



**PSYCHOLOGICAL PRACTITIONERS ACT 1998**

**THE PSYCHOLOGICAL PRACTITIONERS REGISTRATION  
REGULATIONS 2003**

**FORM 1: APPLICATION FOR REGISTRATION**

All applicants must complete PART A. Applicants who are not registered or licensed outside Bermuda must also complete PART B.

To: The Registrar-General

I hereby apply for the entry of my name in the Register of Psychological Practitioners maintained by the Registrar-General under section 8 of the Psychological Practitioners Act 1998.

I declare that to the best of my knowledge and belief the information given in this form is true.

Signature of applicant .....

Date .....

**PERSONAL PARTICULARS**

Surname: .....

Full given names: .....

Date of Birth: .....

Address: .....

Nationality: .....

Bermudian Status YES/NO

Ordinarily Resident in Bermuda YES/NO

**PART A – APPLICANTS REGISTERED OR LICENSED OUTSIDE  
BERMUDA**

1. Details of any previous certification and licensure including accrediting body, certificate number, date awarded and most recent renewal:

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2. Details of formal education beyond secondary school including degrees, certificates and other academic qualifications including the date of award:

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3. Details of training beyond formal education including continuing education credits and recent experience:

.....  
.....

4. List the names and addresses of two persons who may be contacted with respect to your good character and experience:

Name: .....

Address: .....

Name: .....

Address: .....

5. Other information you consider relevant to the determination of your application:

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6. Have you been convicted of an offence and sentenced to imprisonment. If so provide details:

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**PART B – APPLICATIONS NOT REGISTERED OR LICENSED OUTSIDE  
Bermuda Government**

7. Details of academic work at the graduate or postgraduate level:

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.....

8. Postgraduate training including placement, nature of training, number of hours and identity of supervisors:

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**Additional Information required from all applicants for completion of Application For Registration:**

***Section A***

1. Send copies of original documents of all previous certifications, licenses or registration credentials and copies of latest renewal.
2. Send copies of diplomas or degrees of formal post secondary education. Please list these below.

Institution	Dates of Attendance	Degree and specific area obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____