



GHANA PSYCHOLOGICAL COUNCIL

LAY PRACTITIONER MEMBERSHIP APPLICATION FORM

Upholding Standards, Protecting the People



IN COMPLIANCE WITH PART 5 OF THE HEALTH PROFESSIONALS REGULATORY ACT, 2013 (ACT 857)

Please refer to the guidelines when completing this application Form

PERSONAL DETAILS

1. Name in full

Surname	first name	others
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2. If married (woman), maiden name in full.....
3. Correspondence Address.....
4. Permanent Address.....
5. Email..... Telephone.....
6. Date of Birth..... Sex..... Place of Birth.....
7. Citizenship..... If Non Ghanaian, state country.....
 Duration of stay in Ghana.....
8. Category of Registration Seeking: Full Temporary
9. Place of work.....
10. Sponsoring Agency.....

Items 10 to be answered by those seeking Temporary Registration only

11. If you are or have been registered, certified or licensed as a professional psychologist or therapist by a legal or professional Board in any country, give full details below, including name of Agency or Board, date of original or certificate, specialty if designate and license or certificate number:.....

.....
.....
12. Has any certificate or license granted to you ever been suspended or revoked? Yes/no.
If yes, please append details.

13. Have you ever had an application or registration, as a Paraprofessional / Psychologist's Assistant rejected? Yes/no. If yes, please append details.

14. Have you ever been convicted of any crime, or of practitioner misconduct? Yes/no. if yes, please append details.

EDUCATION AND TRAINING

15. a) Institution

Name	Date of Entry	Date of Completion
a)		
b)		
c)		
d)		

(b) Accreditation Status of Training Institution:.....
Indicate the Accrediting Body.....

16. Course Content for the Counseling Course taken (Please provide attestation from the Institute)

Semester/ Module One

1.
2.
3.
4.
5.
6.
7.

Semester/ Module Two

1.
2.

- 3.
- 4.
- 5.
- 6.
- 7.

Semester/ Module Three

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Semester/ Module Four

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

PRACTITIONER EXPERIENCE

17. Have you ever had any practical attachment? Yes/No If Yes, state date, place and time.

1. Name of Institution/Facility and Accreditation status

2. Duration of attachment (with dates)

3. Type of supervision received.....

4. Hours of Practical Sessions per Week.....

5. Full address including email of facility.....

.....

.....

(b) Area of specialization in Counselling:.....

(c) Title Essay/Portfolio¹:

.....

(d) Name of Supervisor(s).....

(e) Supervisor's Affiliation (Licensure Status).....

(f) Applicant is required to submit to the Registrar certified copies of transcripts of the relevant courses and full address including email of each of the institutions.

(g) List any seminars or workshops attended and any other relevant training in the last one year; with name, date, place and duration of workshop/training.

a.

b.

c.

d.

e.

18. Employment status. Starting with the most recent, give a complete record of your experience. Include supervised attachment and indicate acquire training experience.

1. Present Employment

2. Date from..... Title or Position

Organization or Institution.....

General services offered.....

Your duties.....

.....

19. Full-time / Part time: If part-time, state number of hours you work per week.....

20. Name and address of person familiar with your work (preferably supervisor).....

.....

.....

¹ Please attach portfolio

21. Name of Relevant associations of which you are a member , indicating your present membership status and date of initial membership:

	<u>Association</u>	<u>Membership Status</u>	<u>Date</u>
I.
II.
III.

(h) Has any degree, diploma or certificate granted to you ever been suspended or revoked?
Yes/no. If yes, please append details.

22. Licensure Examination Status:

Pass Failed Waived (Evidence).....

I certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief.

Signature Date

FOR SUPERVISORS ONLY

Name (Internship Coordinator) _____

Internship Coordinator's Signature _____ Date _____

Name of Facility for internship _____

Starting date: _____ Ending date: _____

**FOR FURTHER INFORMATION CALL:
PHONE: 0503027254 OR 0542293014**

EMAIL:

info@ghanapsychologicalcouncil.org.gh

ghanapsychologicalcouncil@gmail.com

FOR OTHER REGISTRATION FORMS PLEASE CHECK

WEBSITE: www.ghanapsychologicalcouncil.org

Completed Form and attached Document should be sent to:

**THE REGISTRAR
214 WESTLANDS BLVD,
WEST LEGON, ACCRA, GHANA**

[Note: please refer to the enclosed "Application Checklist" for a complete summary of documentation requirements]

APPLICATION CHECKLIST

(For use by the applicant **ONLY**)

Submission of the following documents is to be arranged by the applicant. Please note that the Board will not consider your application until all documents and the application fee have been received. If you wish to check the status of your application, please contact the Registrar for the Ghana Psychological Council.

All Applicants

1. ___ Application form fully completed and signed.
2. ___ Application fee of {GHS 200.00 for Nationals; and \$500.00 for foreign trained } (non-refundable and subject to change without prior notification)*
3. ___ Reference from one psychologist/counsellor who have been familiar with your work for at least one year, and a senior public servants who is acquainted to you .
4. ___ Certified copies of certificates copies and full address of the institutions attended including email addresses should be provided.
5. ___ Full curriculum vitae & one (1) Passport size picture
6. Applicants requesting waiver of the Board's supervision requirement two assessments by professionals who supervised your internship.

Additional Requirements- If Applicable

7. Applicants residing outside Ghana should provide a statement of their reasons for seeking registration in Ghana.
8. Applicants certified or licensed elsewhere: The Council will require a statement directly from the Board/Council which granted your certificate/ license confirming your registration.
9. Applications that have previously completed the Examination for Professional Practice in Psychology/Therapy. The Council will require a report of your examination scores directly from:
 - (i) The Board/Council which administered in any country examination.

The following documents are required for evaluation purposes:

- (a) Copies of all transcripts of diplomas. These should be in the original language. English translations are required.
- (b) Logbook of all practical experiences.
- (c) Authentic Evidence of change of Name

FOR OFFICE USE ONLY

Form Received by _____ Date _____

Amount paid _____ Receipt No _____

Signature of Officer _____ Date _____

Checked by _____

Signature of Officer _____ Date _____

*Registrar's Comments:

Approved: Yes/No _____ Registration No: _____

Signature & Stamp _____ Date _____
