

REFERENCE FORM

APPLICANT'S NAME: _____

The above named person is applying for registration as a Psychologist (Candidate Register), under the Regulated Health Professions Act and Psychology Regulations of the Province of Nova Scotia. Applications are not evaluated until all references have been received. Your co-operation in prompt completion and return of this reference form will be very much appreciated.

Please complete the following:

Your name (please print) _____

Your current position/title _____

Your organization/institution _____

Your Email address (verification purposes): _____

Your signature _____ Date _____

I am currently registered/certified/licensed in the Province/State of _____

Registration # _____

Effective dates: from _____ to _____

I have known the applicant for _____ year(s) from _____ to _____

During this time my relationship to her/him has been that of: professor \ supervisor
department head \ co-worker Other (please specify) _____

The applicant spent _____ percent of this time in work appropriate to the training of a psychological services provider.

His/her other responsibilities were:

_____ Percent of time

_____ Percent of time

_____ Percent of time

Her/his position(s) or job title(s) in the organization(s) were:

Position	Organization
_____	_____
_____	_____
_____	_____

Consider the principal relationship you had to the applicant. Please indicate on the following scales the applicant's competence (relative to others you have known at a similar level of training and experience), with the very best approaching 100.

										Unable to Judge	
Technical competence	100			75			50			25	
Specialized knowledge relevant to intended area of psychological practice	100			75			50			25	
Ethical behaviour	100			75			50			25	
Emotional maturity for professional role	100			75			50			25	
Capacity for professional growth and development	100			75			50			25	
Overall suitability for professional psychology practice	100			75			50			25	

The applicant has provided you with a copy of their Psychological Practice Profile Form. Please comment below on the appropriateness of the applicant's identified area(s) of psychological services provision. Include comments on your reservations, and mention those areas where you cannot offer an informed comment. Use additional pages, if needed.

Referees are requested to submit their reference directly to NSRP using one of the following methods:

Preferred: Email to nsbep@nsbep.org

Fax: 902-423-0058

Mail: 103-287 Lacewood Dr., Suite 331, Halifax, NS B3M 3Y7