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# REGISTRATION VERIFICATION FORM: PART 1

## To be completed by applicant

Submit your completed copy of Part 1 to each jurisdiction where you currently hold or have held a license to practise psychology along with a blank copy of Part 2.

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1. Full Name of Applicant:

2. License/Registration/Certification Number:

3. Province/Territory:

4. Are you currently or have you previously been disciplined by a regulatory body in any jurisdiction?

Yes

No

5. Are there any outstanding complaints against you, which have been referred to a discipline or fitness hearing or to an alternative complaint resolution process which are currently under investigation?

Yes

No

6. Has your license even been subject to any terms, conditions, or limitations?

Yes

No

If you have answered "yes" to questions 4, 5, or 6, please attach additional information.

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### I HEREBY authorize the release of information to The College of Psychologists of Ontario about:

- Information regarding my current or past registration in this jurisdiction;
- Any outstanding complaints against me that are currently under investigation or that have been referred either to a discipline or fitness hearing or to an alternative resolution process; and
- Current or prior orders of discipline to which I have been subjected

Signature of  
Applicant:

Date:

You may submit this form to the College:

Email: [registration@cpo.on.ca](mailto:registration@cpo.on.ca)

Fax: 416-961-2635

Mail: The College of Psychologists of Ontario  
110 Eglinton Avenue West, Suite 500  
Toronto, ON, M4R 1A3