



PERSONAL DETAILS

(Please print clearly and complete each number below)

1. Title: Mr Mrs Ms Miss Dr Mx Other title: _____

2. Gender: Male Female Gender Diverse

3. Date of Birth: _____

4. Full Name: _____

First Name

Middle Names

Family/Surname (Please underline your Surname)

5. Previous Name(s): _____

(If applicable enclose relevant documents)

6. Date of Name Change: _____

7. Ethnicity: (Tick the ethnic category most appropriate for you. This data will help the Ministry of Health monitor psychology workforce trends)

New Zealand European Other European (Specify) _____
 Pacific (Specify) _____ Other Ethnic Group (Specify) _____

CONTACT DETAILS - Please complete all address fields (as required by section 140 of the HPCAA Act)

8. Postal (Mail) Address: _____

9. Residential (Street) Address: _____

10. Workplace: _____

Address: _____

11. Phone and Email Details: (Include country/area codes) Telephone (Home) _____ Mobile _____

Telephone (Work) _____

Email Address(s) (Print clearly) _____

SCOPES OF PRACTICE AND QUALIFICATIONS FOR REGISTRATION

12. Scopes of Practice Sought for Registration: (Tick only the scopes relevant to your qualifications, skills, and experience. Refer to back page for definitions of scopes of practice and qualifications)

- "Clinical Psychologist" Vocational Scope of Practice
- "Counselling Psychologist" Vocational Scope of Practice
- "Educational Psychologist" Vocational Scope of Practice
- "Psychologist" Scope of Practice
- "Neuropsychologist" Scope of Practice

QUALIFICATIONS FOR REGISTRATION

13. Psychology qualifications for Registration: (Please provide details of **all** your psychology qualifications. The Board reserves the right to contact the granting institutions to check information provided).

(1) Qualification: _____

Granting Institution _____

Country _____ Date Conferred/Awarded _____

(2) Qualification: _____

Granting Institution _____

Country _____ Date Conferred/Awarded _____

Please ensure you provide **certified copies** of **all** your psychology qualifications & academic transcripts not just the two most advanced qualifications. You will also need to complete the Training Details page of this application form.

PREVIOUS APPLICATION(S) FOR REGISTRATION

14. Have you previously made an application for registration with the New Zealand Psychologists Board? No Yes

CHARACTER REFERENCES

15. Three recent character references addressed to the Board, dated no more than three months from the date you signed the application form. The reference must be on official letterhead (where applicable), dated, state the applicants name, and be signed. Referees should comment on the applicant's character, work experience, and professional standing. At least one reference must be from a **senior psychologist** who has had professional involvement with the applicant. Where applicable please include a copy of the referee's registration certificate, licence or current practising certificate. **References from current employees or supervisees will not be accepted.**

References can be included with the application or emailed by the referee to registration@nzpb.org.nz

Tick the box if you do not know a New Zealand Registered Psychologist who could provide you with a reference.

CURRICULUM VITAE (CV) OR RESUME

16. A copy of your current Curriculum Vitae must be included with this application form. Your CV must include all employment history in chronological order (by month & year), clearly stating the country of each workplace and registration history. Please explain any gaps of 3 months or more.

Registration Status

17. List all countries where you are currently or have previously been, registered/licensed as a psychologist?

Where: _____ Registration/License number: _____

Where: _____ Registration/License number: _____

Never Registered:

EVIDENCE OF GOOD STANDING

18. Enclose evidence of Good Standing from any organisation/professional association or regulatory body with which you are currently or have been registered, licensed, or chartered within the past five years (if you are registered overseas). Document(s) must be dated within three months of the application date. Documents can be emailed directly to the Board by the agency directly to registration@nzpb.org.nz

RECORD OF CRIMINAL CONVICTIONS

A conviction will not necessarily preclude the granting of registration. The Board will consider any conviction(s) on a case-by-case basis. If you have a conviction, please write a letter about the conviction to the Board to accompany the record.

19. The Board requires overseas applicants to provide a Police Clearance Certificate from each country they have lived in for longer than 3 months within the past five years, dated within 6 months of when the application is received by the Board. The Certificate must include all previous/maiden names. Please refer to the checklist for further information on acceptable Police Clearance Certificates. If these are only available electronically, please request the agency to email it directly to registration@nzpb.org.nz

COMMUNICATION SKILLS

20. If you have completed your psychology training in English in Australia, Canada, South Africa, the United Kingdom, Ireland or the United States of America you will not need to provide any further information.

For all other countries please provide your IELTS (Academic) English language test results as detailed in the paragraph below.

If your psychology training was not completed in English in one of the above countries, please provide either an original or a certified copy of your IELTS (Academic) results. An overall result of 7.5 is required with a minimum of 7 in each band. Test results must be obtained within two years prior to applying for registration. The Board may also require you to attend an interview so that further evidence of your English communication abilities can be obtained.

STATUTORY DECLARATION (UNDER THE OATHS AND DECLARATIONS ACT 1957)

21. I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE NEW ZEALAND OATHS AND DECLARATIONS ACT 1957. I SOLEMNLY AND SINCERELY DECLARE THAT:

1. All of the information provided with this application is true and correct in every particular and detail.
2. I will provide the Psychologists Board with any such further information it may require.
3. I am fit for registration as defined under section 16 of the Health Practitioners Competence Assurance Act 2003 and I know of no information that could cause the Psychologists Board not to be satisfied that I am of good character and reputation and am a fit and proper person to be registered.
4. I do not have a mental or physical condition that renders me unable to perform the functions required for the practice of psychology,
5. I have the qualifications that are prescribed for the scope of practice that I seek to be registered in, and I am competent to practise within that scope of practice.

The declaration below must be signed before a person authorised to take statutory declarations in the applicant's country and witnessed by that person.

Applicant's full name _____ Applicant's signature _____

Declared at _____ this _____ day of _____ 20_____

Before me _____ Signature _____
(Full name of person authorised to take a Statutory Declaration)

Address _____

Occupation _____

APPLICATION FEE

22. The application fee is non-refundable and must be paid before the application is processed.

International Money Transfer

Bank details: 03-0502-0254983-00 Swift or IBAN Code: WPACNZ2W

Please ensure you cover associated bank charges in addition to the application fee.

Payment by credit card: Please debit my Visa or MasterCard

NZ\$720 (including GST) – if you completed your training as a psychologist in Canada, South Africa, the United Kingdom, or the United States of America.

NZ\$1,080 (including GST) – if you completed your training as a psychologist in any other country.

Card number Expiry

Name on credit card _____ Cardholder's signature _____

Please note some of the information in your application will be displayed on the Public Register for Psychologists as required in the Health Practitioners Competence Assurance Act 2003.

SEND YOUR COMPLETED FORM AND FEE TO	ENQUIRIES TO
New Zealand Psychologists Board (Post) PO Box 9644 Marion Square Wellington 6141 New Zealand	New Zealand Psychologists Board (Courier Only) Level 5 22 Willeston Street Wellington 6011 New Zealand

**Application documents are scanned and electronically filed by the Board.
All paper copies are then securely destroyed.**

For office use only	Dbase entry created	IMT CC Date paid	CC authorisation	Dbase updated	Receipt sent
----------------------------	---------------------	--------------------------	------------------	---------------	--------------



The Board is interested in aspects of your training to inform their consideration of the equivalence of your training and the enculturation into the psychology practice, as compared to a New Zealand based training programme.

Candidates must provide the Board with conclusive, clear, and reliable evidence that they possess such qualification(s).

- **For an academic qualification:** the candidate must provide evidence of an equivalent level of achievement in terms of the Board's prescribed core competencies for that qualification.
- **For practicum/internship:** the candidate must provide evidence that they have graduated from a structured, supervised, and formally evaluated professional practice programme of at least 1500 hours that has been approved by the New Zealand Psychologists Board or an equivalent competent registering authority for psychologists.

1. Was your professional psychology training accredited by a government approved or government authorised, appropriately accredited, degree granting institution of higher education?

Yes

No

2. Please list all the periods of internship, with details of the duration (dates) and estimation of hours spent on the internship at each location.

INTERNSHIP PLACEMENT TYPE: (EG: CLINICAL, COUNSELLING)	TIMEFRAME: (START DATE AND END DATE)	PRACTICE SITE:	NUMBER OF HOURS COMPLETED:	SUPERVISOR:	SUPERVISORS SPECIALIST PRACTICE AND IF THEY WERE ONSITE:
TOTAL HOURS OF INTERNSHIP:					

3. What type of evaluation was used to assess your practice during the internship? Please provide certified evidence that you completed at least 1500 hours of formally evaluated professional performance completed under appropriately structured supervision as part of your qualification or registration process

The Board will contact you if further information is required to assess your application.



All documents supporting your application for registration must be the original or certified copies of the originals. "Certified copy" means a copy where an Official with the legal power to take Statutory Declarations in the applicant's country sights the original document and writes a declaration on a photocopy that it has been sighted and is a true copy of the original. The Official's name, original signature, position and official seal (where applicable) must be clearly visible.

Any documents not in English must be accompanied by an original certified translation of that document.

Receipt of your application will be acknowledged by email.

The application will be processed once all supporting documentation has been received.

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION

- A **certified colour** passport sized photograph. The certifier must sign and date the photo and state the following: 'I certify that this is a true likeness of [full name of applicant]'.
 - A **certified** copy of the applicant's currently valid passport page showing date of birth, nationality and photograph.
 - (**Item 5**): Evidence of any name change (e.g., Deed Poll, Marriage Certificate) signed by someone authorised to take a Statutory Declaration in the applicant's country. (An original or certified copy)
- (**Item 13**): **Qualifications**
 - Please provide confirmation of applicants conferred/awarded qualification(s) in the following format:
 - Original certificate of qualification(s) or certified copy/copies of original qualification(s)
and
 - An official University Academic Record or transcript which includes date of qualification(s) conferment/award. This must record papers passed, grades obtained for post graduate diploma and/or degree programmes. Please provide either an original or certified copy or if electronically issued sent direct to registration@nzpb.org.nz.
and
 - If applicable, certified translations.
 - You must also include independent verification of any internship completed as part of your professional psychologist training. Independent verification may include a statement from the training university or certificate of internship or a copy of internship evaluations or verification from one or more of your intern supervisors.
 - The completed training details document (requested on page 4 of the application).
- (**Item 15**): Three-character references.
- (**Item 16**) A full and detailed curriculum vitae in chronological order, with any gaps of 3 months or more explained
- (**Item 18**) Letter or Certificate(s) of Good Standing.
- (**Item 19**) Police Clearance Certificate(s). Certificates must include any previous/maiden names.
 - If you have lived/worked in the USA for longer than 3 months within the past five years, you will need to provide **both** an FBI report and state level police clearance certificate for every state in which you have lived.
 - If you have lived/worked in the UK for longer than 3 months within the past five year you will need to provide an ACRO criminal record certificate.
- (**Item 20**) IELTS (Academic) English language test results (if applicable).
- (**Item 21**) Signed and witnessed Statutory Declaration.
- (**Items 22**) Application fee.



SCOPES OF PRACTICE AND QUALIFICATIONS

For psychologists registered in New Zealand
under the HPCA Act 2003

SCOPES OF PRACTICE AND PRESCRIBED QUALIFICATIONS

1. **“Psychologist”** - A psychologist within a general scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications are prescribed for registration as a psychologist in the general scope of practice;

A minimum of a Masters degree in Psychology from an accredited¹ educational organisation, or an equivalent qualification. Eligibility for a general scope of practice requires a Board approved practicum or internship involving 1500 hours of supervised practice.

2. **“Intern Psychologist”** - An intern psychologist within a special purpose scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

An Intern Psychologist scope of practice may be granted to applicants:

- who have completed formal academic studies that have provided them with the foundation competencies required for safe practice in a supervised internship setting and who are enrolled in a Board-accredited post graduate diploma or doctoral course of studies.
3. **“Trainee Psychologist”** - A trainee psychologist within a special purpose scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

A Trainee or Intern Psychologist scope of practice may be granted to applicants:

- who have completed formal academic qualifications that have provided the foundation competencies required for safe practice in a supervised setting and who are entering Board-approved supervised practice for the purpose of achieving full registration.

VOCATIONAL SCOPES OF PRACTICE AND PRESCRIBED QUALIFICATIONS

4. **“Clinical Psychologist”** - Clinical Psychologists apply psychological knowledge and theory derived from research to the area of mental health and development, to assist children, young persons, adults and their families with emotional, mental, developmental or behavioural problems by using psychological assessment, formulation and diagnosis based on biological, social and psychological factors, and applying therapeutic interventions using a scientist-practitioner approach. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration as a psychologist in the clinical scope of practice;

A minimum of a Masters degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Clinical Psychology, or equivalent qualification. Eligibility for a clinical psychology scope of practice shall require a Board-approved practicum or internship involving 1500 hours of supervised practice.

¹ “Accredited” here and in subsequent references means accreditation of the educational organisation, or an educational course, by the New Zealand Psychologists Board for the purpose of registering psychologists.

5. **"Counselling Psychologist"** - Counselling Psychologists apply psychological knowledge and theory derived from research to the area of client empowerment and enhancement, to assist children, young persons, adults and their families with personal, social, educational, and vocational functioning by using psychological assessments and interventions, and preventative approaches that acknowledge ecological, developmental and phenomenological dimensions. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration as a psychologist in the Counselling Psychologist scope of practice;

A minimum of a Master's degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Counselling Psychology, or equivalent qualification. Eligibility for a counselling psychologist scope of practice shall require a Board-approved practicum or internship involving 1500 hours of supervised practice.

6. **"Educational Psychologist"** - Educational Psychologists apply psychological knowledge and theory derived from research to the area of learning and development, to assist children, young persons, adults and their families regarding their learning, academic performance, behavioural, social and emotional development, by using psychological and educational assessments and applying interventions using systemic, ecological and developmental approaches. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration as a psychologist in the educational scope of practice;

A minimum of a Masters degree in psychology³ from an accredited educational organisation and an accredited Postgraduate Diploma in Educational Psychology, or equivalent qualification. Eligibility for an educational scope of practice shall require a Board approved practicum or internship involving 1500 hours of supervised practice.

7. **"Neuropsychologist"** - Neuropsychologists apply scientific understanding of the relationship between the brain and neuropsychological function within applied clinical contexts. This approach forms the basis for the assessment, formulation, and rehabilitation of people who have sustained brain injuries or other neurological conditions. Neuropsychologists work with people of all ages who have neurological problems such as traumatic brain injury, stroke, epilepsy, toxic and metabolic disorders, brain tumours, and neurodegenerative diseases. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration in the Educational Psychologist scope of practice:

A minimum of a Master's degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in neuropsychology, or equivalent qualification. Eligibility for the Neuropsychologist scope of practice shall require a Board-approved practicum or internship involving no less than 1500 hours of supervised practice.

³ A Masters degree in Education may be considered equivalent to a Masters degree in Psychology where its content is sufficiently educational psychology in nature.