

**CONFIRMATION OF STANDING FORM
FOR COURTESY REGISTRATION**

Applicant's Name _____

Registration/Certificate #: _____ Date issued: _____

Registration/Certification Status: _____ Expiration Date: _____

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:

Verified by:

Signature: _____ Date: _____

Name: _____

Position: _____

Board / Agency: _____

Thank you for completing this form. To expedite the transfer process it may be emailed or faxed to NSBEP at: nsbep@nsbep.org; 1-902-423-0058 (fax)

Please forward the original document to: The Registrar
The Nova Scotia Board of Examiners in Psychology
Suite 455, 5991 Spring Garden Road
Halifax, Nova Scotia
B3H 1Y6