



ORDRE DES
PSYCHOLOGUES
DU QUÉBEC

PERMIT APPLICATION
FORM

2010-2011

For Persons Requesting Recognition of Diploma or Training
Equivalence

Introduction

Because you do not hold a diploma recognized by law as giving access to a permit from the Ordre des psychologues du Québec, your request for admission will be examined with regard to the “**equivalence**” of your diploma(s) or training (see sections 5 and 8 of the enclosed Regulations).

The equivalence will be evaluated on the basis of the information and documents you provide attesting to your university studies completed, diploma(s) received and professional experience acquired.

To enable us to conduct an adequate and fair examination of your file, please ensure that you provide all the necessary information, paying particular attention to the following:

- The **courses** you took during your university studies must be duly identified and described, with their value in terms of credits or hours clearly specified. Without this information, it is difficult for us to verify whether you have taken the subjects described in section 5 of the Regulations;
- Any **training periods** or internships served during your university studies as part of the program(s) you have completed must be duly certified and described, and accompanied by clear documentation specifying the training content (establishment, type of clientele, problems treated, duration, mode of supervision, evaluation method and successful completion);
- If applicable, your **work experience**, especially that acquired after your university training, must be clearly described (title and duties, duration, supervision, etc.) and certified.

Please complete the form provided in the following pages, and if applicable, the appendices.

We thank you for your cooperation.

In accordance with the Act respecting the protection of personal information in the private sector, the Ordre des psychologues du Québec wishes to inform you that the personal information contained in this form and attached documents is considered confidential and shall be used solely for the purposes of the application for a permit. Files so established shall be kept at the head office of the Order. Only employees, members of the equivalence and examination committees, members of the Administrative Committee, and, as the case may be, the Bureau of the Order, all duly sworn, may have access to these files.

If you wish to avail yourself of your right to have access to your file or to correct the information contained in it, you must make a written request to that effect addressed to the Secretary of the Order.

¹ If you wish, you may attach a curriculum vitae, which could facilitate the examination of your application if your education or work history is complex.

Identification (cont'd)

Permit to practice elsewhere in Canada or in the USA

Do you have a permit to practice **psychology** in another Canadian province or territory or in a US state? If yes, specify the jurisdiction:

Are you a member of another professional order in Quebec? If yes, specify the order:

Canadian Interprovincial Reciprocal Agreement

Please note that if you are applying for admission under the Canadian interprovincial reciprocal agreement, you must contact the Secretary-General, Éline Dubreuil, at ext. 234.

Criminal offence

Have you ever been found guilty of a criminal offence by a Canadian or foreign court? (Answer no if you have been granted a pardon)

Yes No

If yes, specify:

Offence:

Date of judgment:

Record no.: _____ Court: _____

Province: _____ District: _____

Country (if other than Canada): _____ Court: _____

Disciplinary offence

Have you ever been the subject of a disciplinary decision by a Quebec professional order other than the Ordre des psychologues du Québec?

Yes No

If yes, specify:

Name of Quebec professional order: _____

Permit no.: _____

Offence: _____

Sanction: _____

Have you ever been the subject of a disciplinary decision by an equivalent professional body outside Quebec?

Yes No

If yes, specify:

Name of professional body outside Quebec: _____

Province, territory or country: _____

Permit no. issued by that body: _____

Date of decision: _____

Offence: _____

Sanction: _____

University Education

DIPLOMAS:

Indicate university diplomas received, in chronological order.

University	Country	Diploma	Date granted

DESCRIPTIONS OF TRAINING ACTIVITIES:

Attach³ official descriptions of the activities (courses, seminars, workshops, training periods, etc.) you completed successfully, **as current to the time they were taken**. If your transcripts do not indicate the number of credits or the duration in hours of these activities, append this information.

TRAINING PERIODS AND INTERNSHIPS:

Complete Appendix 1, providing details about all training periods or internships completed as part of your university studies. Take care to attach all the required documentation.

PROFESSIONAL EXPERIENCE IN PSYCHOLOGY (if applicable)

Complete Appendix 2, providing details about all your professional experience in psychology. Take care to attach all the required documentation and any other document you deem relevant for the evaluation of your experience.

CONTINUING PROFESSIONAL TRAINING (if applicable)

For each continuing professional training⁴ activity you have completed, indicate on a separate sheet:

- Name of the training organization and/or person
- Title of the activity and summary of the content
- Duration of the training and, if applicable, the number of continuing education units (CEU) received

For each activity, attach an official certificate of training or other official documentary evidence.

³ Please note that any document submitted in support of your application that is written in a language other than French or English must be accompanied by a translation done by a certified translator, who attests to the translation by a solemn declaration.

⁴ *Continuing professional training* means formal non-credit training activities offered by organizations which are not normally educational institutions; the purpose of such activities is usually personal or professional development.

Final Declaration

I understand that a false declaration will result in the refusal of my application and that an application accepted under false pretences is null.

I certify that the information provided is accurate and that the documents submitted in support of my application are valid and authentic.

I request the issue of a permit from the Ordre des psychologues du Québec.

In witness whereof I have signed: _____

Date: _____

Place: _____

Signature: _____

APPENDIX 1

Description of training periods or internships served (in chronological order)

Applicant's surname and given name(s):

.....Date:/...../.....

Training period or internship	Establishment and/or type of clientele	Program ¹	Transcript ²
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

¹ Specify the university program (e.g. Bachelor, Master's, PhD, etc.) within which the training period or internship was served.

² Indicate whether the training period or internship appears on your official transcript (report) for this program.

APPENDIX 1 (CONT'D)

Certification ³ (if yes, attach)	Dates ⁴	Total duration ⁵
Yes		
No		
Yes		
No		
Yes		
No		
Yes		
No		
Yes		
No		
Yes		
No		

³ Attach to this form any official documents certifying the training period or internship (agreement or contract, supervisor's report and/or evaluation, etc.)

⁴ Indicate the start and end dates of the training period or internship; specify the rate at which the activity was performed (e.g. 6 hours/week). If the training or internship extended over several periods, provide all the start and end dates and rates of performance.

⁵ Indicate the **total** number of hours of the training period or internship, including hours of contact, preparation, supervision, report writing, case discussion, etc.

APPENDIX 1 (CONT'D)

Contact hours ⁶	Supervision hours ⁷	Supervisor's qualifications ⁸

⁶ Indicate the number of hours of direct contact or work with clients during the training period or internship.

⁷ Indicate the number of hours of formal supervision, usually individual, received from a professor or a professional accredited by the university.

⁸ Indicate the profession and the number of years of experience of the person who supervised you.

APPENDIX 2

Description of professional experience in psychology (in chronological order, beginning with the most recent)

Applicant's surname and given name(s):

..... Date:/...../.....

Place of employment ⁹	Duties ¹⁰	Type of clientele ¹¹	Immediate superior ¹²

⁹ For each employment, attach supporting documents (official letter, official employment record, solemn declaration of work in private practice, etc.)

¹⁰ Indicate your job title or duties performed; if you were in private practice, indicate in what capacity you practiced

¹¹ Briefly describe the type of clientele you treated (e.g. children aged 8-12; adult addicts; psychiatric patients, etc.)

¹² If applicable, indicate the qualifications of the person who was responsible for your work (e.g. psychologist, medical chief of staff, school principal, personnel director, etc.)

APPENDIX 2 (CONT'D)

Type of oversight/supervision ¹³	Dates ¹⁴	Total duration ¹⁵	Remarks

¹³ Indicate whether the oversight was mainly administrative or in the nature of supervision; in the case of supervision, indicate the frequency and intensity (e.g. 1 hr./week). If you were in private practice, indicate whether you received supervision, and if yes, at what rate.

¹⁴ Indicate the start and end dates of the described employment; specify the rate at which the work was performed (e.g. 6 hours/week). If the employment extended over several periods, provide all the start and end dates and rates of performance.

¹⁵ Indicate the total number of days (one day = 7 hours) worked. For longer periods of employment, state the duration in weeks or months.