



# GHANA PSYCHOLOGICAL COUNCIL

## MINISTRY OF HEALTH

### **PARAPROFESSIONAL / PSYCHOLOGIST ASSISTANT MEMBERSHIP APPLICATION 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:      Full ..... Temporary .....

*Items 8 & 9 to be answered by those seeking Temporary Registration only*

8. Place of work.....
9. Sponsoring Agency.....
10. 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  
 : .....

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

11. Has any certificate or license granted to you ever been suspended or revoked? Yes/no.

If yes, please append details.

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

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

*(Please arrange for forwarding of your examination scores-See enclosed “Application Checklist”)*

**EDUCATION AND TRAINING**

14. Colleges and Universities

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

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

15. Title of thesis/dissertation

.....  
.....

16. Name of Supervisor.....

Reference, if published.....

17. 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.

18. 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. ....

**PRACTITIONER EXPERIENCE**

19. 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.....

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)

.....  
.....

20. (a) In which area of applied psychology do you consider yourself working (**Please select one (1)**

Indicate with a tick **x**):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Clinical                               | <input type="checkbox"/> Educational                          | <input type="checkbox"/> Organizational/Industrial   |
| <input type="checkbox"/> Counseling                             | <input type="checkbox"/> Environmental                        | <input type="checkbox"/> School                      |
| <input type="checkbox"/> Community                              | <input type="checkbox"/> Experimental                         | <input type="checkbox"/> Social                      |
| <input type="checkbox"/> Developmental                          | <input type="checkbox"/> Forensic                             | <input type="checkbox"/> Special Education           |
| <input type="checkbox"/> Cognitive                              | <input type="checkbox"/> Health                               | <input type="checkbox"/> Pastoral Care & Counselling |
| <input type="checkbox"/> Consumer                               | <input type="checkbox"/> Neuropsychology                      | <input type="checkbox"/> Sports                      |
| <input type="checkbox"/> Psychometrics/Measurement & Evaluation | <input type="checkbox"/> Psychotherapy (please specify) _____ |  |

(b) In which activity:

- Therapy/Counseling                       Research                       Teaching

\_\_Others (please specify).....

21. List 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.	.....	.....	.....
IV.	.....	.....	.....
V.	.....	.....	.....

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

	<u>Name</u>	<u>Address</u>	<u>Position</u>
I.	.....	.....	.....
II.	.....	.....	.....
III.	.....	.....	.....

23. Please attach your full curriculum vitae

24. 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](mailto:ghanapsychologicalcouncil@gmail.com)**

**FOR OTHER REGISTRATION FORMS PLEASE CHECK**

**WEBSITE: [www.ghanapsychologicalcouncil.org](http://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**

*[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 \$200.00 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 & 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 a year of supervision or post-doctoral experience signed supervisors' agreement forms from your proposed primary and standby supervisors is required.  
(b) 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 \_\_\_\_\_

GPC ORIGINAL