



## ADDING AREAS OF PRACTICE - PSYCHOLOGY

Autonomous practice psychology registrants who wish to be authorized for a new area of practice and/or client group must make a submission to the College’s Registration Committee. Registrants must undertake training and supervision to achieve competency comparable to other autonomous practice psychology registrants of the College who are authorized for similar practice.

**Instructions:**

1. Prior to completing this form review the [Guidelines for Autonomous Practice Psychology Registrants Adding Areas of Practice](#);
2. This form **must** be typed. Attach additional pages if needed.
3. Email the completed form to the attention of the Registration Committee at least 10 days in advance of a meeting to [cpbao@cpbao.ca](mailto:cpbao@cpbao.ca) Dates of upcoming Committee meetings are posted [on the College’s website](#). The Committee will provide you with written feedback on the suitability of your plan.
4. Ensure your plan has been approved by the Committee before commencing it.

### A- PERSONAL IDENTIFICATION

**A1**

Date of Submission:

**A2**

Name:

**A3**

**I am authorized to practice:**

*(list each of your authorized areas of practice and corresponding client group)*

**A4**

**I am requesting to add:**

*(list each requested practice area with the corresponding client group, see example below):*

**EXAMPLE:** clinical psychology with children; and clinical psychology with adolescents.

Only select from the College’s [recognized practice areas and client groups](#).

**Briefly explain the reason for your request:**

## **B - KNOWLEDGE ACQUISITION**

**For each subject below, identify how you already have, or how you plan to, acquire the necessary theoretical knowledge required for autonomous practice in the practice area/client group being requested. Then proceed to complete the remainder of Section B of this submission.**

Psychopathology

- In this subject I have already completed a graduate level course (Complete B1)
- In this subject I plan to complete a graduate level course (Complete B2)
- In this subject I plan to complete a graduate level course equivalent of supervised readings (Complete B3)

Psychological Assessment and Psychodiagnosis

- In this subject I have already completed a graduate level course (Complete B1)
- In this subject I plan to complete a graduate level course (Complete B2)
- In this subject I plan to complete a graduate level course equivalent of supervised readings (Complete B3)

Psychological intervention

- In this subject I have already completed a graduate level course (Complete B1)
- In this subject I plan to complete a graduate level course (Complete B2)
- In this subject I plan to complete a graduate level course equivalent of supervised readings (Complete B3)

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### **B1 GRADUATE LEVEL COURSE INFORMATION**

This section applies to graduate level coursework **you have already completed** that is specific to the area of practice area/client group being requested.

#### **PSYCHOPATHOLOGY**

Name of Course:

Course Code:

Name of University:

Year course was completed:

How is this course specific to the area of practice/client group being requested? Briefly explain below:

**PSYCHOLOGICAL ASSESSMENT AND PSYCHODIAGNOSTICS**

Name of Course:

Course Code:

Name of University:

Year course was completed:

How is this course specific to the area of practice/client group being requested? Briefly explain below:

**PSYCHOLOGICAL INTERVENTION**

Name of Course:

Course Code:

Name of University:

Year course was completed:

How is this course specific to the area of practice/client group being requested? Briefly explain below:

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**B2 PROPOSING A GRADUATE LEVEL COURSE**

This section applies for when you have not completed a prior graduate level course(s) specific to the new area of practice/client group being and **you are planning to complete** a course specific to the area of practice area/client group being requested.

**PSYCHOPATHOLOGY**

Name of Course:

Course Code:

Name of University:

Date of Course:

Briefly explain how this course is specific to the area of practice/client group being requested? Include a copy of an official course syllabus or course outline with your submission.

**PSYCHOLOGICAL ASSESSMENT AND PSYCHODIAGNOSTICS**

Name of Course:

Course Code:

Name of University:

Date of Course:

Briefly explain how this course is specific to the area of practice/client group being requested? Include a copy of an official course syllabus or course outline with your submission.

**PSYCHOLOGICAL INTERVENTION**

Name of Course:

Course Code:

Name of University:

Date of Course:

Briefly explain how this course is specific to the area of practice/client group being requested? Include a copy of an official course syllabus or course outline with your submission.

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**B3 PROPOSING A GRADUATE COURSE EQUIVALENT OF READINGS**

This section applies for when you have not completed a prior graduate level course(s) specific to the new area of practice/client group being requested, and where you are not proposing to complete a university course(s).

Subject: *(A drop-down list for psychopathology, assessment/diagnosis, intervention)*

**Graduate Course Equivalent (1-2 Graduate text[s] and 10-20 primary sources)**

Readings will begin  
on:

and will be completed  
on:

**When completing B3, please ensure the following:**

1. List your readings using **APA citation format**.
2. Ensure readings cover a **broad range of issues** specific to the new area of practice/client group being requested.

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**TEXTS**

List at least one graduate level text. Attach additional pages if needed.

1.

2.

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**PSYCHOLOGY JOURNAL ARTICLES (PUBLISHED WITHIN THE LAST 10 YEARS)**

Practice Area:

Client Group

1.

2.

3.

4.

5.

6.

7.

8.

[Redacted content]

9.

[Redacted content]

10.

[Redacted content]

11.

[Redacted content]

12.

[Redacted content]

13.

[Redacted content]

14.

[Redacted content]

15.

[Redacted content]

16.

[Redacted content]

17.

[Redacted content]

18.

[Redacted content]

19.

[Redacted content]

20.

[Redacted content]

You may attach additional pages if needed.

## **C - JURISPRUDENCE & ETHICS**

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### **C1**

In the space below, describe your plan to augment your knowledge of jurisprudence and ethics in relation to the new area of practice/client group being requested.

You may attach additional pages if needed.

## **D - PROFESSIONAL DEVELOPMENT**

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### **D1**

In this section, list any recent and relevant professional development that you have either completed or plan to complete, these may include seminars, workshops, professional certificates, or similar continuing education activities specifically related to the new area of practice/client group being requested.

Name of training activity, organization, and date(s):

1.

2.

3.

4.

You may attach additional pages if needed.

## E - SKILLS ACQUISITION

### E1

Skills are acquired through practice under the supervision of a registrant(s) authorized to practice psychology in the new area. As well as client contact, this will include discussion of relevant clinical and especially diagnostic issues with the peer supervisor(s) and discussion of the practical application of ethics and jurisprudence knowledge.

Describe your intended practice in the new area(s):

What is the age range of clients you will see:

What kinds of presenting issues will you see and what kinds of services will you provide:

How many cases do you plan to see under supervision:

Supervised cases will take place with the following member(s) of the College:

Supervised cases will take place at (provide the practice name and address or its website):

Supervised cases will begin on (specify a date):

You may attach additional pages if needed.