



# GHANA PSYCHOLOGY COUNCIL

## LAY & PARAPROFESSIONAL INTERNSHIP 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<sup>1</sup> .....  
Surname first name others
2. If married (woman), maiden name in full<sup>2</sup>.....
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 in Ghana.....
8. Duration of Registration Seeking: .....
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,

<sup>1</sup> Please attach full Curriculum Vitae

<sup>2</sup> Attach Gazette copy of change of name

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, 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. A. Colleges and Universities

	Institution	Degree Awarded	Date of Award
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....
6.	.....	.....	.....

B. Accreditation Status of Training Institution:.....

*Indicate the Accreditation Body*.....

C. Area of specialization in psychology/applied psychology at the graduate level:.....

D. Title of Master’s thesis .....  
.....  
.....

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

E. Title of doctoral thesis  
.....  
.....

Name of Supervisor.....

Reference, if published.....

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

F. 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. ....

**PRACTICAL EXPERIENCE**

**PRACTICAL SESSION**

17. Have you ever had any practical session during your training? Yes/No If Yes, state date and time.....

a. Name of Facility/Institution of Practicum.....

b. Full address including email of facility.....  
.....

c. Accreditation status of the Facility/Institution.....

- d. Duration of Practicum\_(with dates) .....
- e. Hours of Practical Sessions per Week.....
- f. Field of Practice:.....
- g. Type of supervision received.....

**INTERNSHIP**

18. Internship Placement? Yes/No If Yes, state date and time.....

- a. Field of Practice:.....
- b. Name of Facility/Institution of Internship\_\_\_\_\_
- c. Accreditation status of the Facility/Institution\_\_\_\_\_
- d. Full address including email of facility.....  
.....
- e. Duration of Internship: .....
- f. Hours of Practical Sessions per Week.....
- g. Major Areas of Practice:.....  
.....
- h. Type of supervision received.....
- i. Supervisor’s Affiliation (Licensure Status).....

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

Indicate with a tick ✕):

- |  |  |
|--|--|
| <input type="checkbox"/> Pastoral Care & Counselling | <input type="checkbox"/> Career Guidance & Counselling                 |
| <input type="checkbox"/> Substance Abuse             | <input type="checkbox"/> School (Mental Health)                        |
| <input type="checkbox"/> Community (NGO)             | <input type="checkbox"/> Social (Community NGOs, Media)                |
| <input type="checkbox"/> Special Education           | <input type="checkbox"/> Marital (Premarital, Marriage & Post Marital) |
| <input type="checkbox"/> Relationship Counselling    | <input type="checkbox"/> Assessments                                   |
| <input type="checkbox"/> Other (please specify)_____ |  |

(b) In which activity:

- Therapy/Counseling  Research  Teaching  Others (please specify).....

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

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

21. List the names, positions and addresses of one licensed senior psychologists (worked for not less than 10 years) who is well acquainted with you and your work and a senior civil/public servant or a minister of religion, to whom you are sending the enclosed reference forms<sup>3</sup>:

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

22. 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 .....

GPC ORIGINAL

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<sup>3</sup> Attach Completed Reference Form

**[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 50.00 for Nationals; and \$100.00 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. 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 degrees and diplomas. These should be in the original language.  
English translations are required.
- (b) A list of all professional experience including practicum and internships log books.
- (c) Portfolio
- (d) Copies of gazette names required for all change of names

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

**EMAIL:**

[info@ghanapsychologycouncil.org.gh](mailto:info@ghanapsychologycouncil.org.gh)

[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  
214 WESTLANDS BLVD,  
WEST LEGON, ACCRA, GHANA**

*Bank Details:*

**FIDELITY BANK  
RIDGE TOWERS, ACCRA,  
BANK ACCOUNT No. 2090031790018**



**FOR OFFICE USE ONLY**

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

Checked by \_\_\_\_\_

Amount paid \_\_\_\_\_ Receipt No \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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Verified by \_\_\_\_\_

\*Officer's Comments & Suggestion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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\*Registrar's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: Yes/No \_\_\_\_\_ Registration No: \_\_\_\_\_

Signature & Stamp \_\_\_\_\_ Date \_\_\_\_\_

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