* Ontarians (i.e., not just those who have the financial means / insurance coverage to afford private services) are to increase governmental funding for psychologist roles within publicly-accessed settings such as hospitals and community clinics and provide coverage of psychological services through OHIP. Other pathways are to increase funding to support increased enrolment within doctoral clinical psychology programs (as has been the case in other provinces such as Saskatchewan and Manitoba); increase funding for residency positions within hospitals and clinics; provide financial support for the development of CPA-accredited PsyD programs within universities. Additionally, there should be avenues for individuals who were licensed as psychologists in other countries/provinces with different standards to acquire professional skills commensurate with regulatory standards. We recognize that these suggestions are outside the scope of the College mandate and rely on governmental resources. We provide them to highlight that the issue of access is broader than what can be solved through changes to regulatory standards.

2. **The motion removes important safeguards that protect the risk to public**

While we appreciate the Council's motivation to streamline the registration process, the decision-making pendulum has swung too far with the proposed changes. Making all the proposed changes simultaneously (i.e., removal of doctoral standard; removal of need for program accreditation; reduction of 4-year experience for master's level clinicians to 1-year; removal of the oral examination; replacement of jurisprudence exam for an e-learning module) is highly dangerous and creates significant risk for the public.

First, as a general comment, we object to the way data are being used/cited:

a) The data being used to back up the Council's rationale for reducing licensing milestones is moot if we consider all the changes together. For instance, identifying that there is a very low failure rate of the oral exam is based on data from applicants who have gone through an accredited doctoral program and passed all the previous exams. In the proposed changes, all these initial steps have been removed so the group of applicants will be very different. Moreover, making all the changes at one time makes it impossible to properly evaluate the changes (for benefit or for risk). This move goes against all we know as a profession regarding the experimental approach.

We have specific objections to each change but want to emphasize that the main problem is that the College is proposing *all* these changes at the same time. Why a staged, careful, and considered approach was not suggested is surprising and dismaying.

b) Safeguard reductions:
    a. *Removal of the oral examination*. We oppose the removal of this guardrail because it ensures that our professional membership possesses the key competencies needed for our scope of practice. As a final stage in the licensing process, we would expect that failure rates to be low (though, as per the note above, these could increase with standard reduction). However, low rates do not mean the exam should be eliminated. Even one unprepared psychologist could mean harm to hundreds of Ontarians (misdiagnosis, inappropriate treatment). Our position is that this risk is not warranted, particularly in the context of reducing requirements for supervised practice and ongoing evaluation.

    b. *Reduction in training/clinical hours*. The proposal to reduce the supervised practice to one year (from four) with the requirement of only one practicum of unspecified length is wholly insufficient for ensuring appropriate training of clinicians to assess, diagnose, and treat complex mental health issues. As individuals who directly supervise students across their graduate training period, we can attest to the enormous growth that occurs in students' professionalism, ability to handle complex clinical decision-making, and identifying/resolving ethical issues, particularly during the period of post-masters to their residency. The current proposal would reduce supervision of those skills by three years, while at the same time removing formal examinations that assess these areas. Moreover, receiving informal and formal feedback while developing clinical competencies is needed to develop self-reflection skills, a crucial aspect of a self-regulated profession; one year is insufficient to develop these self-reflection skills. Thus, while the proposed model might work for very specific areas of practice, this is not what licensing to be a psychologist entails (with the areas of practice only expanding further with other College changes). If the College decides to move to a masters-level standard, it is crucial that supervised practice hours of 4-years post master's remain in place to ensure competency of clinicians.

c. *Removal of the standard of receiving training from an accredited program*, and instead reliance on a College-approved program list. Several aspects of this item are problematic. First, we already have a well-established, rigorous, and Canada-wide process for accrediting programs. By introducing new program-approval criteria, there is duplication of efforts and even more inconsistency across provinces. Second, there was no indication as to what the initial vetting process would be and how programs would ensure continued quality in training. Thus, there is insufficient information to even evaluate this item. Third, adequate ongoing oversight requires a substantial administrative load for the College that is both unnecessary (given that it replicates an existing process) and takes resources away from other important activities (such as efficiently processing registrations). Fourth, the decision to generate their own criteria in the absence of consulting Ontario DCTs/programs - who train many of the individuals registering with CPBAO – shows that important consultation prior to the motion was lacking.

d. *Changing the jurisprudence exam to an e-module.* Ethical practice is core competency that underlies every activity within our profession. Ensuring that all practicing psychologists are aware of and adhere to ethical practices and relevant policies is essential to protecting the public. The ethics and jurisprudence exam is an important formal mechanism for the College to directly assess clinicians' knowledge of ethical guidelines that govern our practice, clinical judgment, and ethical reasoning. Changing this crucial safeguard to an online module while simultaneously removing the oral exam is highly risky, in that it removes a key mechanism for identifying clinicians who are lacking good ethical judgement and/or unable to take appropriate ethical action when needed to safeguard the Ontario public.

The proposed changes are not supported by evidence and are reckless to implement while simultaneously drastically reducing the training and clinical experience needed to ensure competent psychologists.

Alternative pathways: Instead of removing safeguards, we urge the College to consider ways to improve the safeguards to better meet their purpose: 1) revised/revamp the oral examination to be more standardized and ensure that all examiners of the oral exam undergo bias-reduction training; 2) Rely on the existing

system/process for accreditation of programs and encourage a CPA/Canada-wide system for master's level program accreditation; 3) If changes to the licensing process are needed, make them one at a time with data collected at each stage so that the decisions can be properly evaluated.

3. **The motion will increase opaqueness/confusion for the public regarding the training of psychologists**

Ontarians have a right to understand the training of the mental health professionals who treat them. We recognize that there has been confusion for some time regarding the distinction between "psychologist" and "psychological associate", which has only been further confused by the mobility of psychologists across provinces. However, the proposed change to having master's level be the standard for the title of psychologist does not make things clearer. Instead, it fully diminishes any way of determining a clinician's level of training, thereby making it impossible for the public to understand the training of their clinician and, in the private sector in particular, make informed decisions.

Alternative pathways: If master's level is going to be the standard for the title of psychologist, create the licensing title of "psychologist (doctorate)" or "doctoral psychologist" for those professionals who have undertaken additional years of training, supervised practice, and research. This will enable transparency with the public as to what level of training their clinicians have as well as allow for clarity in other domains, including advertising/hiring into positions within hospitals as well as for insurance purposes. Having a distinction in title based on training level is something in place within other provinces that have the masters-level as a standard (e.g., Alberta's Psychologist I and II classifications). As a separate point, our position is that having national standards for the title of psychologist is essential for full transparency and clarity for Canadians – and it would minimize the incompatibility imposed by the Labour Mobility Act.

Conclusion

In sum, the changes were proposed by the CPBAO without a clear rationale for how they would address the identified problem, without concrete evidence that changes would be beneficial, and without a clear plan in place for implementation and evaluation. CPBAO has an opportunity to be a leader in taking a data-driven, thoughtful, and collaborative approach to shifting our profession in important ways. Our position is that the proposed changes do not reflect this approach.

We recognize that our profession needs to continue evolving as do all professions, and we are committed to being a part of the solution. In the past few years, we have taken steps to address some of the concerns regarding accessibility to our profession (of trainees), namely the OFC concern regarding "the ability to promote inclusion including the historical under representation of racialized members *in the PhD registration class"* (OFC Annual Report 2023 – 2024, p. 32). Specifically, we have reviewed and revamped our admission process through an equity/inclusion lens and worked at the undergraduate level to support students from diverse backgrounds in navigating the paths to graduate school. We understand that there is more work to be done, and we will continue to make changes. We hope that the College, as well as other professional bodies (OPA/CPA/CCPPP), can come together to collaboratively generate solutions that are effective for addressing concerns and build on existing initiatives without downgrading the quality of care for the public.

Thank you for considering our feedback.

Sincerely,

Colleen D. Beaudoin, PhD., C. Psych.

Kristy Boughton, Ph.D. C. Psych.

Linda Bream, Ph.D., C. Psych.

Dillon Browne, Ph.D., C. Psych.

Rick Coupland, Ph.D., C. Psych.

Phillip Dodgson, Ph.D., C. Psych.

Stephanie Dubois, Ph.D., C. Psych.

Andrew Ekblad, Ph.D., C. Psych.

Dee Gavric, Ph.D., C. Psych.

Shannon Gifford, Ph.D., C. Psych.

Michael Grand, Ph.D., C. Psych.

Ashley Hyatt, Ph.D., C. Psych.

Allison Kelly, Ph.D., C. Psych.

David LeMarquand, Ph.D., C. Psych.

Brian Mainland, Ph.D., C. Psych.

Tara McAuley, Ph.D., C. Psych.
Alexandra McInytyr-Smith, Ph.D., C. Psych.
Sam Mikail, Ph.D., C. Psych.
David Moscovitch, Ph.D., C. Psych.
Carolyn Moss, Ph.D., C. Psych.
Elizabeth Nilsen, Ph.D., C. Psych.
Jonathan Oakman, Ph.D., C. Psych.
Elizabeth Orr, Ph.D., C. Psych.
Marjory Phillips, Ph.D., C. Psych.
Jennifer Pink, Ph.D., C. Psych.
Sol Pound, Ph.D., C. Psych.
Christine Purdon, Ph.D., C. Psych.
Uzma Rehman, Ph.D., C. Psych.
Ruth Slater, Ph.D., C. Psych.
Kathy Smolewska, Ph.D., C. Psych.
Kate Spere, Ph.D., C. Psych.
Season Tompkins, Ph.D., C. Psych
Julie Torrance-Perks, Ph.D., C. Psych.
Val Vorstenbosch, Ph.D., C. Psych.

Western SocialScience

Date: November 17, 2025

To:
The Ministry of Health, Ontario

The Minister of Health and Deputy Premier
Sylvia Jones (sylvia.jones@ontario.ca)

The Deputy Minister of Health
Greg Orencsak (greg.orencsak@hc-sc.gc.ca)

President and CEO of Ontario Health
Matthew Anderson (matthew.anderson@ontariohealth.ca)

Minister of Education, Ontario
Paul Calandra (paul.calandra@pc.ola.org)

Minister of Children, Community and Social Services, Ontario
Michael Parsa (michael.parsaco@pc.ola.org)

Premier of Ontario
Doug Ford (premier@ontario.ca)

Ontario's Fairness Commissioner, The Office of the Fairness Commissioner
Irwin Glasberg (ofc@ontario.ca)

Member of the Provincial Parliament, London North Center
Terence Kernaghan (tkernaghan-qp@ndp.on.ca)

The College of Psychologists and Behaviour Analysts of Ontario (cpbao@cpbao.ca)

College Council President
Dr. Ian Nicholson (inichols@uwo.ca)

Registrar & Executive Director
Dr. Tony DeBono (tdebono@cpbao.ca)

Cc: The Ontario Psychological Association (opa@psych.on.ca)
The Canadian Psychological Association (cpa@cpa.ca)
The Director of Clinical Psychology Graduate Program, Western University
David Dozois (ddozois@uwo.ca)

Re: Concerns Regarding Recent CPBAO Regulatory Changes

We, graduate students of the Clinical Science & Psychopathology Program at Western University, are writing to express deep concern about the recent college-approved amendments (pending government approval) affecting the practice of psychology in Ontario. These reforms undermine essential safeguards in training and oversight, putting the entire public at risk, but in particular, children, families, and vulnerable individuals.

Current Standards and Safeguards

Psychologists receive specialized training in diagnosis, psychological assessment, and evidence-based treatment of complex mental health conditions. They conduct high-stakes evaluations, such as determining mental health status, risk of harm, and parenting capacity assessments, which profoundly affect the lives of children, families, and communities. In addition, psychologists serve as consultants to schools, hospitals, and community organizations, provide expert witness testimony in legal proceedings, and contribute to research and policy development.

In Ontario, psychologists earn a doctoral degree (Ph.D or Psy.D) which provides advanced, integrated training in assessment, intervention, ethics, and research. The Psy.D in particular offers an efficient, practice-oriented route to licensure–which is typically completed in four years instead of the 6 or more years required for a Ph.D–while maintaining the same rigorous doctoral-level standards and applied research training. Doctoral training includes four years of predoctoral practica, a one-year residency, and an additional year of post-residency supervised practice.

Master's-level psychological associates also play a critical role in Ontario's mental health system. Their training includes two years of graduate education followed by four years of full-time supervised practice. This route provides an entry to the profession and helps address the growing demand for psychological services across the province. Psychological associates contribute meaningfully to service delivery and often work in collaboration with psychologists and other professionals to expand access to care. This route differs from doctoral training in its primary emphasis on clinical experience rather than the integration of advanced theory, research methodology, and test administration.

Psychologists and psychological associates must pass three licensure examinations before practicing independently, including an oral exam, a jurisprudence and ethics exam, and a general psychology knowledge exam. These requirements are deliberately structured to ensure that both psychologists and psychological associates are sufficiently prepared to deliver safe, effective, and evidence-based care within their scope of practice.

College-Approved Regulatory Changes from the September 2025 Council Meeting

On September 26, 2025, the College of Psychologists and Behaviour Analysts of Ontario (CPBAO), under significant pressure from the provincial government, approved sweeping reductions to the minimum standards required for registration as a psychologist.[1] The Ministry of Health and the Office of the Fairness Commissioner (OFC) cited goals of "modernizing" the registration process and increasing access to mental health services in Ontario. The proposed changes include:

- *Registration as a psychologist based on a graduate degree from Council-approved programs (including programs with accreditation by College-approved accrediting bodies)*
- *Council approval of accrediting bodies internationally beyond the USA (e.g., UK, Australia)*
- *Removal of the minimum 4-year work experience requirement for candidates with a Master's degree*
- *Elimination of the Oral Examination*

Although the language regarding some of the proposed changes remains vague (for example, what precisely will constitute a "Council-approved program"), in effect these amendments pave the way for:

- Removal of the 4-year predoctoral practica + 1-year residency + 1-year supervised practice requirements for candidates with a doctoral degree
- Removal of areas of competency and authorized practice including neuropsychology, school psychology, and forensic/correctional psychology
- Replacement of the jurisprudence and ethics exam with a low-stakes, on demand, no-fail learning module
- Permission for psychology professionals from other Canadian jurisdictions to begin practicing in Ontario immediately, even before their Ontario registration application is processed by CPBAO

Although not explicitly included in the CPBAO's motion, some of the additional changes listed above (including the removal of competency areas and replacement of jurisprudence and ethics exams with no-fail modules), have been confirmed by the Ontario Psychological Association in a letter to members published on September 24, 2025.

Scope of the problem

1. ***Risks to Patients and the Public***

Under these reforms, it is possible for candidates to enter practice with only a single practicum placement, drastically narrowing the breadth and depth of clinical training and oversight. Simultaneously, new registrants are no longer required to declare competency in

[1] College of Psychologists and Behaviour Analysts of Ontario, "Meeting of the College Council 2025.03."

highly specialized practice areas, most notably neuropsychology, forensic psychology, and clinical psychology, nor must they demonstrate proficiency in working with specific populations, including children, adolescents, and adults.

Together, these changes dismantle essential safeguards that ensure psychologists are adequately trained to make high-stakes clinical decisions. Neuropsychologists, for example, conduct presurgical assessments for epileptologists to map critical language and memory regions prior to brain surgery, a process that requires expertise in brain-behaviour relationships and psychometric interpretation. A person without specialized knowledge in this area could easily misidentify these regions which could result in permanent loss of speech, memory, and enduring personality changes. In forensic contexts, unqualified assessors might provide opinions that influence sentencing or custody outcomes, misclassifying a high-risk offender as low-risk or erroneously labeling a parent as unfit. In parenting-capacity evaluations, subtle indicators of coercive control or trauma can be missed entirely, leading to recommendations that return a child to an unsafe environment. In psychoeducational assessments, a lack of training can mean overlooking a learning disorder or misattributing neurodevelopmental challenges to behavioural issues, depriving a child of services that determine their long-term academic trajectory.

Numerous professions beyond psychology, including social workers, counsellors, and psychotherapists, are qualified to provide psychotherapy services. What distinguishes psychologists, however, is our ability to perform the controlled act of diagnosis and to conduct standardized cognitive and psychodiagnostic assessments. Psychologists receive extensive training in test administration, interpretation, and differential diagnosis, skills that are essential to identify complex or comorbid presentations. Psychiatrists often rely on our specialized assessment tools and clinical expertise for clarification, and in many clinical settings, psychologists are consulted for cases that remain diagnostically unclear even after psychiatric evaluation. Granting diagnostic authority to professionals without equivalent training or access to standardized, protected assessment measures would erode the validity and reliability of mental health diagnoses across the system.

These reforms also raise serious concerns about **fairness**. The public health system, which is already struggling to retain doctoral-level psychologists due to the significant pay gap between the public and private sectors, remains the primary point of access for many Ontarians *without* private insurance. As more doctoral psychologists leave the public system for private practice, access for the most vulnerable populations will continue to decline. Introducing a new class of minimally trained practitioners will not solve this problem. If master-level clinicians can earn more privately than doctoral-level psychologists in public settings, the exodus from hospitals and community clinics will intensify. This cascading effect would create a two-tiered system: those who can afford care will continue to receive it privately, while those who cannot will face even longer waitlists and reduced service quality.

The potential risks to public safety are substantial and far-reaching. Although these measures are framed as a way to improve access and reduce professional barriers, there is

limited evidence to suggest that these reforms will achieve those goals. For example, research on access mental health care has consistently demonstrated that cost of services, including inadequate insurance coverage of mental health care, is one of the most reported barriers to seeking psychological services in Canada[2]; however, simply increasing the number of providers does not address this accessibility concern. The onus must be on demonstrating that such changes will genuinely enhance access ***without*** compromising safety or quality of care.

Allowing candidates to enter practice with minimal training and supervised experience greatly increases the likelihood of misdiagnosis, unscientific, ineffective, and even iatrogenic treatments, and malpractice. Gambling with the well-being of Ontarians is **unacceptable, irresponsible, and egregious,** and constitutes a profoundly unethical departure from the standards designed to protect our most vulnerable citizens.

2. Risks to Professional Integrity

These reforms have the potential to undermine the integrity of psychology as a regulated health profession, from the perspective of patients and professionals alike. By lowering the threshold for entry to practice, the public and referral sources (e.g., medical doctors, medical specialists) may begin to view Ontario psychologists as untrustworthy and inadequately trained. This erosion of confidence is particularly dangerous in a field where individuals seek care at their most vulnerable. Once public trust in psychology is compromised, it is difficult to restore, and the credibility of the ***entire*** profession–not just new registrants–comes into question.

Lowering professional standards also threatens the credibility of Ontario psychologists within multidisciplinary teams. In settings such as hospitals, schools, correctional institutions, and community agencies, psychologists must collaborate with physicians, social workers, educators, and lawyers to make critical and sound decisions about patient care. If colleagues perceive that Ontario-trained psychologists lack competency, their voices in interdisciplinary settings may be dismissed, discounted, or ignored. This ultimately compromises the quality of care and outcomes for clients who rely on coordinated, evidence-based interventions.

3. Risks to Society

Although improving access to evidence-based health care is of utmost importance, lowering training standards is a short-sighted response that fails to address the systemic issues driving Ontario's mental health-care challenges. The province struggles with underfunding, staffing shortages, and service inequities, *not* from overly rigorous professional standards. Increasing access by diluting training requirements is not a sustainable or ethical solution. The goal should be to strengthen the system, not weaken it.

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[2] Canadian Psychological Association and Council of Professional Associations of Psychologists, "Strong Majority of Canadians Want Improved Access to Psychologists."

When Ontario faced a shortage of family physicians, the solution was not to lower medical training standards or confer the title of "physician" to nurse practitioners or physician assistants because their training was "similar." Instead, the province invested in expanding medical education, residency positions, and incentives for retention, all while maintaining rigorous professional requirements[3]. The same logic must apply to psychology.

Lowering standards may temporarily increase the number of available practitioners, but it comes **at the expense of treatment quality, professional credibility, and public safety**. In the long term, psychologists will likely continue to be driven out of the public sector and into private practice, further limiting access for those who cannot afford private services. This will create a two-tiered system where individuals from under-serviced communities receive substandard care, perpetuating inequities and widening the gap in mental health outcomes across the province.

4. Risks to Ontario Government

Although lowering standards may appear to improve access to psychological services in the short term, they are likely to impose significant long-term financial costs on the provincial government. Some plausible risks to Ontario include:

- Patients receiving assessment and treatment by inadequately trained psychologists may seek out additional care if this service is ineffective. Similarly, psychiatrists or psychologists with more comprehensive training may choose to re-assess clients if the initial assessment/treatment was not appropriate. Not only is the process of seeking out additional treatment burdensome to patients, but treatment costs will accumulate over time.
- Patients who do not receive appropriate services may deteriorate, which can lead to greater costs for the government through the use of emergency services, hospitalizations, and encounters with the judicial system.
- Removing declared competencies increases the likelihood of clinicians working outside of their scope. Much like a cardiac surgeon would not perform brain surgery, a school psychologist would not identify as a neuropsychologist and vice versa. Without clear competency boundaries, this can lead to expensive appeals or legal disputes, which the government will ultimately pay for.
- Lowering training standards may also deter highly qualified psychologists from training or practicing in Ontario. If Ontario's qualifications are viewed unfavourably, this could discourage both the recruitment and retention of skilled psychologists in the public sector, thereby reducing the province's return on investment in graduate education and public sector-based residencies.

Although these reforms aim to promote fairness and harmonize standards across Canadian jurisdictions, the cumulative effect of these changes would actually situate Ontario as having the ***lowest*** training standards in Canada. This would place Ontario sharply out of alignment

[3] Office of the Premier, "Province Helping More Ontario Students Become Doctors at Home in Ontario."

with national and international training benchmarks established by the Canadian Psychological Association (CPA) and American Psychological Association (APA). Paradoxically, such a move would reintroduce the very problem that these changes aim to fix: Ontario psychologists could face barriers to licensure or mobility when seeking to practice in other jurisdictions. Moreover, doctorally-trained psychologists in addition to prospective students may seek training opportunities in other provinces that have more widely recognized training standards.

Proposed solutions

Rather than lowering standards, attention should be directed toward sustainable and evidence-based solutions. As outlined in a joint letter from the Ontario Psychological Association (OPA) and CPA,[4] as well as other professional sources[5], these alternative solutions could include:

1. Increasing pathways for individuals seeking entry to the profession
    - Establishing a structured and transparent mechanism for Master's level trainees to obtain licensure as a psychological associate, ensuring high-quality supervision and fair standards
    - Promoting the expansion of PsyD programs that prepare clinicians to serve the public and meet Ontario's growing mental health needs

2. Streamline training pathways by moving to a direct PsyD/PhD route
    - Currently, the CPBAO's proposal for a 2-year MA/MSc only qualification would not provide sufficient depth or breadth of training for clinical psychology practice. We propose creating a direct-entry Ph.D (or Psy.D) route, which maintains total doctoral-level training time (4 years) but removes the separate MA/MSc step. We expect that this proposed change will increase time to entry into the profession while (1) ensuring clinical psychologists receive adequate preparation, (2) maintaining professional standards and quality of care, and (3) preserve research-informed evidence-based psychological care.

3. Expanding public funding for psychological services
    - Increasing OHIP-covered sessions or subsidize psychological services for low-income communities

4. Increase supervision capacity by funding PhD/PsyD-level clinical psychologists
    - Currently, there is a bottleneck due to the limited availability of qualified supervisors, limiting how many students can be accepted into training

[4] Ontario Psychological Association and Canadian Psychological Association, "CPA/OPA Joint Letter to Ontario College of Psychologists and Behavioural Analysts Re: Proposed Regulatory Changes in Ontario."
[5] Uprise Psychology, "Why Lowering Psychologist Standards Puts Ontarians at Risk."

programs. Barriers for supervision include liability concerns and a lack of financial incentives. By providing funding and incentives for registered clinical psychologists to take on clinical supervisory roles we expect increased supervision capacity directly increasing the ability to admit more students into clinical psychology programs and improve clinical training quality; ultimately enhancing workforce growth while maintaining high standards.

5. Support for trainees in higher education
    - Providing funding and financial support for trainees from low-income, marginalized, or underrepresented groups

6. Increasing the number of psychology positions in the public sector
    - Creating and promoting job opportunities for psychologists across service settings, including hospitals, schools, and community mental health agencies
    - Increasing efforts to attract and retain psychologists in the public sector
    - Address recruitment and retention challenges by ensuring compensation and working conditions in the public sector are competitive with private practice.

In the long term, these policy changes are likely to cost Ontario far more than it saves, all while undermining the effectiveness and credibility of the province's mental health care system. Ontarians deserve a system grounded in integrity, accountability, and evidence-based practice, not one built on shortcuts and lowered expectations. We call on the Ministry of Health and the CPBAO to reconsider and reverse these decisions and work in genuine collaboration with the OPA, CPA, CPA-accredited training programs, and community stakeholders to develop meaningful and sustainable solutions. Graduate student representatives from our program would welcome the opportunity to meet with the Ministry and the College to discuss these concerns in greater detail and to contribute constructively to a plan that strengthens Ontario's mental health system while safeguarding the public interest. By investing in psychology, Ontario can strengthen its mental health infrastructure while safeguarding the public interest.

Sincerely,

Graduate students in the Graduate Program in Clinical Science and Psychopathology,

Amira Hmidan, Genny Bianchini, Fei Ying, Karla Kovacek, Sarina Rain, Selena Esteves, Pascale Lacroix, Raman Sangha, Hana Abbas, Samantha Withnell, Abbigail Kinnear, Gabriela Murphy, Michelle Luszawski, Lisa Zhu, Sera Gandhi, Olivia Richards, Taylor Pratt

November 18, 2025

Ian Nicholson, Ph.D., C.Psych.
College of Psychologists and Behaviour Analysts (CPBAO)
College Council President
cpbao@cpbao.ca

Tony DeBono, MBA, Ph.D., C.Psych.
College of Psychologists and Behaviour Analysts (CPBAO)
Registrar & Executive Director
tdebono@cpbao.ca

CC: regchanges@cpbao.ca

Note: Please note this letter is a follow-up to a previous letter on October 7, 2025. Additions have been highlighted in italics for ease of reference.

Dear Dr. Nicholson and Dr. DeBono,

We are writing as current and retired faculty members from York University's Canadian Psychological Association (CPA) accredited Clinical Neuropsychology Program. We are licensed psychologists in the province of Ontario, with a specialty in Clinical Neuropsychology. Collectively, we work with individuals with cognitive difficulties due to various reasons including but not limited to neurodevelopmental conditions (e.g., Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Intellectual Disability Disorder, specific learning disorders), neurological disorders (e.g., multiple sclerosis, epilepsy, traumatic brain injury), neurogenerative disorders (e.g., Alzheimer's disease, Parkinson's disease), and significant psychiatric illness (e.g., schizophrenia spectrum disorders, borderline personality disorder). We have worked in more than a dozen Ontario community and hospital settings, spanning inpatient, outpatient, acute care, psychiatric, rehabilitation, and tertiary care.

York University's Clinical Neuropsychology program is the only CPA-accredited English-language Clinical Neuropsychology Program in Canada and **Ontario's only CPA-accredited Clinical Neuropsychology specialty training program.** This accreditation necessitates yearly reports and public disclosure tables to maintain accountability in our training of Clinical Neuropsychologists and a rigorous site-visit every 4-7 years. To ensure the training of competent clinical neuropsychologists, we offer all the fundamentals of clinical psychology training with additional didactic coursework in neuroanatomy, neuropsychological (diagnostic) assessment, and neurorehabilitation with multiple neuropsychology-focused practica. Clinical Neuropsychological training requires a staged approach, which necessitates theoretical foundations and psychometric skills prior to establishing the ability to make complex psychodiagnostic formulations. Since 2010, York University's clinical neuropsychology program has trained 45 neuropsychologists across the country who work with clients across the lifespan, from childhood to older adulthood. Our program has grown over the years to meet the ongoing high demand from applicants, with a diverse group of 40 current trainees.

We have plans for further growth with a community Neuropsychology Clinic slated to open on campus in the coming year. **In summary, we write as experts in the training of clinical neuropsychologists in Ontario.**

We are writing to express grave concerns about the CPBAO's June 2025 Council meeting decision to reduce psychology areas of practice area into only two areas, specifically "Health Service" and "Industrial/Organizational (I/O)". Currently, CPBAO reviews prospective psychology applicants to ensure competency in specific practice areas including neuropsychology which are then publicly listed on CPBAO's registrar. The reducing of psychology practice areas **de facto eliminates CPBAO's checks on specific practice areas, including neuropsychology**. This moves to self-regulation of the neuropsychology practice area and CPBAO's checks on the practice of neuropsychology to be driven by complaints instead of a standardized process of credential review that is currently clearly articulated by CPBAO[1]. Our concern is that the removal of the neuropsychology practice area will severely diminish the quality of neuropsychology services in Ontario and can damage public trust in psychological services. Removing the oversight of clinical neuropsychology as a practice area will endanger the public given the practice involves assessing, diagnosing, and treating individuals with complex cognitive and psychological conditions. We do not see retaining Clinical Neuropsychology as a practice area as interfering with "As of Right", the Canadian Free Trade Agreement, or other legislative priorities. In Canada, there is a precedent for neuropsychology as a unique practice area, with the province of Quebec requiring psychology practitioners to have a specific certificate to practice neuropsychology[2].

When the registration changes approved in CPBAO's Council Meeting in September 2025 are finalized, we believe these will need to reflect the specific area of neuropsychology and furthermore should align with global practice standards for Clinical Neuropsychology, including in comparable public health care systems such as the United Kingdom where **neuropsychology is a specialty practice area following general training in clinical psychology**[3,4]. European data shows that clinical neuropsychologists with more years of training are more likely to have an independent clinical practice than their peers with less training[4]. Given the cost-savings to public health care from clinical neuropsychological diagnostic assessment and interventions[5,6], it inevitably follows that fewer independent practitioners of neuropsychology will result in higher costs for Ontario's public health care system. We foresee that the removal of neuropsychology as a practice area will at a minimum complicate, if not eliminate, CPBAO's overview of neuropsychology as a practice area with practitioners having comprehensive training. *We are aware that section 95(1)(e) of the Regulated Health Professions Act (1991) empowers Colleges to make regulations defining and certifying specialties in the profession[7]. If CPBAO proceeds with the collapsing of practice areas as approved in its June 2025 Council Meeting, we strongly encourage CPBAO to put forward a regulation allowing for the issuance of certificates for "clinical neuropsychologists". Issuing certificates to members with requisite training in clinical neuropsychology would govern the use of this designated title by members and allow CPBAO to enforce standards to ensure effective care and safeguards are in the place for the public.*

Globally, **Canada is a leader in our ratio of neuropsychologists** to the population, including in the province of Ontario[1]. Nevertheless, we believe increasing access to clinical neuropsychology diagnostic and intervention services in Ontario is valuable. Neuropsychological diagnostic assessment provides healthcare providers with essential information to help them manage conditions like Alzheimer's disease, brain tumours, stroke, and epilepsy. Neuropsychological services are particularly critical to support youth in our communities with complex medical needs as well as an increasingly aging population. This said, **increased access should not sacrifice public transparency and quality control that is embedded in continuing to have clinical neuropsychology recognized as a specific practice area *or as a specialty within the profession (as empowered to do so by s. 95(1)(e) of the Regulated Health Professions Act)* by CPBAO**[7]. Solutions to improve access to Clinical Neuropsychology services include, but are not limited to, increasing availability of

funded positions for trainees within accredited academic programs, development of publicly funded PsyD programs focused on neuropsychology, and increasing publicly funded staff neuropsychologist positions to ensure the availability of supervision and training within the public healthcare system. We are eager to further explore how to improve access to neuropsychology services together with the CPBAO, provincial and federal government representatives, insurance companies, and other stakeholders.

In summary, we urge CPBAO to **reconsider the erasure of clinical neuropsychology as a specific practice area and *furthermore consider recognizing clinical neuropsychology as a specialty within the profession*.** This critical service area requires a specialized designation to safeguard the public, including some of society's most vulnerable individuals with significant cognitive and functional impairments.

Sincerely,

Sara Pishdadian, Ph.D., C.Psych
Practice in Clinical Psychology, Rehabilitation Psychology, and Clinical Neuropsychology

Mary Desrocher, Ph.D., C.Psych
Practice in Clinical Neuropsychology

Achala Rodrigo, Ph.D., C.Psych
Practice in Clinical Psychology and Clinical Neuropsychology

Gary Turner, Ph.D., C.Psych
Practice in Clinical Neuropsychology

R. Shayna Rosenbaum, Ph.D., C.Psych
Practice in Clinical Neuropsychology

Magdalena Wojtowicz, Ph.D., C.Psych
Practice in Clinical Neuropsychology

Christine Till, Ph.D., C.Psych
Practice in Clinical Neuropsychology

R. Walter Heinrichs, Ph.D., C. Psych.
Practice in Clinical Neuropsychology

Jill B. Rich, PhD, C.Psych (Res.)
Practice in Clinical Neuropsychology

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COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BRIEFING NOTE

2025.04.04E

DECEMBER 2025 BOARD MEETING

THE BEHAVIOR ANALYST CERTIFICATION BOARD©

STRATEGIC DIRECTION REFLECTION
Innovation in Regulation

MOTION FOR CONSIDERATION
That the Board approve the plan in this briefing note to address the Behavior Analyst Certification Board©.

Moved By TBD

PUBLIC INTEREST RATIONALE
The Behavior Analyst Certification Board© provided voluntary certification to Behaviour Analysts and two tiers of support professionals in Ontario for many years prior to proclamation of the *Psychology and Applied Behaviour Analysis Act, 2021*. Although, any voluntary certification cannot conflict with the College's regulations and Standards, including supervision, BACB© certification provides educational standards and continuing education requirements for all of their certificants.

BACKGROUND
The College welcomed Behaviour Analysts into the new College of Psychologists and Behaviour Analysts of Ontario under the *Psychology and Applied Behaviour Analysis Act, 2021*, proclaimed on July 1, 2024.

In September 2023, the Behavior Analyst Certification Board© (BACB©), released a statement entitled, "Upcoming Changes to BACB Certification in Ontario," which indicated that the BACB would be leaving Ontario on June 30, 2026, and two of their support tiers would no longer be certifiable in Ontario. The statement noted concerns with the restricted titles and representation of qualification subsections of the *Psychology and Applied Behaviour Analysis Act, 2021*, due to their impact on two of their three tiers of certification, particularly Board-Certified Assistant Behavior Analyst© (BCaBA©) and Registered Behavior Technician© (RBT©). It was also noted that it was hoped that Ontario's regulation of ABA would be based on BACB standards and certifications. Ontario had certification of BCaBAs and RBTs until proclamation of the *Act* on July 1, 2024.

Addressing Title Restrictions to Those Under Direct Supervision of a Behaviour Analyst
The College could develop a mechanism whereby all three tiers of certification could practice in Ontario provided all services were being supervised by a Registered Behaviour Analyst. The supervision status of professionals providing care would need to be clearly communicated to service recipients to avoid any risk of misrepresentation and all services would need to be in accordance with the Standards of Professional Conduct. Preliminary legal consultation has been received on the potential feasibility of this approach. Prior to the College investing further resources, it is recommended that written communication to the BACB's CEO and Board of Directors to make this potential offer with the agreement that BACB would not pull out of Ontario on June 30, 2026, will make BCaBAs and RBTs eligible for certification in

Ontario, and will continue to certify BCBAs/BCBA-Ds. If this is an approach the BACB would like to inform and further discuss, the College would extend an invitation to engage in these conversations.

RISK

With the impending departure of the BACB after June 30, 2026, if the College does not make an attempt to formally address this issue, the College could be perceived as non-responsive to concerns from some Behaviour Analysts in Ontario. On the other hand, permitting the use of BACB certification tiers of support staff confers risk that supervisees will attempt to represent themselves as independent providers of ABA services. Should the BACB reject the above offer, the risks would preclude the College from permitting the use of BACB titles from non-registrants.

BUDGETARY IMPLICATIONS

General legal consultation to address compliance and risk management comes with a cost. However, the College does budget for general legal expenses, such as required consultation.

NEXT STEPS

Upon approval, the Registrar will write to Dr. Carr, CEO, and the Board of Directors of the BACB.

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych
Registrar & CEO

Lesia Mackanyn,
Director, Registration

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BRIEFING NOTE

2025.04.04F

DECEMBER 2025 BOARD MEETING

BOARD & COMMITTEES COMPETENCY AND SUITABILITY PROFILE

STRATEGIC DIRECTION REFLECTION
Innovation in Regulation

MOTION
That the Board approve the proposed Board & Committees Competency and Suitability Profile.

Moved by TBD

PUBLIC INTEREST RATIONALE
To strengthen public protection and enhance public trust in the psychology and ABA professions, by taking proactive steps to pursue governance modernization.

BACKGROUND
At its June 2025 meeting, the Board approved a series of governance modernization strategies, including:

- Updating governance language and structure;
- Reducing Board size and improving efficiency;
- Moving toward balanced public and professional representation;
- Introducing clearer separation between the Board and Committees; and
- Establishing a competency-based model for both Board and Committee appointments.

At its September 2025 meeting, the Board approved several by-law amendments (By-laws 1, 5, 19, and 20) to operationalize these strategies. In particular, *By-law 20: Election to the Board, Qualifications, Terms of Office and Conditions for Disqualification* includes provisions for a hybrid election/appointment model and the introduction of a Board Competency Profile to guide candidate nominations and appointments.

As part of this transition, a workshop was held with current Board Directors to identify competencies that are:

1. Currently represented and valued on the Board;
2. Needed for future governance effectiveness; and
3. Essential personal attributes that reflect “suitability” for Board service.

The draft Board Competency and Suitability Profile now consolidates this input into a structured framework that can be applied to elections, appointments, and ongoing Board development. This has been reviewed by the Governance and Nominations Committee at its inaugural meeting held on October 27, 2025.

RISK
Without a clear Competency and Suitability Profile, the Board risks having gaps in skills and experience that could affect its ability to make informed decisions. A lack of transparency in how Directors are elected or

appointed could also reduce public trust and confidence in the College's governance. In addition, the Board may face challenges in planning for future leadership needs or meeting the evolving standards of good governance expected of health regulators. Establishing a clear profile helps reduce these risks by ensuring that Board composition is intentional, transparent, and aligned with the public interest.

OPTIONS

1. Recommend the approval of Board & Committee Competency and Suitability Profile;
2. Do not recommend the approval of Board & Committee Competency and Suitability Profile;
3. Propose changes to the Board & Committee Competency and Suitability Profile before they are approved.

NEXT STEPS

If approved by the Board, the Profile will be adopted for use by the Governance and Nominations Committee in preparing for and conducting the 2026 Board Elections, including the screening and assessment of potential candidates. The Profile will also serve as a reference for future appointments (Board & Committees) and on-going Board developments.

ATTACHMENTS

1. Board & Committees Competency and Suitability Profile

CONTACT FOR QUESTIONS

Zimra Yetnikoff,
Deputy Registrar & Director, Investigations and Hearings

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD & COMMITTEES COMPETENCY AND SUITABILITY PROFILE

Knowledge and Professional Experience

Financial Literacy
Possesses knowledge of accounting or financial management, including analyzing and interpreting financial statements, evaluating organizational budgets, and/or understanding finance and generally accepted accounting principles.

Good Governance Principles
Has working knowledge of good governance principles to support fair, transparent and accountable decision-making. Understands the ethical and legal responsibilities and role of Directors including upholding confidentiality, managing conflicts of interest, and maintaining boundaries.

Policy Development
Contributes to creating clear, effective, and evidence-based Board policies that align with the College's strategic direction and vision statement, in support of the College's public interest mandate.

Professional Judgment and Expertise
Has knowledge of psychology and/or ABA profession including scopes of practice and standards of practice. Understands emerging issues, ethical obligations, key trends and developments in the profession/s.

Regulatory Understanding
Has working knowledge of the *Regulated Health Professions Act, 1991* and other relevant legislation i.e.: *Psychology and Behaviour Analysis Act, 2021;* understands the College's fiduciary responsibilities and the role of the Board and Committees in accomplishing the College's mandate, can distinguish between the role of the regulator and the professional association.

Risk Management
Understands risk-based regulation, prioritizes resources based on public safety risks. Has experience in identifying and mitigating risks prevents disruptions, legal issues, and reputational harm.

Skills

Collaboration and Teamwork
Ability to work effectively within a group in a courteous and respectful manner, contribute to discussions through active listening and effective questioning, and support evidence-based decision-making.

Communication
Clear communication skills and ability to engage with diverse perspectives; Demonstrates ability to provide effective oversight of engagement and communications with the public, government and other key stakeholders.

Critical Thinking and Data-Informed Decision Making
Ability to assess issues, analyze data and make data-informed decisions. Can discern and propose responses or approaches to issues that are different from those already identified.

Digital Literacy
Be able to work using technology for College work such as virtual meeting platforms and document sharing tools.

Leadership and Mentorship
Demonstrates confidence and good judgment in inspiring, motivating, and offering direction and leadership to others.

Supports the growth and development of others by sharing knowledge and guidance.

Public Interest and Ethical Integrity
Upholds the public's right to safe, ethical care, demonstrated by an understanding and appreciation of, and commitment to, the public protection mandate and the time required to execute the role diligently.

Personal Attributes

Commitment and Preparedness
Has sufficient time to prioritize the work of the Board and Committees, including having the necessary time to attend and appropriately prepare for all meetings to contribute fully to discussions and make informed decisions.

Demographic Attributes
Board and Committees, overall, should reflect the diversity of Ontario, and of the psychology and the ABA professions in the following areas, including but not limited to:

a) Areas of Expertise and Interests;
b) Educational Background and Routes to Registration including Masters and Doctoral degrees, and internationally trained registrants;
c) Geographic location including Northern, remote and urban areas;
d) Personal demographics and diversity of personal characteristics and experiences;
e) Place of education including Ontario, Canadian and internationally educated registrants;
f) Work Experience including individuals at various stages of their careers.

Inclusiveness / Respectful of Diversity
Respect others regardless of their background, culture, or divergent opinions; able to effectively locate/center issues considering the individuals and/or concerns involved; able to weigh/discuss competing considerations in a manner that is appropriate and respectful.

Self-awareness
Have a clear understanding of personal strengths, areas of development and potential biases, self-reflection, remaining open to feedback, continuous growth, and improvement.

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BRIEFING NOTE

2025.04.04G

DECEMBER 2025 BOARD MEETING

GOVERNANCE MODERNIZATION POLICY UPDATE: NON-VOTING PSYCHOLOGICAL ASSOCIATE SEAT ON THE BOARD

STRATEGIC DIRECTION REFLECTION

Membership Engagement, Innovation in Regulation, Continuous Quality Improvement Culture

MOTIONS FOR CONSIDERATION

1. That the Board rescind *Policy I-13: Non-Voting Psychological Associate Seat on the Board*.

Moved By TBD

PUBLIC INTEREST RATIONALE

To strengthen public protection and enhance public trust in the psychology and ABA professions, by taking proactive steps to pursue governance modernization.

BACKGROUND

At its meeting on September 26, 2025, the Board made a motion to adopt by-law changes in pursuit of its governance modernization strategies. As part of these by-law changes, the Board made significant changes to By-law 20: Members of Council Elections, Qualifications, Terms of Office and Conditions for Disqualification. Among these changes is that Board Members are no longer elected according to geographical or profession-specific districts. This includes the discontinuation of Electoral District 7 (Psychological Associates) and Electoral District 8 (Behaviour Analysts). Rather, the composition of Board Members now follows what is outlined in the *Psychology and Behaviour Analysis Act, 2021*.[1]

RATIONALE

Given the discontinuation of profession-specific seats on the Board, it follows that the Non-Voting Psychological Associate Seat on the Board, established through Policy, should also be discontinued. In fact, there hasn't been anyone elected to this position since June 2024.

RISK

Leaving this policy in place risks having inconsistencies between College By-laws and policies with respect to College governance.

BUDGETARY IMPLICATIONS

None.

[1] The *Psychology and Behaviour Analysis Act, 1991* provides that the Board shall be composed of 8-12 elected members, at least 3 and not more than 5 of whom are ABA registrants, 8-13 public members and 2-4 academic members.

ATTACHMENT

- *Policy I-13: Non-Voting Psychological Associate Seat on the Board*

CONTACT FOR QUESTIONS

Zimra Yetnikoff
Deputy Registrar & Director, Investigations and Hearings

COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
T: 416.961.8817 1.800.489.8388
F: 416.961.2635 www.cpbao.ca

POLICY AND PROCEDURE MANUAL

POLICY	Non-Voting Psychological Associate Seat on the Board		
SECTION	Framework and Governance	**POLICY #**	I – 13
DATE CREATED	June 2007	**DATE LAST REVISED**	June 2025
NEXT REVIEW DATE	2027/2028	**DATE LAST REVIEWED**	May 2025

POLICY STATEMENT

The Board composition will include an elected non-voting Psychological Associate member.

PROCEDURE

1. In March 2009, and every third year after that, an election shall be held for the non-voting Psychological Associate member of the Board.

2. The date of the election shall be the same as for the election of members to the Board.

3. The member elected shall take office at the first Board meeting following the election.

4. The election shall be conducted in accordance with the election procedures described in *By-law: 20 Elections.*

5. Eligibility for Election
   A member is eligible for election to the non-voting Psychological Associate seat on Board if, on the date of the election:
   a. the member holds a certificate of registration as a psychological associate authorizing autonomous practice.
   b. the member is engaged in the practice of psychology in Ontario or if the member is not engaged in the practice of psychology in Ontario, is resident in Ontario;
   c. the member is not in default of payment of any fees prescribed in the fees by-law;
   d. the member's certificate of registration has not been revoked or suspended in the six years preceding the date of election; and
   e. the member's certificate of registration has not been subject to a term, condition or limitation as a result of a disciplinary action within the last two years.

6. Eligibility to Vote
   A member who, on the date of the election, holds a certificate for registration as a psychological associate authorizing autonomous, interim autonomous, or supervised practice is eligible to vote if:
   a. The member is not and has not been within one year before the date of the election, a director, officer, board, committee, or staff of any professional psychological association involved in the advocacy for the profession;
   b. the member does not hold, and has not held within one year before the date of the election, a position which would cause the member, if elected as a member of Board, to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization;

7. A member nominated for election to Board, who holds any position on the Board or staff of any professional psychological association other than the College, must undertake to resign that position before taking office.

8. Members of the College who are also an employee of the College may be nominated for election to the Board so long as they first provide an irrevocable, written resignation of employment to the Registrar & Chief Executive Officer on or before the deadline for receipt of nominations.

9. Term of Office
   The term of office of the member elected to the Board is three years and a member may serve a maximum of nine years on the Board.

10. The provisions regarding Disqualification and Filling of Vacancies described in *By-law 20: Members of Board Elections, Qualifications, Terms of Office and Conditions for Disqualification*, also apply.

11. For the purpose of *By-Law 21: Committee Composition*, the individual holding the non-voting psychological associate seat is a member of the College, not of the Board.

12. Vacancy
    While the College will make reasonable efforts to fill the non-voting Psychological Associate seat through the regular election process, if the seat remains unfilled due to lack of candidates, or for other reasons, it will stay vacant until the next scheduled election.

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BRIEFING NOTE

2025.04.04H

DECEMBER 2025 BOARD MEETING

QUALITY ASSURANCE POLICY UPDATES

STRATEGIC DIRECTION REFLECTION

Innovation in Regulation; Continuous Improvement Culture

MOTIONS FOR CONSIDERATION

Motion 1: That the Board approve proposed amendments to *Policy II – 5(i) Quality Assurance Committee: Terms of Reference/Role*.

Motion 2: That the Board approve proposed amendments to *Policy II – 5(iv): Quality Assurance Program Requirements, Exemptions, and Deferrals*.

PUBLIC INTEREST RATIONALE

As per the Strategic Direction 2023 - 2028, the College is continuously seeking ways to modernize its regulation practices, including applying principles of Right-Touch Regulation.

Reviewing and updating policies at least every three years and modernizing the Quality Assurance (QA) policies to align with principles of Right-Touch Regulation will enable the College to better serve the public interest by applying a proportionate, targeted and agile approach to QA requirements and processes.

BACKGROUND

There are currently five QA policies which address various components of the QA Program. All policies are due for review this fiscal year, which presents an opportunity to update and modernize QA requirements to align with the Strategic Plan. This Briefing Note outlines proposed changes to two of the five policies.

Section 80.1 of the Health Professions and Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), sets out minimum requirements for quality assurance (QA) programs which all health regulatory colleges must meet. The *Psychology and Applied Behaviour Analysis Act, 2021* sets out the QA Program requirements for the CPBAO under O. Reg. 194/23: General.

Currently, the QA Program utilizes a two-pronged approach for engaging with registrants to monitor participation and compliance with standard QA requirements. The first method to monitor participation is through the submission of a *Declaration of Completion* for both the Self-Assessment Guide (SAG) and Continuing Professional Development (CPD) program components. The second approach to monitor compliance is through the CPD audit process, whereby a registrant must submit supporting documentation to demonstrate satisfactory completion of CPD requirements.

ANALYSIS

1. **Updates to *Policy II – 5(iv)* include the following changes:**

a. The policy has been broadened to include all QA participation requirements, including exemptions and deferrals.
Broadening the policy to include all QA components ensures that participation requirements and criteria for exemptions and deferrals are applied consistently and appropriately.

b. QA requirements have been modified for specified certificate classes and inactive status.
Modifying QA components for certain classes of registrants enables the College to use resources appropriately by applying proportionate regulatory interventions and ensures that the College equally applies exemption and deferral criteria where appropriate. Specified certificate classes shall engage in self-assessment and CPD in line with their existing requirements from alternate regulatory processes. The rationale for changing their requirements for QA participation is as follows:

- **Supervised Practice**

During this year of high oversight, a registrant is engaged in self-assessment and continuing education/professional development as directed by their supervisor which may be redundant with standard QA requirements. The Registration Committee is the appropriate committee to assess competency for supervised practice registrants to meet entry-to-practice standards, rather than the QA Committee whose purpose is to promote continued competence and quality improvement among registrants.

- **Interim Autonomous Practice (Temporary Emergency Class)**

This certificate is designed for registrants that are already registered in another jurisdiction and want to practice in Ontario for a limited duration. At the time of registration, registrants must sign an Undertaking with the College stating that they will continue to meet the QA requirements issued by the regulator in their home jurisdiction.

- **Interim Autonomous Practice (Canadian Labour Mobility)**

This certificate is designed for registrants that are already registered in another jurisdiction and are working towards obtaining an Autonomous Practice certificate in Ontario. It is expected that these registrants are actively engaged in focused self-assessment and professional development as they are working towards obtaining an Autonomous Practice certificate and must meet current entry-to-practice requirements.

- **Inactive Status**

Inactive status is noted on the public register, as registrants are not authorized to provide professional services. Requiring inactive registrants to fulfil standard QA requirements places an unnecessary burden on registrants that have voluntarily stepped back from active practice for personal reasons, such as for parental leave or managing an illness for themselves or a family member. The Registration Committee reviews all registrants who wish to return to Autonomous Practice if they have been inactive for more than two years to determine any educational needs based on individual circumstances. This is the appropriate juncture for a committee to consider self-assessment and CPD activities required for registrants to return to practice safely and to address any knowledge gaps that may have accumulated over the course of their leave from practice.

c. Staff are authorized to grant deferrals for specified reasons.
The current policy contemplates deferral provisions for the submission of audit materials due to specified reasons. This deferral criteria have been expanded to apply to the submission of *Declarations of Completion* and the fulfilment of the Self-Assessment Guide component of the program. There remains to be no option for deferring completion of the CPD requirements beyond the end date of an assigned two-year cycle. Allowing staff the discretion to grant deferrals on behalf of the Committee promotes agility and ensures that deferrals are granted based on standardized criteria.

2. **Revisions to the Terms of Reference/Role Policy II – 5(i) are proposed.**
Additional details have been included in the policy. While staff will continue to make efforts to include a public committee member on all panels, this has been removed to foster agility as it is not a legislative requirement. Public members continue to be a valuable addition to QA panel meetings.

RISK

There is inherent risk with modifying QA Program Requirements for specified registrants, however as described above, there are protective regulatory factors in place to mitigate the risks posed.

The Right-Touch approach recognizes that there is no such thing as zero risk and asks the regulator to determine the tolerable level of risk to avoid undesirable consequences such as wasted resources or creating unnecessary burdens on those regulated.

BUDGETARY IMPLICATIONS

The proposed changes to the policies have no budgetary implications but may free up Committee and staff resources to focus on other initiatives, including conducting more audits and improving the efficacy and engagement afforded by the existing QA components.

OPTIONS

1. Recommend that the policies be approved by the Board;
2. Recommend that the policies be approved by the Board with specified changes; or
3. Decline the policies for approval.

NEXT STEPS

If approved by the Board, the policies will be incorporated into the College's Policy and Procedures Manual and will be reviewed and updated at least every 3 years, or as required.

ATTACHMENTS

- Proposed *Policy II – 5(i) Quality Assurance Committee: Terms of Reference/Role*
- Current *Policy II – 5(i) Quality Assurance Committee: Terms of Reference/Role*
- Proposed *Policy II – 5(iv): Quality Assurance Program Requirements, Exemptions, and Deferrals*
- Current *Policy II – 5(iv): Continuing Professional Development Program Audit: Criteria for Exemption or Deferral*

CONTACT FOR QUESTIONS

Jennifer Kitchen
Director, Professional Affairs

COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
T: 416.961.8817 1.800.489.8388
F: 416.961.2635 www.cpbao.ca

POLICY AND PROCEDURE MANUAL

POLICY	Quality Assurance Committee: Terms of Reference/Role		
SECTION	Board & Committees	**POLICY #**	II – 5(i)
DATE CREATED	June 2007	**DATE LAST REVISED**	December 2025
NEXT REVIEW DATE	2028/2029	**DATE LAST REVIEWED**	December 2025

POLICY STATEMENT

The Quality Assurance Committee shall exercise its authority and fulfil its responsibilities as set out in the *Regulated Health Professions Act, 1991,* Ontario Regulation 193/24: General, under the *Psychology and Applied Behaviour Analysis Act, 2021*, and the By-laws and policies approved by the Board.

PROCEDURE

1. In addition to its statutory responsibilities and authorities, the Quality Assurance (QA) Committee will:
   - administer the QA Program for the College;
   - review select registrant participation and compliance with QA Program requirements and determine appropriate actions;
   - approve appropriate assessors to conduct assessments and peer and practice reviews for the purposes of the QA Program;
   - make recommendations to the Board as the Committee deems appropriate regarding the development and maintenance of policy or budget related to Quality Assurance; and,
   - at the direction of the Board, address any other matters deemed relevant by the Board.

2. The Committee will meet as needed or at the call of the Chair regarding broad program issues.

3. Individual panels may review registrant and assessor related matters. Efforts will be made to include at least one public member and have the relevant profession represented on each panel, as necessary.

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COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

110 Eglinton Avenue West, Suite 500
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F: 416.961.2635 www.cpbao.ca

POLICY AND PROCEDURE MANUAL

POLICY	Quality Assurance Committee: Terms of Reference/Role		
SECTION	Board & Committees	**POLICY #**	II – 5(i)
DATE CREATED	June 2007	**DATE LAST REVISED**	May 2024
NEXT REVIEW DATE	2025/2026	**DATE LAST REVIEWED**	May 2024

POLICY STATEMENT

The Quality Assurance Committee shall exercise its authority and fulfil its responsibilities as set out in the *Regulated Health Professions Act, 1991,* Regulations under the *Psychology and Applied Behaviour Analysis Act, 2021* and the By-laws and policies approved by the Board.

PROCEDURE

1. In addition to its statutory responsibilities and authorities, the Committee will deal with other matters including, but not limited to the development of policies and procedures relevant to the work of the Committee.

2. The Committee normally meets three times per year or at the call of the Chair, as required.

3. Individual Panels of the Committee, comprised of two professional members and one public member of the Committee, will meet, as required. Efforts will be made to have the relevant profession represented on each panel.

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T: 416.961.8817 1.800.489.8388
F: 416.961.2635 www.cpbao.ca

POLICY AND PROCEDURE MANUAL

POLICY	Quality Assurance Program Requirements, Exemptions, and Deferrals		
SECTION	Board & Committees	**POLICY #**	II – 5(iv)
DATE CREATED	March 2021	**DATE LAST REVISED**	December 2025
NEXT REVIEW DATE	2028/2029	**DATE LAST REVIEWED**	December 2025

POLICY STATEMENT

All College registrants are required to participate in the Quality Assurance (QA) Program in the form and manner approved by the Committee. Of those required to participate, deferrals or exemptions may be granted in exceptional circumstances.

The standard QA Program requirements consist of the following components:

i. **Self-Assessment:** completing the Self-Assessment Guide and Continuing Professional Development Plan (SAG/PDP), which includes a Self-Care Plan;
ii. **Continuing Education and Professional Development:** completing Continuing Professional Development (CPD) activities; and
iii. **Declaration(s) of Completion:** for each above component, registrants must submit an attestation to confirm the extent of their participation.

The QA Program requirements may change at the discretion of the Committee/Board, as appropriate.

PARTICIPATION

1. All registrants with an Autonomous Practice Certificate of Registration must complete the standard QA program requirements as described on the College's website and in accordance with the schedule assigned by the College.

2. Registrants with the following certificate classes/statuses must submit *Declaration(s) of Completion* to demonstrate the extent of their program participation as described on the College's website and in accordance with the schedule assigned by the College.
    - Supervised Practice Certificate of Registration
    - Inactive Status
    - Interim Autonomous Practice Certificate of Registration – Temporary Emergency Class
    - Interim Autonomous Practice Certificate of Registration – Canada Labour Mobility

In addition, a registrant with an Autonomous Practice Certificate of Registration that had a change in certificate class/status during the relevant cycle must submit the *Declaration(s) of Completion* to demonstrate the extent of their program participation as described on the College's website and in accordance with the schedule assigned by the College.

EXEMPTIONS

3. The following registrants are exempt from completing all QA program requirements:

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- Registrants holding a Retired Certificate of Registration, in accordance with O. Reg. 194/23: General of the *Psychology and Applied Behaviour Analysis Act, 2021;* and
- Individuals that were registered during the relevant QA cycle but are no longer registered with the College at the *Declaration(s) of Completion* submission deadline.

4. If a registrant with an Autonomous Practice Certificate of Registration is unable to complete the standard QA program requirements by the specified deadlines due to extenuating circumstances, they shall submit a Consideration Request for exemption of specified QA components. Consideration Requests will be reviewed by the QA Committee to determine any further action.

DEFERRALS

5. Deferrals for completion of the Continuing Education and Professional Development (CPD) component may not be granted. If a registrant has been unable to fulfill the CPD component as required, they must submit a Consideration Request for review by the Committee.

6. A registrant may be granted a deferral of up to six (6) months from the original deadline specified by the College for completing the Self-Assessment (SAG/PDP) component and/or submitting Declarations of Completion. In consultation with the relevant Director, College staff may grant a deferral on behalf of the QA Committee should a registrant disclose the following circumstances:

    - Illness of the registrant;
    - Illness or death of a close family member;
    - Recent birth or adoption of a child; or
    - Other extenuating circumstances beyond the registrant's control.

7. Deferral requests of more than six (6) months for the completion of any requirements, or for any reason not listed above, will be considered by the Quality Assurance Committee.

COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
T: 416.961.8817 1.800.489.8388
F: 416.961.2635 www.cpbao.ca

POLICY AND PROCEDURE MANUAL

POLICY	Continuing Professional Development Program Audit: Criteria for Exemption or Deferral		
SECTION	Board & Committees	**POLICY #**	II – 5(iv)
DATE CREATED	March 2021	**DATE LAST REVISED**	May 2024
NEXT REVIEW DATE	2025/2026	**DATE LAST REVIEWED**	May 2024

POLICY STATEMENT

All registrants are eligible to be selected to participate in a Continuing Professional Development (CPD) Program Audit except those listed below. Among those eligible for selection, requests for the deferral of the audit may be granted in exceptional circumstances.

REGISTRANTS EXCLUDED FROM CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM AUDIT

- Registrants holding a Retired Certificate of Registration
- Registrants holding a Certificate of Registration Authorizing Supervised Practice
- Registrants who have been selected at random to participate in a CPD audit within the past 10 years unless their selection was due to non-compliance with the CPD completion requirements

PROCEDURE

1. A registrant selected for a CPD audit, in accordance with the policy, may be granted a deferral according to the criteria below. Only registrants listed above are exempt.

2. Requests for a deferral for a period of up to six months from the time of notification of the audit may be granted if the request is based on any of the following:
   a. Illness of the registrant or illness or death of a close family member;
   b. Inability to perform professional duties for other medical or compassionate reasons;
   c. Recent birth or adoption of a child; or
   d. Other extenuating circumstances preventing the registrant from accessing their CPD records

3. The criteria for granting a deferral, as outlined in 2. above, will be used by College staff on behalf of the Quality Assurance Committee. If there are questions about the appropriateness of a request, staff will consult with the Quality Assurance Committee Chair.

4. Any request for a deferral for more than six months, or for any reason not listed above, will be considered by the Quality Assurance Committee. In considering such requests, the Committee will take into account its public protection mandate and the principles of fairness and equitable treatment of all registrants.

Ministry of Health

Office of the Chief of Nursing
and Professional Practice and
Assistant Deputy Minister
777 Bay Street, 19th Floor
Toronto ON M7A 2J3

Telephone: 416 212-5494

Ministère de la Santé

Bureau du chef des soins infirmiers
et de la pratique professionnelle et
sous-ministre adjoint
777, rue Bay, 19e étage
Toronto ON M7A 2J3

Téléphone : 416 212-5494

Ontario

DATE: October 20, 2025

MEMORANDUM TO: Registrars and CEOs
Health Regulatory Colleges

FROM: Dr. Karima Velji, Chief of Nursing and Assistant Deputy Minister, Office of the Chief of Nursing and Professional Practice

RE: 2025 College Performance Measurement Framework (CPMF) Reporting Cycle

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Earlier this year, the ministry sought your feedback on refining the CPMF. We thank you for your thoughtful comments which are being used as a key input in the ministry's review.

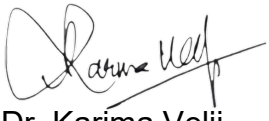
As you are aware, the ministry has constituted a Working Group of experts, college representatives and ministry staff to also review and revise the CPMF reporting tool as needed. This work began early this month and will continue over the coming months. As a result, there will be no CPMF reporting cycle launched this year.

The redesigned tool is anticipated to be completed and launched in Fall 2026 and will cover calendar years 2025 and 2026. To inform your 2025 report, we ask that you continue to collect data related to the 2025 reporting year.

We appreciate your continued collaboration, dedication, and hard work in completing the CPMF over the last five years.

If you have any questions, please reach out to Jason Maurier at Jason.Maurier@ontario.ca.

Yours sincerely,



Dr. Karima Velji
Chief of Nursing & Professional Practice and Assistant Deputy Minister
Ministry of Health

C: Allison Henry, Director, Health Workforce Regulatory Oversight Branch
Jason Maurier, Manager, Regulatory Oversight and Performance Unit

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BRIEFING NOTE

2025.04.05E

DECEMBER 2025 BOARD MEETING

TRANSFER OF RESERVE FUNDS

STRATEGIC DIRECTION REFLECTION
Continuous Quality Improvement Culture

MOTION FOR CONSIDERATION
That the Board approve the transfer of $700,000 to the Investigations and Hearings Reserve Fund and the remaining $471,513 to be retained as unrestricted funds.

Moved By TBD

PUBLIC INTEREST RATIONALE
The College needs to ensure it has adequate resources to deliver the programs and services necessary to meet the public interest mandate. Reserve funds are crucial to maintaining the financial sustainability of the College in the event of unexpected costs, as they are allocated to extraordinary expenditures that exceed the College's operating budget. Investigations and Hearings continue to increase in cost, so allocated additional funds to this respective Reserve Fund will cover deficits.

BACKGROUND
The audited financial statements for the year ending May 31, 2025, indicate an operating surplus of $1.17M. Last year, the Investigations and Hearings Fund was reduced to its minimum and the Fee Stabilization Fund was liquidated to cover the fiscal year's deficit. Investigations and hearings continue to increase year-over-year, and associated expenses have outpaced budgetary estimates. Following several years of operational deficits, this year, the College has a surplus.

RECOMMENDATIONS
That Board transfers $700,000 to the Investigations and Hearings Reserve Fund and retains $471,513 as unrestricted funds.

ATTACHMENTS
1. *Policy III-F-2 Reserve Funds*.

CONTACT FOR QUESTIONS
Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & CEO

COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
T: 416.961.8817 1.800.489.8388
F: 416.961.2635 www.cpbao.ca

POLICY AND PROCEDURE MANUAL

POLICY	Reserve Funds		
SECTION	Operational – Financial	**POLICY #**	III F – 2
DATE CREATED	March 2007	**DATE LAST REVISED**	September 2025
NEXT REVIEW DATE	2027/2028	**DATE LAST REVIEWED**	August 2025

POLICY STATEMENT

The College shall establish and maintain reserve funds in order to cover variable and/or unforeseen costs and expenses.

PROCEDURE

1. The College shall establish and maintain the following reserve funds: Investigations & Hearings Reserve Fund, Contingency Reserve Fund and any other reserve funds as deemed appropriate by the Board.

2. All transfers to and from the reserve funds shall be approved by the Board upon the recommendation of the Finance and Audit Committee, unless otherwise specified.

3. The details of the funds are as follows:
   a. Investigations & Hearings Reserve Fund
      i. The Investigations & Hearings Reserve Fund is designated to cover costs, including legal costs, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, appeals and payments under the program for Funding for Therapy and Counseling which exceed annual budget provisions for those activities.

      ii. The minimum amount to be maintained in this fund is $300,000 or such greater amount as may be determined by the Board of the College.

      iii. In any fiscal year in which the costs of the activities set out in paragraph 3(a) exceed budget and the College runs an operating deficit for that year, funds may be transferred from this fund to cover the cost overrun.

   b. Contingency Reserve Fund
      i. The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget and are not otherwise covered by the Investigations & Hearings Reserve Fund or to fund the College's obligations in extreme circumstances as determined and approved by the Board of the College including in the event that the College ceases to exist as a statutory body corporate.

      ii. The minimum amount to be maintained in this fund is $1,000,000 or such greater amount as may be determined by the Board of the College.

      iii. In the event of dissolution of the Board, these funds are to be used only upon approval of a person or entity legally authorized to oversee the financial affairs of the College.

4. Maximum Aggregate Value of Reserve Funds: The aggregate value of these reserve funds shall not exceed $4 million, or such other amount as may be approved by the Board of the College. In the event that there are surpluses in excess of this amount, the Finance and Audit Committee will consider whether to recommend to Board means for reducing revenues or for increased spending in the service of the public, registrants and other stakeholders, in subsequent years.

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BRIEFING NOTE

2025.04.05F

DECEMBER 2025 BOARD MEETING

HIRING OF THIRD-PARTY ASSESSMENT OF BOARD (COUNCIL) EFFECTIVENESS

STRATEGIC DIRECTION REFLECTION
Membership Engagement; Innovation in Regulation; Continuous Quality Improvement Culture

MOTION
That the Board hire a consultant to commence a third-party assessment of Board (Council) effectiveness at a minimum every two years.

Moved by TBD

PUBLIC INTEREST RATIONALE
To strengthen public protection and enhance public trust in the psychology and ABA professions, by taking proactive steps to pursue governance modernization.

BACKGROUND
In November 2020, the Ministry of Health introduced the College Performance Measurement Framework (CPMF). All health regulatory Colleges are required to prepare performance data in a standard format as detailed in the Framework, for review by the Ministry and posting on the College website.

According to the Ministry the CPMF was:
Developed. . . in close collaboration with Ontario's health regulatory Colleges, subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate which is to act in the public interest?". This information will:

1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and
2. help Colleges improve their performance.

Domain 1 of the CPMF is Governance, and within is, Measure: 1.2(b)

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

- 1.2(b): *The framework includes a third- party assessment of Council effectiveness at a minimum every three years.*

The College is presently non-compliant with this CPMF requirement. The Board made several decisions related to governance in 2025, including a June 2025 Board motion to pursue governance modernization strategies (e.g. governance language; reducing Board size; more equal public and professional representation on Council, etc.). At its September 2025 meeting, the Board approved a motion to reinstate *Policy II-9(i): Governance and Nominations Committee: Terms of Reference/Role*. The policy proposes that one of the GNC's responsibilities will be to regularly evaluate Board effectiveness, including a third-party assessment every three years.

RISK

If a third-party assessment of Board (Council) effectiveness is not conducted, the College will continue to not meet the CPMF requirement set forth by the Ministry. Not assessing Board effectiveness risks not identifying performance issues, which could be detrimental to the College's ability to meet its fiduciary duty.

BUDGETARY IMPLICATIONS

The College is in discussion with an experienced consultant who was a previous Committee auditor for the College. A third-party assessment will cost approximately $20,000, which was not in the initial budget. However, $40,000 has been budgeted for special governance projects, so this cost can be offset by this accounting line.

NEXT STEPS

Subject to Board approval, staff will proceed with the hiring of a consultant to commence third-party assessment.

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & CEO

Zimra Yetnikoff,
Deputy Registrar & Director, Investigations and Hearings

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

BOARD REPORT

2025.04.05G

DECEMBER 2025 BOARD MEETING

INTEGRATED RISK MANAGEMENT REPORT

STRATEGIC DIRECTION REFLECTION

Continuous Quality Improvement Culture

PUBLIC INTEREST RATIONALE

To identify and mitigate risks to ensure the College can continue to fulfill its public interest mandate. These include risks to the office/staff, the College's reputation, and the public.

BACKGROUND

Since 2017, the College has had a Risk Management Plan to identify and mitigate/remove risks in daily operations using tools available through the Healthcare Insurance Reciprocal of Canada (HIROC). The risk assessment included a review of three categories of risk: Risks to Office/Staff, Risks to the College (reputation/self-regulation), and Risks to the Public (from members). An example of an identified risk is, *Termination of an employee resulting in legal action against the College*. The College has an annual performance review process in place to identify any potential issues and obtains legal advice as necessary.

The Risk Management Register is monitored throughout the year, reviewed annually to assess the effectiveness of the strategies applied, and to identify any new risks to be included. In October and November 2025, an assessment was undertaken to review current active risks and to identify any other risks to be added to the Risk Register. This review includes the budgetary implications of any identified risks.

Currently, there are 30 open risks, which include risks carried over from the previous year. For the most part, these are considered "residual" risks and will remain open to ensure continuous monitoring and mitigation. An example is "sexual abuse of a client by a member". While the College, through the Client Relations Committee, provides educational materials regarding this risk, the College cannot guarantee that even with such mitigation, that the risk will be eliminated. Therefore, this remains on ongoing, "residual" risk.

New Risks

The Risk Management Register review undertaken in 2025 resulted in no closure of previous risks and the identification of two new risks: Use of Artificial Intelligence (AI) and Committee Member Interactions with (Social) Media.

AI:

AI has emerged as a widely available tool for both commercial and private use. The risks identified for the use of AI include private/personal information being leaked to the larger AI environment, receiving or producing incorrect or erroneous conclusions drawn from improperly configured AI, and a lack of guidelines for AI use, resulting in the improper application of the tool (i.e. responding to emails without reviewing the content).

Committee Member Interactions (Social) Media:
Public information on the College website includes names of Board and Committee members who may be contacted regarding College decisions, however, they are not authorized to speak on behalf of the Board. Mitigation includes training and policy.

Closed Risks
Overall, to date, five risks have been closed as mitigation strategies have been put into effect to reduce the risk to an extremely low level, and a determination has been made that no additional actions are required. These closed risks include three in the Human Resources Category and two in the financial category.

Human Resources
- Whistle-blowing – policy developed, included in orientation
- Violence/Disruptive Behaviour – policy developed, staff training provided
- Wrongful Dismissal – procedures in place and legal advice available on case-by-case need

Financial
- Financial Malfeasance – controls are reviewed annually by auditor
- Loss of Assets; Theft/Break In – security measure and insurance are in place

Risks by Category and Risk Level 2025
Current Open Identified Risks

	Low	Medium	High	Total
External Relations	0	2	1	3
Human Resources	0	3	1	4
Information Management/Technology	2	0	1	3
Leadership	0	1	1	2
Regulatory	0	9	3	12
Facilities	1	1	0	2
Financial	1	1	0	2
Regulation – Professional	0	2	0	2
Total	4	19	7	30

CONTACT FOR QUESTIONS
Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & CEO

Stephanie Morton,
Director, Corporate Services

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OF ONTARIO

STRATEGIC DIRECTION 2023-2028

2025.04.06A

MISSION *[Why we exist]*
To protect the public through the responsible regulation of psychological and behavioural care.

VISION *[What we aspire to be]*
Excellence in self-regulation and quality psychological and behavioural care for the people of Ontario.

VALUES *[What we uphold in all our activities]*

Beneficence: The College functions in service of the public good.

Dignity: The College treats all persons and peoples with dignity.

Fairness: The College approaches decisions in a just, reasonable and impartial manner.

Accountability: The College acts as a self-sustaining, responsible steward of resources grounded in the fiduciary duty to the public.

Integrity: The College acts honestly, ethically, and responsibly.

STRATEGIES *[How we accomplish our Mission]*
Strategy 2023-2028 is an ecological model that will focus on four interrelated priorities. At the core of the strategy is excellence in care, ensuring that the public receives ethical, safe, and high-quality services. Quality care is delivered through our registrants/members who have expertise to impart upon their peers and who participate on College Council, Committees, and Workgroups. The College will need to continue to modernize its regulation practices to best meet the needs of the public, now, and into the future (including "Right-Touch Regulation"). Encapsulating the overall strategy is a commitment to continuous quality improvement of College processes with a focus on maximizing value and minimizing waste.

This work will be informed by principles that will guide the College in all of its activities:

- Cultivate a College culture of humility grounded in a growth mindset.
- Apply innovative and proportionate approaches to regulation.
- Engage members to impart expertise to each other and the communities they serve.
- Remain agile in responding to advancements in society, technology, and the profession to meet the needs of Ontarians.

2023-2028 IMPLEMENTATION CHART - UPDATED December 12, 2025

Agenda Key	Strategies	Recent Activities	In Development
S1	Excellence in Care	• Health Equity Impact Assessment (June 2024) • CPMF "EDI"/Human Rights Plan (March 2025) • USA to Ontario Labour Mobility Expansion (March 2025)	• **Scope of Practice (Ministry Consultation distributed to registrants on September 17, 2025 and closed on November 3, 2025)**
S2	Membership Engagement	• Toronto Area Residency Consortium (virtual meeting, June 2025) • **Approved further amendments to Per Diem and Expense Claims Policy. (September 2025)** • **Governance Modernization Strategies including amendments to By-laws and College Policies. (September 2025)**	• **Proposed Membership Engagement and Communications Strategy (deferred to March 2026 meeting)**
S3	Innovation in Regulation	• Proclamation of the Psychology and Applied Behaviour Analysis Act, 2021 (July 2024)	• Pursue amendments to O.Reg. 74/15 under the Psychology Act, 1991 to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates. (September 2019) • Research & Report Approved by Council (March 2024) • **Registration Modernization (Consultation results on agenda)**

			• **Further Governance Modernization Policy Update (on agenda)**
S4	Continuous Quality Improvement Culture	• Amendments to the College Conflict of Interest Policy • **Review and Amendments to College' Policies related to Client Relations Committee, Inquiries, Complaints and Reports Committee, Discipline Committee and Finance and Audit Committee. (September 2025)** • **June 2025 Board Meeting Evaluation Summary** • **Maintenance of Ontario Examination for Professional Practice in Applied Behaviour Analysis (OEPPABA)** • **Approval of Key Performance Indicators (KPI)**	• Financial analysis of programs and processes, Internal examinations, JEE & Orals (November 2023; ongoing) • Jurisprudence and Ethics Examination Re-Imagining (Approved; Council December 2024; in process) • **September 2025 Board Meeting and Training Day Evaluation Summary**

The items shown in BLUE have been added by the Registrar since September 2025 as activities undertaken in service of the College's Strategic Directions 2023-2028.

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

CONFLICT OF INTEREST DECLARATIONS

2025.04

DECEMBER 2025 BOARD MEETING

Board Directors	
Cameron Ross	To ff
Conrad Leung	✓
David Kurzman	✓
Fred Schmidt	✓
Glenn Webster	✓
Ian Nicholson	✓
Indira Bains	✓
Jacob Kaiserman	✓
Kay Narula	✓
Ken Moreau	✓
Kieva Hranchuk	✓
Maggie Toplak	✓
Marian Boer	✓
Mary Kalantzis	✓
Nadia Mocan	✓
Olivia Ng	✓
Pascale Gonthier	✓
Paul Stopciati	✓
Peter Bieling	✓
Rachel Wayne	✓
Scott Warnock	✓

COLLEGE OF
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110 Eglinton Avenue West, Suite 500
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DECLARATION, UNDERTAKING AND AGREEMENT

Policy I – 6(a) Conflict of Interest and Reasonable Apprehension of Bias

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- Canadian Mental Health Association
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- Ontario Psychological Association
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- American Psychological Society
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If the answer to any of the above statements is YES, list the name of organization(s), position(s), timeframe position(s) was held and any additional information that may be relevant:

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Conrad Leung

Name

Conrad Leung Digitally signed by Conrad Leung
Date: 2025.06.27 15:35:20 -04'00'

Signature

Jun 27, 2025

Date

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- Association for Professional Behaviour Analysts
- Behaviour Analysts Certification Board
- Canadian Academy of Psychologists in Disability Assessment
- Canadian Psychological Association (CPA)
- Canadian Counselling and Psychotherapy Association
- Canadian Mental Health Association
- Canadian Positive Psychology Association
- Canadian Register of Health Service Psychologists
- International Behaviour Analysis Organization
- Ontario Association of Child and Youth Counsellors
- Ontario Psychological Association
- Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists
- Canadian Association for Child and Play Therapy
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The Canadian Academy of Psychologists in Disability Assessment is developing the Canadian Board of Professional Psychology I have been asked to help develop the guidelines and requirements for being accepted as a Board Certified Psychologist. This is a non-profit organization. At this time, it is still in its infancy and there is no formal role other than that of part of the founding members

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Dr. David Kurzman

Name

6bd47aef-9d4b-4116-b8a3-022ff8d65e2b

Digitally signed by 6bd47aef-9d4b-4116-b8a3-022ff8d65e2b
DN: cn=6bd47aef-9d4b-4116-b8a3-022ff8d65e2b
Date: 2025.11.29 15:18:03 -05'00'

Signature

November 29, 2025

Date

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Fred Schmidt

Name

Fred Schmidt Digitally signed by Fred Schmidt
Date: 2025.06.27 09:52:19 -04'00'

Signature

June 27 2025

Date

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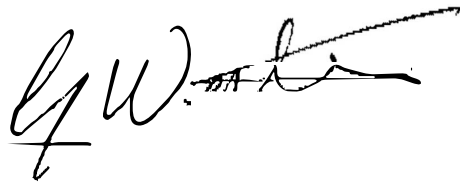
Glenn Webster

Name



Signature

28th June 2025

Date

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Canadian Psychological Association - member; fellow; member of committee of past presidents, remain on list of accreditation site visitors but will not participate in any site visit while on council

Association of State and Provincial Psychology Boards - member, Long-Term Planning Committee, EPPP Collaborative Implementation Task Force,

Committee of Exam Chairs, Job Task Analysis Task Force, Job Task Analysis Advisory Committee; Chair - EPPP-1 Exam Committee; staff support consultant - EPPP-2

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Dr. Ian R. Nicholson

Name

Digitally signed by Ian R. Nicholson, Ph.D., C.Psych.
Date: 2025.07.17 12:11:37 -04'00'

Signature

17 July 2025

Date

COLLEGE OF
PSYCHOLOGISTS AND
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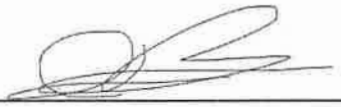
Indira Bains

Name



Signature

Date

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Jacob Kaiserman

Name

Jacob Kaiserman Digitally signed by Jacob Kaiserman
Date: 2025.07.03 07:51:35 -04'00'

Signature

July 3, 2025

Date

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Komal (Kay) Narula

Name

Kay Narula Digitally signed by Kay Narula
Date: 2025.06.27 13:55:40 -04'00'

Signature

27 June 2025

Date

COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
T: 416.961.8817 1.800.489.8388
F: 416.961.2635 www.cpbao.ca

DECLARATION, UNDERTAKING AND AGREEMENT

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Ken Moreau

Name

Signature

June 27, 2025

Date

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

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Association for Behavior Analysts International, Program Board Member (Co-Coordinate Development area).

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Kieva Hranchuk

_____

Name

_____

Signature

7/03/2025

_____

Date

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Maggie Toplak

Name

Maggie Toplak

Digitally signed by Maggie Toplak
DN: cn=Maggie Toplak, c=CA, o=York University, email=mtoplak@yorku.ca
Date: 2025.07.03 14:45:37 -04'00'

Signature

July 3, 2025

Date

COLLEGE OF
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OF ONTARIO

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A. Marian Boer

Name

Marian Boer Digitally signed by Marian Boer Date: 2025.06.27 10:50:34 -04'00'

Signature

June 27, 2025

Date

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Mary Kalantzis

Name

Signature

July 3, 2025

Date

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Nadia Mocan

_____

Name

Nadia Mocan Digitally signed by Nadia Mocan
Date: 2025.07.03 13:45:34 -04'00'

_____

Signature

_____

Date

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2b) I am currently Principal Investigator of a research project at Western University examining ABA regulation across Canada, identifying policy gaps, consulting stakeholders, and developing best-practice recommendations.

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Olivia Ng

Name

Signature

July 2, 2025

Date

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Pascale Gonthier

Name

Pascale Gonthier

Signature

2020-07-11

Date

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- Ontario Psychological Association
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If the answer to any of the above statements is YES, list the name of organization(s), position(s), timeframe position(s) was held and any additional information that may be relevant:

_____

_____

_____

I have read the College's Policy on *Conflict of Interest and Reasonable Perception of Bias*, understand it and will act in compliance with it to the best of my ability. If, at any time, I am uncertain about or unable to comply with this policy, I will seek appropriate consultation from the Council President, as early as possible, before taking any action which may be in breach of this Policy.

Paul Stopciati

Name

Paul Stopciati Digitally signed by Paul Stopciati
Date: 2025.06.27 09:31:17 -04'00'

Signature

June 27, 2025

Date

COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
T: 416.961.8817 1.800.489.8388
F: 416.961.2635 www.cpbao.ca

DECLARATION, UNDERTAKING AND AGREEMENT

Policy I – 6(a) Conflict of Interest and Reasonable Apprehension of Bias

A Conflict of Interest is a situation in which a decision-maker or any person providing services on behalf of the College is in a position to positively or negatively influence outcomes that unfairly benefit themselves or any other person or entity either directly or indirectly.

Please review the following three statements and complete this form by signing on page 2. The information will be reviewed by CPBAO to determine whether a conflict of interest or reasonable perception of bias exists or may be perceived to exist, and the extent of the impact of any conflicts or potential conflicts on your involvement with the provision of CPBAO services. Please note that listing a potential conflict does not necessarily mean that a conflict of interest exists. Please disclose your conflict even if you do not think it creates a conflict of interest.

1. I, or a person related to me, may have a personal or financial interest that relates to CPBAO in any way and therefore may be perceived to be a conflict of interest.

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Peter Bieling

Name

Users, Peter Bieling

Digitally signed by Users, Peter Bieling
Date: 2025.06.27 09:18:12 -04'00'

Signature

June 27 2025

Date

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BEHAVIOUR ANALYSTS
OF ONTARIO

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CONFLICT OF INTEREST DECLARATION AND AGREEMENT

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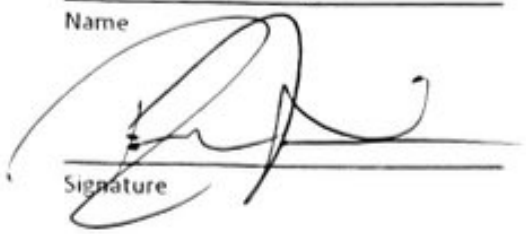
Rachel Wayne

Name



Signature

July 8, 2025

Date

COLLEGE OF
PSYCHOLOGISTS AND
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Scott Warnock

Name

Signature

June 27,2025

Date

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