



Te Poari Kaimātai  
Hinengaro o Aotearoa  
NEW ZEALAND PSYCHOLOGISTS BOARD

**APPLICATION FOR UPGRADE  
FROM THE INTERN or TRAINEE  
SCOPE TO FULL REGISTRATION**  
(Under the Health Practitioners Competence Assurance Act 2003)

**PERSONAL DETAILS**

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Mx ☐

Registration No: 90-\_\_\_\_\_

Full Name \_\_\_\_\_  
First Names Surname

Official confirmation of successful completion must be from your Course Co-ordinator, Programme Leader or HoD. **(Not from Graduate / Doctoral / Administration officer)**

Emailed directly to Board: ([registration@nzpb.org.nz](mailto:registration@nzpb.org.nz))

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**REGISTER DETAILS – Information not available to the public – required under Section 140**

POSTAL ADDRESS FOR THE REGISTER:

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

RESIDENTIAL ADDRESS:

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

EMPLOYER:

\_\_\_\_\_

WORK ADDRESS:

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

**CONTACT INFORMATION**

Telephone Numbers Work \_\_\_\_\_ Ext. \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_  
(Include area codes)

Email Address \_\_\_\_\_

**SCOPE OF PRACTICE SOUGHT**

Tick the scope of practice you are seeking to upgrade to.

Psychologist

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Counselling Psychologist

☐

Neuropsychologist

☐

Clinical Psychologist

☐

Educational Psychologist

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Signature \_\_\_\_\_ Date: \_\_\_\_\_