



REGISTRATION VERIFICATION FORM: PART 2

To be completed by an authorized Official of the Regulatory Body and returned directly to the College of Psychologists and Behaviour Analysts of Ontario

1. Full Name of Applicant:

2. License/Registration/Certification Number:

3. Province/Territory:

4. Current Registration Status:

5. Date of Initial Registration:

6. Date of Expiration:

7. Has the applicant's registration been continuous since date of initial registration?

Yes

No

If "no", please attach additional information

8. Please indicate the Highest degree in psychology on which the applicant's registration in your jurisdiction was based upon:

University/School	Degree awarded (e.g. M.A., Ph.D.)	Year degree awarded	Name of Program (e.g. clinical psychology)

9. For jurisdictions with reserved acts or actions, has this applicant been granted to any reserved acts (e.g. diagnosis)?

Yes

No

If "Yes" please specify:

If applicant has been denied such access, please attach additional information.

10. Please indicate the areas of practice and client populations for which this applicant is authorized to provide psychological services in your jurisdiction (e.g. clinical psychology with adults)

11. Does the application have:

a.) Any current or previous conditions, terms or limitations on their practice?

Yes

No

b.) Any unresolved complaints concerning misconduct, incompetence, or incapacity?

Yes

No

c.) Any complaints referred to discipline or fitness to practice hearing or alternative resolution?

Yes

No

d.) Any sanctions or censures?

Yes

No

If you have answered “Yes” to questions 11. a.), b.), c.), or d.), please attach additional information.

Verified By
Signature of Official:

Printed Name and Title:

Regulator Board:

Date Signed:

Please email this form to the College:

Email: registration@cpbao.ca

Fax: 416-961-2635

Mail: The College of Psychologists and Behaviour Analysts of Ontario
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