

of Agency or Board, date of original or certificate, specialty if designate and license or certificate number :

.....
.....
.....
.....

12. Has any diploma, 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, certification or licensing as a Psychologist rejected? Yes/no. If yes, please append details.

14. Have you ever been convicted of any crime, or of professional misconduct or of consult unbecoming to a psychologist? Yes/no. if yes, please append details.

15. Have you ever taken the "Examination or professional practice in psychology in any country? Yes/no. If yes, on what date and which location?

(Please arrange for forwarding of your examination scores-See enclosed "Application Checklist")

EDUCATION AND TRAINING

16. Colleges and Universities

Institution	Degree Awarded	Date of Award
a)		
b)		
c)		
d)		
e)		
f)		

(b) Area of specialization in psychology at the graduate level:.....

17. Title of Master’s thesis

.....
.....
Name of Supervisor.....
Reference, if published.....

18. Title of doctoral thesis

.....
.....
Name of Supervisor.....
Reference, if published.....

19. Transcripts: Each applicant is required to submit to the Registrar certified copies of transcripts of the courses and grades for under graduate and graduate degrees; and full address including email of each of the institutions.

20. List any post-graduate seminars or workshops attended and any other relevant training in the last two years; with name, date, place and duration of workshop/training.

- a.
- b.
- c.
- d.
- e.

PROFESSIONAL EXPERIENCE

21. Starting with the most recent, give a complete record of your experience. Include supervised internship and indicate acquire training experience.

- 1. Current Employment
Date from..... Title or Position
Organization/Institution.....

Organization Address.....

General services offered.....
Your duties.....
.....
Full-time / Part time: If part-time, state number of hours you work per week.....
Name and address of person familiar with your work (preferably supervisor)

.....
.....
Supervisor’s professional affiliation

2. Dates from to
Title or Position
Organization or Institution.....
General services offered
.....
Your duties
.....
Full-time/ Part-time: If part-time, state number of hours you work(ed) per week.....
Name and address of person familiar with your work (preferably supervisor)
.....
.....
Supervisor’s professional affiliation.....

3. Dates from to
Title or Position
Organization or Institution.....
General services offered
.....
Your duties
.....
Full-time/ Part-time: If part-time, state number of hours you work(ed) per week.....
Name and address of person familiar with your work (preferably supervisor)
.....
.....
Supervisor’s professional affiliation.....

22. (a) In which area of applied psychology do you consider yourself working (**Please select one (1)**)
Indicate with a tick **×**):
 Clinical Educational Organizational/Industrial
 Counseling Environmental School
 Community Experimental Social
 Developmental Forensic Special Education
 Cognitive Health Pastoral Care & Counselling
 Consumer Neuropsychology Sports
 Psychometrics/Measurement & Evaluation Psychotherapy (please
specify)_____

(b) In which activity:

__Therapy/Counseling

__Research

__Teaching

__Others (please specify).....

23. In what language(s) are you competent to provide services? Please list in order of proficiency.

1).....

3).....

2).....

4).....

24. List professional and scientific associations of which you are a member , indicating your present membership status and date of initial membership:

Association

Membership Status

Date

- I.
- II.
- III.
- IV.
- V.

25. List the names, positions and addresses of two psychologists who are well acquainted with you and your work and a senior public servant, to whom you are sending the enclosed reference forms:

Name

Address

Position

- I.
- II.
- III.

26. Please attach your full curriculum vitae

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

Date Signature

FOR FURTHER INFORMATION CALL:

Phone: 0503027254 Or

Email: ghanapsychologicalcouncil@gmail.com

FOR OTHER REGISTRATION FORMS PLEASE CHECK

Website: www.ghanapsychologicalcouncil.org

Completed Form and attached Document should be sent to:

**The Registrar
Room 5, Institutional Care Division,
Ghana Health Service –Head Quarters
Accra, Opposite Tema Station; Adjacent to Rent Control Office, Accra,
Ghana**

OR

Be mailed the Completed form and attached document to:

**The Registrar,
Ghana Psychology Council
PMB LG61,
Legon Post Office,
Accra**

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 Board of Examiners in Psychology.

All Applicants

1. ___ Application form fully completed and signed.
2. ___ Application fee of {GHS 300.00 for Nationals; and \$300.00 for foreign trained } (non-refundable and subject to change without prior notification)*
3. ___ Reference from two psychologists 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 official transcripts of all undergraduate and graduate degrees and full address of each of the institutions attended including email addresses should be provided.
5. ___ Full curriculum vitae
6. ___ (a) From applicants who will still require a year of supervision or post-doctoral experience signed supervisors' agreement forms from your proposed primary and standby supervisors is required.

(b) From applicants requesting waiver of the Board's supervision requirement two assessments by professional colleagues of your supervised, post-doctoral experience are required.

Additional Requirements- If Applicable

7. If formal conferral of your master's/doctoral degree has not taken place and therefore is not indicated on the official doctoral transcript, the Council will require a statement from the Registrar of the university where you earned your degree confirming that all requirements, including successful defense of the thesis, have been completed. The statement must be

- forwarded directly to the Council office from the university department. Copies submitted by the applicant will not be acceptable.
8. Applicants residing outside Ghana should provide a statement of their reasons for seeking registration in Ghana.
 9. Applicants certified or licensed elsewhere: The Council will require a statement directly from the Board/Council which granted your certificate/ license confirming your registration.
 10. 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.
 11. If Master's/doctoral degree was received from an institution outside of Ghana. The applicant will be required to submit an evaluation of the degree.

Masters/Doctoral degrees from institutions in any country: It is the responsibility of the applicant to ascertain that the institution which conferred the degree program is regionally accredited. The Board is unable to consider applications based on degrees from institutions which are not regionally accredited. Also, doctoral programs must meet the "criteria for Doctoral Programs leading to registration as a psychologist in Ghana. In addition, a doctoral degree based on a program of studies from an institution outside Ghana must first be evaluated to determine if it is recognized. It is the responsibility of the applicant to arrange for this evaluation prior to making application for registration. Evaluations may be obtained through the Ghana Board of Examiners in psychology.

The applicant must provide a statement that he/ she is requesting this evaluation for the purposes of applying for registration to the Ghana Psychology Council.

The following documents are required for evaluation purposes:

- (a) Copies of all transcripts of degrees and diplomas. These should be in the original language. English translations are required.
- (b) A list of all professional experience including internships.

FOR OFFICE USE ONLY

Received by _____ Date _____

Checked by _____ Date _____

Amount paid _____ Receipt No _____

Signature of Officer _____ Date _____

*Registrar's Comments:

Signature _____ Date _____

Chairman's Approval

Signature _____ Date _____

Approved: Yes/No _____ Date: _____

Registration No _____