



GOVERNMENT OF BERMUDA
Ministry of Health
Bermuda Psychologists Council

Application for Registration as a Psychologist

INSTRUCTIONS FOR COMPLETING THIS FORM

In accordance with Section 9 of the Psychological Practitioners Act 2018, (the Act), in addition to having Bermudian status or the right to work in Bermuda and meeting the qualifications, experience and conduct specified in the Act, a person is entitled to be registered as a psychologist if they:

1. have successfully completed a program of academic training in Clinical Psychology, Counselling Psychology, School Psychology, Industrial-Organizational Psychology or any other applied field of psychology approved by the Council at an institution of higher learning approved by the Council;
2. have completed 1,000 hours of relevant experience with a registered psychologist in Bermuda or (where supervised abroad) an equivalent person as determined by the Council, not fewer than 500 of which occurred after completion of the academic training referred to in paragraph 1 above**;
3. have currency of professional knowledge and skills, as demonstrated by:
 - a. at least 100 hours of psychological services per year in two of the three years preceding this application; or
 - b. such evidence relating to refresher programmes or professional development as may be accepted by the Council; and
4. have evidence of good character.

(** post-qualification supervised experience requirement *may be waived by the Council if satisfied that the applicant has sufficient practical experience*)

Please complete all sections of the application and print clearly in **BLOCK CAPITALS** using a black or blue pen only. Place a check () in all applicable boxes.

When completing the form, it is important that you refer to the Bermuda Psychologists Council's (the Council) Registration Guidelines and Code of Conduct.

This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation must be certified.

The information used in this form will be kept confidential and will only be used for the purposes of registration.

The current fees for initial registration can be found at: <https://www.gov.bm/content/register-psychologist>. Please make a cheque payable to the **ACCOUNTANT GENERAL** and attach it to your application. Cash is only acceptable if delivered by hand.

Please post this form with the required documents to:

**Ministry of Home Affairs
Department of Registry General
Government Administration Building
30 Parliament Street, Hamilton HM 12
Bermuda**

SECTION A: PERSONAL IDENTIFICATION AND CONTACT INFORMATION

I. APPLICANT DETAILS				
Full name:	<i>First Name</i>	<i>Middle name(s)</i>	<i>Last Name</i>	
Previous name(s) (if applicable):				
Date of Birth:	<i>DD / MM / YYYY</i>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Immigration Status:	<input type="checkbox"/> Bermudian <input type="checkbox"/> Spouse of Bermudian <input type="checkbox"/> Non-Bermudian <input type="checkbox"/> PCR Holder <input type="checkbox"/> Work Permit Holder			

II. RESIDENTIAL CONTACT DETAILS			
Home Address:	<i>Address Line 1</i>		
<i>Address Line 2 (if applicable)</i>			
<i>City/Parish</i>	<i>State/Province/Region</i>	<i>Postal/Zip Code</i>	<i>Country</i>
Mailing Address (if applicable):	<i>Address Line 1</i>		
<i>Address Line 2 (if applicable)</i>			
<i>City/Parish</i>	<i>State/Province/Region</i>	<i>Postal/Zip Code</i>	<i>Country</i>
Home Phone:		Cell Phone:	
Personal Email Address:			
1. Would you like to join the Bermuda Psychologists Association?			<input type="checkbox"/> Yes <input type="checkbox"/> No

III. PROFESSIONAL CONTACT DETAILS			
Professional Status:	<input type="checkbox"/> Self-Employed/Private Practice <input type="checkbox"/> Employer <input type="checkbox"/> Both (please provide 2 nd employer/business information)		
Business/Employer Name:		Position:	
Business/Employer Address:	<i>Address Line 1</i>		
<i>Address Line 2 (if applicable)</i>			
<i>City/Parish</i>	<i>State/Province/Region</i>	<i>Postal/Zip Code</i>	<i>Country</i>
Business/Employer Phone:		Business/Employer Email Address:	
2nd Business/Employer Name:		Position:	
Business/Employer Address:	<i>Address Line 1</i>		
<i>Address Line 2 (if applicable)</i>			
<i>City/Parish</i>	<i>State/Province/Region</i>	<i>Postal/Zip Code</i>	<i>Country</i>
Business/Employer Phone:		Business/Employer Email Address:	

SECTION B: EDUCATION AND TRAINING

I. EDUCATION

For information on the education and training requirements please refer to the Education and Training Guide for Registering as a Psychologist (the Guide).

- | | |
|--|--|
| 1. Do you currently possess a graduate degree in Psychology that is obtained from an accredited program or institution? If no, please provide evidence to satisfy section II of the Guide. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Area of Specialty: _____

Subspecialty: _____

II. TRAINING

- | | |
|--|--|
| 1. Have you completed 1,000 hours of relevant experience with a registered psychologist in Bermuda or (where supervised abroad) a person you believe is equivalent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you completed at least 500 of those 1,000 hours after completion of the academic training at an institution of higher learning? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you completed at least 100 hours of psychological services per year in two of the three years preceding this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If your answer is "NO" to the question above, have you recently completed a refresher course or professional development? If so, please include details in section III | <input type="checkbox"/> Yes <input type="checkbox"/> No |

III. QUALIFICATIONS

List professional degrees, certifications, specialisations or other qualifications. Provide additional qualifications on a separate sheet of paper, if necessary.

Name of Degree or Certificate	Name of School or Issuing Authority	Location <small>(City/ Parish/ Province, Country)</small>	Date Granted <small>DD/MM/YYYY</small>

IV. PROFESSIONAL REGISTRATION OR LICENSURE IN OTHER JURISDICTION

Provide additional details on a separate sheet of paper, if necessary.

- | | |
|--|--|
| 1. Are you currently registered/ licensed to practice as a Psychologist in any jurisdiction? If "YES" , please provide additional details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been registered/ licensed to practice as a Psychologist in any jurisdiction? If "YES" , please provide additional details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Registration/License No.	Issuing Authority	Location <small>(City/ Parish/ Province, Country)</small>	Initial Date Granted <small>DD/MM/YYYY</small>	Expiration Date <small>DD/MM/YYYY</small>

SECTION C: INDEMNITY INSURANCE

I. INDEMNITY INSURANCE DECLARATION			
1. Do you currently have appropriate professional indemnity insurance in place for practicing as a psychologist? If "YES" , please provide proof of copy and additional details below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company	Policy No.	Policy Effective Date <small>DD/MM/YYYY</small>	Policy Expiration Date <small>DD/MM/YYYY</small>

SECTION D: SCREENING

I. PROFESSIONAL CONDUCT QUESTIONS	
<i>Answer ALL of the following questions by placing a check (☑) in the appropriate box. If you answer "YES" to any of the questions below, please provide complete details on a <u>separate</u> sheet of paper.</i>	
1. Have you ever had a registration or license to practice as a Psychologist cancelled or suspended in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever withdrawn an application for registration, had an application denied, cancelled or suspended, or agreed not to reapply for registration in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had a registration or license with any professional body in any jurisdiction cancelled or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any disciplinary action been taken against you by any registration/ licensing authority in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had privileges denied, revoked or restricted in any hospital or other health care facility in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been, or are you currently, the subject of conduct, performance or health proceedings against you in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you been convicted, found guilty or pleaded guilty or no-contest to any offence in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practice the profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E: ATTESTATION STATEMENT

By my signature, I attest that the information I submit in this application and in any required accompanying or subsequent documentation is true and accurate to the best of my knowledge. I understand that false statements may result in the revocation of my registration.

Please initial each statement of the attestation below

_____ I understand that persons who are registered by the Council are subject to the Code of Conduct (hereafter the Code) as prescribed under Section 8 of the Act.

_____ I confirm that I have read and understand the Code and that I am informed of the requirements of Continuing Professional Development specified by the Council.

_____ I agree to notify the Council in writing immediately if I fail to comply with the Code, regulations or Act.

_____ I understand that from time to time the Council may amend its requirements, policies and procedures concerning: initial registration, registration renewal, and the Code. Changes to such documents will be posted on the website of the Government portal and may occasionally be sent to me by email, or post. Any changes to the Act, Code and Regulations made by the Minister shall be gazetted.

_____ I agree to notify the Council in writing of any address or name change(s) within thirty (30) days after the change becomes effective.

_____ I understand the Council reserves the right to not accept this application.

Signature of Applicant: _____

Print Name: _____

Date: _____



GOVERNMENT OF BERMUDA

Ministry of Health

Bermuda Psychologists Council

SECTION F: CONSENT TO RELEASE INFORMATION FOR CREDENTIAL VERIFICATION

My signature below indicates my consent for the Bermuda Psychologists Council (the Council) and the Registrar to make enquiries relating to and for the purpose of information verification relevant to my ability to practice as a psychologist. Verification requests may include information relevant to confirmation of my identity, educational credentials, practice history, and criminal background.

I hereby authorize the release of information to the Council and/or the Registrar, relevant to my ability to practice as a psychologist by professional and character referees, training and credential verification agencies, academic and employment institutions and registration/licensure regulatory authorities located in Bermuda and other countries.

A photocopy, facsimile or emailed version of this consent form sent directly from the Council or the Registrar shall be valid as the original and shall be valid for two (2) years from the date signed below. I acknowledge and agree to verification information and supplemental information to be forwarded directly to:

**Ministry of Home Affairs
Department of Registry General
Government Administration Building
30 Parliament Street, Hamilton HM 12
Bermuda**

Signature of Applicant: _____

Print Name: _____

Date: _____

SECTION G: CHECKLIST

The following checklist is provided to assist you with ensuring you have submitted the necessary documentation to apply for registration. All application documents must be translated into English. All documentation must be originals or notarized copies. ***Facsimile and emailed copies will not be accepted.***

ITEM	DOCUMENTATION	CHECK <input checked="" type="checkbox"/>	Documents Missing For Official Use
1.	Application Form	<input type="checkbox"/>	<input type="checkbox"/>
2.	Registration Application Fee (Cheque for payable to the ACCOUNTANT GENERAL)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Birth Certificate or Internationally Recognised Passport	<input type="checkbox"/>	<input type="checkbox"/>
4.	Marriage Certificate (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>
5.	One passport sized photograph (write your name on the back of photograph)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Proof of Bermudian Status / Residency (Bermudian Passport Stamp / Permanent Residency Certificate / Spousal Letter) or Official Job Offer Letter from Bermuda Employer (only applies to non-Bermudians, e.g. work-permit holders)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Proof of Address (residential address, and where relevant, the address of your practice)	<input type="checkbox"/>	<input type="checkbox"/>
8.	Current Curriculum Vitae (must include all education, training, qualifications, registration in other jurisdictions and work experience)	<input type="checkbox"/>	<input type="checkbox"/>
9.	Letters of Reference (3) (One from current employer; one from most recent previous employer; and one character reference from someone in a professional role who has known you for more than three years – such as <i>teacher, civil servant, magistrate, police officer, social worker, doctor, CEO</i>)	<input type="checkbox"/>	<input type="checkbox"/>
10.	Criminal Background Check (a notarised copy of a certificate from the police of your current and previous jurisdiction(s), if applicable, documenting your criminal record)	<input type="checkbox"/>	<input type="checkbox"/>
11.	Academic Diploma(s) and Postgraduate Certificate(s) or Letter of Proof of Qualification(s) from relevant learning institution in English indicating that you have completed a program of academic training in Psychology and other specialisations, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
12.	Proof of competency to practice in jurisdiction in which you were trained i.e. national certification, exam certificates (college/university transcripts, letter from college/university, where applicable)	<input type="checkbox"/>	<input type="checkbox"/>
13.	Proof of current licensure/registration in current and past jurisdiction(s), where applicable (include Board or national licensing certificates and letters of good standing)	<input type="checkbox"/>	<input type="checkbox"/>
14.	Documents that provide sufficient evidence that you have completed 1,000 hours of relevant experience with a registered psychologist in Bermuda, or where supervised abroad a person with equivalent experience	<input type="checkbox"/>	<input type="checkbox"/>
15.	Documents that provide sufficient evidence that you have completed at least 500 of the required 1,000 hours after completion of academic training	<input type="checkbox"/>	<input type="checkbox"/>
16.	Documents that provide sufficient evidence that you have completed at least 100 hours of psychological services per year in two of the three years preceding this application , such evidence relating to refresher programs or professional development as you believe may be accepted by the Council	<input type="checkbox"/>	<input type="checkbox"/>
17.	If you have answered “ YES ” to any questions in Section D and/or have additional details as per Section B, please sign, date and submit extra sheet(s) with the application	<input type="checkbox"/>	<input type="checkbox"/>
18.	Proof of Current Certifications (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
19.	Proof of Indemnity Insurance	<input type="checkbox"/>	<input type="checkbox"/>
20.	Attestation Statement (signed and dated)	<input type="checkbox"/>	<input type="checkbox"/>
21.	Consent to Release Information (signed and dated)	<input type="checkbox"/>	<input type="checkbox"/>