

**NOVA SCOTIA BOARD OF EXAMINERS IN PSYCHOLOGY
ANNUAL REGISTRATION RENEWAL FORM
For the Year Ending December 31, 2010
Current Registration expires December 31, 2009**

**Suite 455, 5991 Spring Garden Rd., Halifax, NS B3H 1Y6
Phone: (902) 423-2238 Fax: (902) 423-0058**

***Please note:** Consistent with the Psychologists Act and Regulations, all registrants must ensure this form is completed in full and received by NSBEP along with the registration fee no later than December 31. Those on the Full Register (Registered and Candidates) who wish to pay the Early Discount Annual Fee, must ensure this form and the fee are received by November 15. Registration renewals received after December 31 will result in suspension of registration as per the Psychologists Act. In order to reinstate, registrants will then be required to pay both the annual registration fee and a reinstatement fee equal to 50% of the annual registration fee (total of \$1207.50). Registrants not planning to renew their registration must provide a written withdrawal request to NSBEP in advance of December 31.*

Print name: _____

NSBEP Registration Number: _____

Registration Categories and Fee Schedule

Please check your registration category.

(Registrants requesting a switch from one registration category to another require NSBEP approval to do so)

- Full Register (Registered and Candidates)**
Annual Fee of \$805.00 if NSBEP receives by December 31
Early Discount Annual Fee of \$684.25 if NSBEP receives by November 15
- Out of Province Register**
Annual Fee of \$402.50 (No practice privilege in Nova Scotia)
- Academic Register.**
Annual Fee of \$100.00 (No clinical practice)
- Retired Register**
Annual Fee of \$100.00 (No longer employed in any capacity.)

Cheque or Money Order enclosed: _____

Visa _____ MasterCard _____

Card Number: _____ Expiry Date: _____

Signature to authorize charge: _____

(This form can be faxed to NSBEP if payment is made by credit card.)

Continued on next page

Please answer the following questions by circling either Yes or No

Since your last renewal, have you:

1. Been found in violation of ethical principles by an ethics or professional practice board?
Yes No

2. Voluntarily surrendered a professional credential in response to an ethics charge?
Yes No

3. Received disciplinary action from an ethics or professional practice board?
Yes No

4. Been notified of any pending disciplinary action from an ethics or professional practice board?
Yes No

5. Had a professional credential revoked, suspended or limited by an ethics or professional practices board?
Yes No

6. Been convicted of, or pleaded guilty to a summary conviction offense or an indictable offense, other than a minor traffic offense, in a federal or provincial court?
Yes No

7. Received formal disciplinary action by an employer or supervisor based wholly or in part on ethical issues?
Yes No

Signature: _____

Name: _____

Proof of Liability Insurance Declaration

As per the Psychologists Act (2000), maintaining Liability Insurance is a requirement of registration for all Registrants. TO REMAIN IN GOOD STANDING you must sign the following declaration. [The only exceptions to this requirement are Correction Services of Canada (CSC) employees who are not engaged in practice outside of this employment and those on the Academic register who were previously granted an exemption.] Retired Registrants are required to carry the Extended Reporting Endorsement.

NSBEP may nonetheless, from time to time, require the direct proof of insurance.

As required by the NSBEP, I certify that I maintain continuous professional liability coverage with at least \$1,000,000 of liability coverage per occurrence. Furthermore I certify this coverage is in addition to any liability coverage that may be provided by my employer.

Signature: _____

The Association of Psychologists of Nova Scotia and the Canadian Register of Health Service Providers in Psychology sometimes request the name and address of registrants for the purposes of providing them with membership information. If you do not wish to have your information provided to them, please check the box below.

Please keep my information private.