

**REFERENCE FORM**

**APPLICANT'S NAME:** \_\_\_\_\_

The above named person is applying for registration as a Psychologist (Candidate Register), under the Psychologists Act (2000) of the Province of Nova Scotia. Applications are not evaluated until all references have been received. Your co-operation in prompt completion and return of this reference form will be very much appreciated.

**Please complete the following:**

Your name (please print) \_\_\_\_\_

Your current position/title \_\_\_\_\_

Your organization/institution \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

I am currently registered/certified/licensed in the Province/State of \_\_\_\_\_

Registration # \_\_\_\_\_

Effective dates: from \_\_\_\_\_ to \_\_\_\_\_

I am a member of: APNS (Class) \_\_\_\_\_, CPA (Class) \_\_\_\_\_, APA (Class) \_\_\_\_\_

Membership in other psychological associations:

I have known the applicant for \_\_\_\_\_ year(s) from \_\_\_\_\_ to \_\_\_\_\_

During this time my relationship to her/him has been that of: professor \ supervisor  
department head \ co-worker Other (please specify) \_\_\_\_\_

His/her responsibilities were:

\_\_\_\_\_ Percent of time

\_\_\_\_\_ Percent of time

\_\_\_\_\_ Percent of time

Her/his position(s) or job title(s) in the organization(s) were:

**Position**

**Organization**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consider the principal relationship you had to the applicant. Please indicate on the following scales the applicant's competence (relative to others you have known at a similar level of training and experience), with the very best approaching 100.

										Unable to Judge
Technical competence	100			75			50			25
Specialized knowledge relevant to intended area of psychological practice	100			75			50			25
Ethical behaviour	100			75			50			25
Emotional maturity for professional role	100			75			50			25
Capacity for professional growth and development	100			75			50			25
Overall suitability for professional psychology practice	100			75			50			25

The applicant has provided you with a copy of his/her Psychological Practice Profile Form. Please comment below on the appropriateness of the applicant's identified area(s) of Psychological services provision. Include comments on your reservations, and mention those areas where you cannot offer an informed comment. Use additional pages, if needed.

**Send to:**  
**The Nova Scotia Board of Examiners in Psychology**  
 455-5991 Spring Garden Road  
 Halifax, NS B3H 1Y6  
**Phone:** 902-423-2238  
**Fax:** 902-423-0058