In exercise of the powers conferred on him by section 22 of the Psychological Practitioners Act 1998 the Minister of Health and Family Services makes the following regulations:—

Citation and commencement
1 These Regulations may be cited as the Psychological Practitioners Registration Regulations 2003 and shall come into force on 10 March 2003.

Application for registration
2 An application for registration under section 8 of the Psychological Practitioners Act 1998 shall be made to the Registrar-General in Form 1 of the Schedule and shall be accompanied by—
   (a) copies of any professional qualifications mentioned in the application;
   (b) copies of any other documents relating to professional qualifications, experience and character which are to be relied on for the purposes of the application.

Application for renewal of certificate
3 An application for renewal of a certificate under section 11 of the Psychological Practitioners Act 1998 shall be made to the Registrar-General in Form 2 of the Schedule.

Notices
4 Where any provision of the Psychological Practitioners Act 1998 requires notice in writing of any matter to be given to a person, the notice shall be hand delivered to that person and a signed and dated receipt shall be provided by him or on his behalf.
APPLICATION FOR REGISTRATION AS A PSYCHOLOGIST

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 any name in the Register of Psychologists 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:

....................................................................................................
....................................................................................................

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

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

PART B - APPLICANTS NOT REGISTERED OR LICENSED OUTSIDE BERMUDA

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

8. Postgraduate training including placement, nature of training, number of hours and identity of supervisors:
...........................................................................................................................
FORM 2 (Reg 3)

RENEWAL OF REGISTRATION

To: The Registrar-General

I hereby apply for the renewal of my registration as a psychologist under section 11 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.......................................................................................

Surname: .............................................................................

Full given names: ................................................................

Date of Birth: ......................................................................

Residential Address:

....................................................................................................

....................................................................................................

Address of place of employment:

....................................................................................................

....................................................................................................

Date of initial registration: .....................................................

Expiration Date: .................................................................

Certificate Number: ............................................................

DETAILS OF ACTIVITIES IN THE LAST THREE YEARS

1. Psychological services, including hours and nature of service provided:

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....................................................................................................

2. Continuing professional development, including credits therefor:

....................................................................................................

....................................................................................................
3. Educational or other requirements imposed by the Psychologists Registration Council:

4. Conviction of an offence and sentenced to imprisonment:

Made this day of March, 2003

Minister of Health and Family Services