CONFIRMATION OF STANDING FORM

This form must be completed by all jurisdictions in which you are registered as a Psychologist. Please provide a copy to each applicable jurisdiction with instructions for the completed form to be sent directly to NSBEP. It is your responsibility to provide this form to all applicable jurisdictions and pay any associated fees.

In order to facilitate the transfer of

to the Nova Scotia Board of Examiners in Psychology –NSBEP would you please provide the following information:

Registration/Certificate #:	Date issued	

Registration/Certification Status:	Fv	piration Date:
Registration/Certification Status.	LA	piration Date.

Approved areas of psychological practice: (e.g. Clinical, School, etc.)

Approved service populations: (e.g. Children, Adults, etc.)

Highest degree in psychology on which the Registrant's registration in your jurisdiction is based (M.A,

Ph.D.): _____

Can you confirm that the Registrant has a doctorate from an APA or CPA accredited program?

YES NO

Are there any conditions or restrictions on the Registrant? YES____NO____ If yes please explain:

Are there any past or outstanding complaints? YES____NO_____ If yes please explain:

Has the Registrants registration/certification ever been revoked or suspended? YES_____NO_____ If yes please explain. Did the Registrant complete a Criminal Records Check and Child Abuse Register Check? YES____NO____

Are original transcripts on file? YES____NO____ Has the Registrant passed the EPPP? YES____NO____ Mark if available_____ Was the Registrant assessed on: a. The Core Competencies? YES____NO____ b. On Foundational Knowledge? YES____NO____ Verified by: Signature: _____ Date: _____ Name: ______ Position: ______ Board / Agency: ______

Thank you for completing this form. This form may be emailed to NSBEP at: nsbep@nsbep.org or faxed to 1-902-423-0058.

(or sent to our Mailing & Courier Address):

The Nova Scotia Board of Examiners in Psychology

103-287 Lacewood Dr., Suite 331 Halifax, NS B3M 3Y7