

CYPRUS REGISTRATION BOARD FOR PSYCHOLOGISTS

APPLICATION FOR REGISTRATION IN THE REGISTRIES

General guidelines

Applicants are advised to carefully read the provisions of the Law on the Registration of Psychologists before submitting their application.

Applications and the necessary attached documents should be addressed to the Registrar of the Registration Board for Psychologists. Submission can be made **ONLY** via mail to the following address:

Registrar of the Registration Board for Psychologists
Ms Iacovina Panteli
MINISTRY OF HEALTH
1448 NICOSIA

1. REGISTRY FOR WHICH THE EXAMINATION OF YOUR APPLICATION IS REQUESTED

(SELECT ONE)

Please select using X or √		
ONLY for the Bachelor Graduates Registry		
Registry of Licenced Psychologists Successful registration to the Registry of Bachelor Graduates has already occurred. Registration number as a Bachelor Graduate: _____	Forensic Psychology	
	Clinical Psychology	
	Organizational / Work Psychology	
	Counselling Psychology	
	School / Educational Psychology	
Registry of Bachelor Graduates and Registry of Licenced Psychologists	Forensic Psychology	
	Clinical Psychology	
	Organizational / Work Psychology	
	Counselling Psychology	
	School / Educational Psychology	

2. PERSONAL DETAILS – Fill what is applicable

Name		
Surname		
Father's Name		
Previous Surname		
Identity Card Number		
Date of Birth		
Citizenship Please select using X or √	Cypriot	
	Member State of the European Union	Define: _____
	Non-Member State of the European Union	Define: _____
Permanent resident of Cyprus Please select	Yes / No	

2.2 Contact address for the Registration Board for Psychologists (NOT to be published)

Street	
Number	
Flat	
Building	
Postal Code	
P.O. Box	
City	
Village	
County	
Country	
Land line number	
Mobile phone number	
Email	

2.3 2.3 Contact details that you wish to be published in the Registry

Street	
Number	
Flat	
Building	
Postal Code	
P.O. Box	
City	
Village	
Province	
Country	
Land line number	
Mobile phone number	
Email	

3. BACHELOR DEGREE

3.1 Do you have a Bachelor Degree for which Psychology was the main subject?

Please select using X or √

Yes No

If yes, please submit all relevant documentation.

Attached document number: _____

Educational Institution of Bachelor Graduate Studies

Name of Educational Institution	
Department	
Faculty	
Country	
Date of Official Acquisition of Bachelor Degree in Psychology	

3.2 If you have a certificate of equivalency or equivalence and correspondence from the Cyprus Council of Recognition of Higher Education Qualifications (KY.S.A.T.S), please submit any relevant documentation.

Attached document number: _____

3.3 Was the Psychology Bachelor Degree obtained in the context of a unified full-time curriculum (Graduate and Postgraduate Degree)?

Please select using X or √

Yes No

If Yes, please submit all relevant documentation.

Attached document number: _____

4. POSTGRADUATE STUDIES

Please refer **ONLY** to the qualifications needed for applying to the REGISTRY OF LICENCED PSYCHOLOGISTS

4.1 Do you have a Postgraduate Degree in Applied Psychology?

Please select using X or √

Yes No

If Yes, please submit all relevant documentation.

Attached document number: _____

4.2 The minimum number of years of full-time studies for the acquisition of this specific Postgraduate Degree is: two or more?

Please select using X or √

Yes No

If Yes, please submit all relevant documentation.

Attached document number: _____

4.3 Was the Postgraduate Degree obtained in the context of a unified full-time curriculum (Graduate and Postgraduate Degree)?

Please select using X or √

Yes No

If Yes, please submit all relevant documentation.

Attached document number: _____

4.4 If you have a certificate of equivalency or equivalence and correspondence from the Cyprus Council of Recognition of Higher Education Qualifications (KY.S.A.T.S), please submit all relevant documentation.

Attached document number: _____

4.5 Educational Institution of Postgraduate Studies– Attached document number _____

Name of Educational Institution	
Department	
Faculty	
Country	
Date of Official Acquisition of the Postgraduate Degree	
Postgraduate Title, as it is stated in the official documentation	
Specialization in Applied Psychology, as it is stated in the Postgraduate Title or the detailed transcript.	<input type="checkbox"/> Forensic Psychology <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Organizational / Work Psychology <input type="checkbox"/> Counselling Psychology <input type="checkbox"/> School / Educational Psychology

5. SUPERVISED CLINICAL PRACTICE

5.1 Were hours of supervised clinical practice included (in the detailed transcript) as an integral part of your full-time postgraduate studies?

Please select using X or √
 Yes No

If yes, please specify **Number of Hours:** _____

In case the supervised clinical practice is not outlined in hours, please submit a certification from the educational institution, stating the exact number of hours.

Please submit all relevant documentation.

Attached document number: _____

5.2 After completion of your postgraduate studies, did you undertake any additional clinical practice at any certified organisation of supervised clinical practice?

Please select using X or √
 Yes No

If Yes, Please Specify **Number of Hours:** _____

In case the supervised clinical practice is not outlined in hours, please submit a certification from the relevant organization, stating the exact number of hours.

Please submit all relevant documentation.

Attached document number: _____

6. PROFESSIONAL QUALIFICATIONS

Do you have a Registered Psychologist's license in any country?	Yes	No
Country		
Registry Name		
Registration / License Number in the Registry		

7. PROFESSIONAL PRACTICE

Only for those who intend to apply to the Licenced Psychologists Registry under the transitional provisions.

7.1 Did you practice as an Applied Psychologist before the current Law came into force?

Please select using X or √

Yes No

If Yes, specify the time period: _____

Please submit all relevant documentation.

Attached document number: _____

8. FEES

Fees should be paid at the same time as the application submission via bank check payable to the “Registration Board for Psychologists” or via bank deposit under the name of the “Registration Board for Psychologists”, with the name and surname of the applicant being clearly stated.

Application fees are non-refundable, no matter the outcome.

Please select using X or √	Payable fees €		
	100.00	Registry for Bachelor Graduates	Application Examination for registration ONLY as a Bachelor Graduate.
	150.00	Registry for Licenced Psychologists	Application examination for registration as a Licenced Psychologist, provided registration as a Bachelor Graduate has already occurred.
	250.00	Registry for Bachelor Graduates and Licenced Psychologists	Application examination for both the Registries of Bachelor Graduates and Licenced Psychologists.

9. DECLARATION

Please confirm using X or √

I hereby declare that all information provided is true, accurately presented and complete. I am aware of the fact that false statements may result in disciplinary or penal sanctions. Upon my registration in the Psychology Registries in Cyprus, I commit to abide by all the provisions of the Law on the Registration of Psychologists, the current regulations as well as the relevant ethical guidelines.

I authorise the Registration Board for Psychologists to keep paper or electronic records of personal data, within the framework of the Law on the Processing of Personal Data (Protection of the Individual), including data that has been provided in the present document as part of the examination of this application.

I authorize the Registration Board for Psychologists to proceed with any necessary communication for the purpose of the examination of this application

First and last name (in full)

Signature

Date

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Please make sure that the following documentation is attached:

Document	Details	Confirm your answers		Attachment No.
		YES	NO	
Birth Certificate or Identity Card	Certification by a Certifying Officer	YES	NO	
Certificate of Clear Criminal Record	Original certificate which must have been issued within <u>maximum</u> 3 months prior the application submission	YES	NO	
Certification of Non-Inclusion in the Record of Condemnation for Sexual Abuse Against Minors	Original certification which must have been issued within <u>maximum</u> 3 months prior the application submission	YES	NO	
Fees Payment Receipt	Original – issued by a bank	YES	NO	
Bachelor Degree	Certification from the institution where it was obtained from	YES	NO	
Detailed Transcript of the Bachelor Degree	Certification from the institution where it was obtained from	YES	NO	
Postgraduate Degree	Certification from the institution where it was obtained from	YES	NO	
Detailed Transcript of the Postgraduate Degree	Certification from the institution where it was obtained from	YES	NO	
Certification of Clinical Practice (When needed)	<u>ONLY</u> for the cases where the number of the hours is not specified in the detailed transcript of the postgraduate qualification. The certification of the clinical practice <u>must</u> be signed by the educational institution.	YES	NO	

Additional documentation / supporting documents / certifications

Attached Document Number	Description - I

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Attached Document Number	Description - II