

NOVA SCOTIA BOARD OF EXAMINERS IN PSYCHOLOGY
ANNUAL REGISTRATION RENEWAL FORM
For the Year Ending December 31, 2019
Current Registration expires December 31, 2018

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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: _____

All those presently or previously engaged in any private practice work: please state the name and contact information of the registrant assuming responsibility for your clinical records in the event of incapacity or death.

Name of Psychologist _____

Address of Colleague _____

Registration Categories and Fee Schedule

Please note: Your receipt and confirmation of registration will be sent by email once your registration is processed.

Please check your registration category.

- 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)
- Inactive Register**
Annual Fee of \$100.00 (This is a new category. Requires approval from the Board. This is intended for parental leaves, medical leaves, taking care of a family member, or other reasons deemed acceptable to the Board. This status does not permit the practice of psychology.)

Payment Information

Cheque or Money Order enclosed: _____

Visa _____ MasterCard _____ Amex _____

Card Number: _____ Expiry Date: _____

Name as it appears on card : _____

CVC (security code on back of card): _____

Billing Address _____
_____**To assist with the Early Discount Annual Fee, you may forward your cheque or credit card information early and request that the information not be processed until November 15th.****Please answer the following questions by circling either Yes or No**

In the last 3 years, have you:

1. Had an application for registration, certification or licensing as a psychologist or in another profession rejected?

Yes No

2. Been found in violation of ethical principles by an ethics or professional practices board in relation to psychology or another profession?

Yes No

3. Voluntarily surrendered a professional credential in response to an ethics charge in relation to psychology or another profession?

Yes No

4. Received disciplinary action from an ethics or professional practice board in relation to psychology or another profession?

Yes No

5. Been notified of any pending disciplinary action from an ethics or professional practice board in relation to psychology or another profession?

Yes No

6. Had a professional credential revoked, suspended or limited by an ethics or professional practices board in relation to psychology or another profession?

Yes No

7. 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

8. Received formal disciplinary action by an employer or supervisor based wholly or in part on ethical issues?

Yes No

9. Held or do you currently hold registration or a license in another profession other than psychology?

Yes No

10. If yes to above,

What profession? _____

What is the current status of said registration? _____

11. During the 2017 year, did you adhere to the Board's Continuing Competence requirements?

Yes No

Signature: _____ Date: _____ 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.

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: _____

[Only Correction Services of Canada employees who are not engaged in practice outside of this employment, those on the Academic register who were previously granted an exemption, and Retired Registrants are exempted from purchasing their own active policy. However Retired registrants are required to have the Extended Reporting Endorsement (which maintains past practice coverage for the period when they were insured).]

The Association of Psychologists of Nova Scotia and the Canadian Register of Health Service Psychologists 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.

(This form can be faxed to NSBEP if paying by credit card.)

Note: The renewal process continues on the next page. If all pages are not completed then your renewal is not complete.

Thank you for your assistance.

Psychological Practice Profile Instructions

Note: To be completed by Registrants on the Full Register, Candidate Register, and Academic Register, but not those on Retired or Out-of-Province Register.

Part A asks about your employment status, practice setting(s), and language(s)*. Please indicate whether your employment status is full or part time. (Those working part time please indicate how many hours per week.) Then check the applicable practice setting (s) in which you are employed and identify the applicable languages in which you are comfortable providing services.

*Information about language(s) of service is helpful for the public, e.g. NSBEP Directory of Psychologists (listing by language), Directory of French Speaking Health Care Providers.

Part B of the Psychological Practice Profile asks you to check the areas of your psychological practice and estimate the percentage of time you spend working in each area. For instance, if you spend four days per week engaged in clinical work and one day per week doing research, you would check #1, Clinical, and #5, Research. You would then write in 80% for Clinical and 20% for Research. The total percentage of time should add up to 100%. If you hold competency in an area but are not currently practicing in this area, you can identify this by placing a check mark and zero in this box.

Part C of the Psychological Practice Profile asks you to indicate the activities and services you provide within the areas of practice indicated in Part B. For instance, if your clinical work involves Consultation, Assessment/Evaluation, and Intervention/Treatment with Adults you would enter #1 in the appropriate boxes for Adults. Likewise, if your research was with adults, you would enter #5 in the box corresponding to Research and Adults. Information about practice areas and populations can be very helpful for the public and mental health professionals when making referrals (e.g. Directory of Psychologists).

Some Clarifications

Should clarification be desired regarding *psychological practice definitions*, it can be obtained from the Board's website via the following link:

http://www.nsbep.org/downloads/Appropriate_Practice_Areas.pdf

Within the category of *Administration*, NSBEP is asking about the time spent by psychologists who hold a position in which they manage a psychological service unit (versus general clerical work such as paperwork, etc.). Time spent on clerical work should be captured but assigned to the corresponding activity category. For instance, if you are completing paperwork in relation to some assessments you have completed, this should be entered in the *Assessment* category.

Within the category of *Consultation*, NSBEP is interested in the time spent completing any work done on behalf or at the request of another health professional. For instance, a GP might be concerned that one of his patients is depressed, and asks for your opinion. The time spent talking to the GP to clarify the concerns and time providing feedback after seeing the patient would be entered under *Consultation*.

With the category of *Assessment*, NSBEP is interested in the time you spend completing both psychometric assessment and non-psychometric assessment function, i.e. in order to provide an understanding which informs a practical plan of action.

Within the category of *Formal Research*, NSBEP is interested in capturing the time you spend completing formal research work (versus the time spent developing and maintaining competence). Time spent developing and maintaining competence, etc. should be captured but assigned to the corresponding activity category. For example, time spent reviewing literature on interventions would be entered in the *Intervention/Treatment* category.

The categories of *Formal Research & Academic (teaching psychology)* are included in Section C of the Psychological Practice Profile so that the corresponding populations can be tracked.

PSYCHOLOGICAL PRACTICE PROFILE

A. Please affirm your overall employment status, all practice setting, and language(s).

Overall I am employed: Full-time Part-time Not currently working

If employed part-time, how many hours per week do you average?: _____

In the area below, please check the applicable practice setting(s) in which you are employed.

Private Practice	Community Agency	Hospital	School
Counselling Centre	University/College	Government	Other

If you listed more than one practice setting: What is your primary work setting (choose only one)

Private Practice	Community Agency	Hospital	School
Counselling Centre	University/College	Government	Other

You are comfortable to provide services in: English ____, French ____, other language(s)_____

B. In the area below, check the applicable area(s) of your psychological practice¹ and indicate the percentage of your time spent working in the area(s).

1. Clinical Psychology		2. Counselling Psychology	
3. School Psychology		4. Forensic/ Correctional Psychology	
5. Formal Research		6. Academic (teaching psychology)	
7. Industrial / Organizational Psychology		8. Clinical Neuropsychology	
9. Administration			

C. Once you have indicated your area(s) of practice, use the corresponding numbers to identify in the below table the activities and services you provide and the clients to whom you provide these services.

Clients	Administration	Consultation	Assessment/ Evaluation	Intervention/ Treatment	Formal Research	Academic
Infants						
Children						
Adolescents						
Adults						
Elderly						
Families						
Couples						
Organizations						

Print Name

Date

Registrant's Signature

¹ The Board recognizes that subspecialty areas of practice are evolving (e.g. Health Psychology, etc.) but such areas should correspond with the broader practice areas (e.g. Clinical Psychology).