



# GHANA PSYCHOLOGICAL COUNCIL

## MINISTRY OF HEALTH

### LAY PRACTITIONER REGISTRATION FORM

*Upholding Standards, Protecting the People*



### IN COMPLIANCE WITH PART 5 OF THE HEALTH PROFESSIONALS REGULATORY ACT, 2013 (ACT 587)

*Please refer to the guidelines when completing this application Form*

#### PERSONAL DETAILS

1. Name in full .....  

|         |            |        |
|---------|------------|--------|
| Surname | First name | others |
|---------|------------|--------|
2. If married (woman), maiden name in full.....
3. Residential Address.....  
 Email..... Telephone.....
4. Permanent Address.....  
 Email..... Telephone.....
5. Date of Birth..... Sex..... Place of Birth.....
6. Citizenship..... If Non Ghanaian, state country.....  
 Duration in Ghana.....
7. Category of Registration Seeking: Intern.....
8. Place of Practical.....
9. 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 :

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

**EDUCATION AND TRAINING**

10. a) Institution

| <u>Name</u> | <u>Date of Entry</u> | <u>Date of Completion</u> |
|-------------|----------------------|---------------------------|
|-------------|----------------------|---------------------------|

- a) .....
- b) .....
- c) .....
- d) .....

11. Have you ever had any Practical?      Yes/No      If Yes, state date, place and time.

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

12. Name of organization/Institute for Internship.....

13. Length of Practical.....

14. Type of supervision required.....

Full address including email of sponsoring agency .....

b) List any seminars or workshops attended and any relevant training, giving name, date place and duration:

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

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

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

16. Hours of Practical Sessions .....

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

- 1)..... 3).....
- 2)..... 4).....

18. 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. ....          |                          |             |

19. Has any degree, diploma or certificate granted to you ever been suspended or revoked?

Yes/no. If yes, please append details.

20. 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 OFFICE USE ONLY**

Received by \_\_\_\_\_ Date \_\_\_\_\_

Name (Internship Coordinator) \_\_\_\_\_

\_\_\_\_\_  
Internship Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Facility for internship \_\_\_\_\_

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

*Completed Document should be sent by hand to:*

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

OR

*Be mailed to:*

*The Registrar  
Ghana Psychological Council  
Private Mail Bag L61  
Legon, Accra  
Ghana*

### **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 200.00 for Nationals; and \$250.00 for foreign trained } (non-refundable and subject to change without prior notification)\*
3. \_\_\_ Reference from one psychologist who has been familiar with your work for at least six months.
4. \_\_\_ Certified copies of official transcripts & copies of certificates 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 & one (1) Passport size picture
6. \_\_\_ (a) Applicants who will still require supervision or counseling experience, signed supervisors' agreement forms from your proposed primary and standby supervisors are required.

(b) Applicants requesting waiver of the Council's supervision requirement, two assessments by two psychologists who have been familiar with your work for at least one year are required.

#### Additional Requirements- If Applicable

7. If formal conferral of your certification has not taken place and therefore is not indicated on the official transcript, the Council will require a statement from the chairperson of the Institution or agency where you undertook the course, including successful practical

- sessions that have been completed. The statement must be forwarded directly to the Council office from the institute or agency. 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 Lay Practitioner Examination: The Council will require a report of your examination scores directly from:
    - (i) The Board/Council which administered in any country examination.
  11. If certificate was received from an institution outside of Ghana. The applicant will be required to submit an evaluation of the certificate.

*The applicant must provide a statement that he/she is requesting this evaluation for the purposes of applying for registration to the Ghana Psychological 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 other professional experience including internships.