



.....  
.....  
Supervisor's professional affiliation.....

**CONTINUOUS PROFESSIONAL DEVELOPMENT**

11. List any conference, seminars or workshops attended and any other relevant training in the last one year; with name, date, place and duration/hours of conference/workshop/seminar.

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

12. Do you have any information to add to information the Council already has about you? Please state and provide appropriate documents as evidence.

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

13. 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 .....

*Completed Document should be mailed to:*

*The Registrar  
Ghana Psychological Council  
Private Mail Bag L61  
Legon, Accra  
Ghana  
Tel. 050 302 7254*

*Email: [ghanapsychologicalcouncil@gmail.com](mailto:ghanapsychologicalcouncil@gmail.com)*

**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 \_\_\_\_\_