

SEPS 2010/13

**REGISTRATION COUNCIL FOR PSYCHOLOGISTS**

APPLICATION FOR REGISTRATION IN CYPRUS PSYCHOLOGIST COUNCIL

**General Instructions:**

1. Applicants are requested to carefully study the relevant provisions of the 2009 Law on Psychologists (Amended) law before submitting their application.

2. The applications and the necessary supporting documents are addressed to the Registrar of Psychologists Council and can be submitted by post to the following address:

**Registrar of Psychologists Registry Board**

**(Taking note of Iacovina Panteli)**

**MINISTRY OF HEALTH**

**1448 NICOSIA**

3. The necessary supporting documents attached to the application may only be submitted in Greek, English or Turkish. All supporting documents submitted must be certified as true copies of the original by a certifying officer or other competent authority. Translations from other languages ​​should be formally validated by the Press and Information Office (PIO).

4. Application examination fees for registration in the Register of Professional Psychologists amounts to € 100. Application examination fees for simultaneous enrollment in the Registry of Professional Psychologists and the Register of Psychology Bachelor Graduates amounts to € 250. Application examination fees for registration in the Register of Psychology Bachelor Graduates by persons who have previously applied for and registered in the Register of Professional Psychologists are € 150. Registration fees are NOT refunded when the examination of the application is unsuccessful.

5. Fees shall be paid at the same time as the application submission only via bank check payable to the "Psychologists 'Registry" or via Bank Deposit to the “Psychologists ‘Registry’” bank account**.**

6. Certificates demonstrating graduate and/or postgraduate studies in psychology should necessarily be accompanied by the corresponding official analytical grade certificates.

**Make sure you include the following before submitting your application:**

1. A photocopy of the Birth Certificate or Identity card certified as a true copy of the original by a certifying officer or other competent authority.
2. In cases where there is a change of surname, the applicant should submit an official change of surname certificate or certified copy of a marriage certificate certified as a true copy of the original by a certifying official or other competent authority.
3. **Clear criminal record** certificate with a date of issue not exceeding the past three months.

**A. PERSONAL DETAILS**

1. Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Previous Surnames (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Identity Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Citizenship:   Cypriot

 Member State of the European Union\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(specify).

Other country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(specify).

7. Contact Address (Street, Number, City / Village, Area, Postal Code, Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Contact telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. CLARIFYING QUESTIONS**

1. Have you applied for registration in the Register of Professional Psychologists and it was previously refused?  Yes  No

2. Have you applied for registration in the Register of Professional Psychologists that is still pending?  Yes  No

3. Have you been convicted in the last five years for an offense involving moral or ethical malpractice or lack of honesty in Cyprus or another country?

 Yes  No

4. Have there been any disciplinary proceedings against you, in the last five years, which have led to a psychologist practice restriction in Cyprus or in

another country?  Yes  No

If the above questions are answered in the affirmative, the Council reserves the right to ask for further information.

**C. BACHELOR LEVEL EDUCATION**

1. Do you have a Bachelor degree where psychology was officially the main subject?

 Yes  No

(If you answered 'No', continue with the questions in section D. Graduate Education)

2. Official date of acquisition of the Psychology Bachelor’s degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. Name of the Bachelor’s Educational Institution (Department, School, University, Country):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. The degree was obtained within the framework of a full-time course of study?

 Yes  No

5. Have you ever been asked by the Cyprus Council of Recognition of Higher Education Qualifications (KY.S.A.T.S.) to complete courses for recognition of your degree?

 Yes  No

**D. GRADUATE EDUCATION** (please specify only qualifications used to apply for registration in the REGISTRY OF PROFESSIONAL PSYCHOLOGISTS)

1. Do you have a graduate qualification in psychology?

 Yes  No

(If you answered "No", continue with the questions in section E. Professional Qualifications)

2. Graduate Studies in Psychology: (post Bachelor’s level) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of the Graduate Educational Institution(s). (Department, School, University, Country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Was the Graduate title obtained as part as a full-time curriculum?

1st title  Yes  No

2nd title  Yes  No

5. Official date of acquisition of the Graduate psychology degree:

1st title \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

2nd title \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

6. Specialization in psychology as stated in the diploma or official Graduate transcript:

 Not specified

 Clinical Psychology

 Counseling Psychology

 Organizational / Occupational Psychology

 School Psychology (or applied educational psychology)

 Forensic Psychology

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).

7. Has the Graduate degree been obtained within the framework of a full-time study program incorporating the first degree with the Graduate course?

 Yes  No

8. Minimum academic years of full-time study formally required by the specific graduate program or the completion of the graduate degree:

1st title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Have you ever been asked by KYSATS to complete courses for recognition of your graduate degree (s)?

 Yes  No

**E. PROFESSIONAL QUALIFICATIONS** (The questions of the E-section refer only to individuals who have attended academic programs outside of Cyprus).

1. Do you have a psychologist license in the country where you obtained your academic qualifications in psychology?

 Yes  No

2. Registration number / license number in this country's register: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of Registry (specify country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. SUPERVISED PRACTICAL TRAINING**

1. Was supervised practical training included as an integral part of your graduate studies?  Yes  No

2. If Yes, Specify Number of Hours:

1st Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G. PROFESSIONAL PRACTICE**

(Only for those intending to apply for registration in the Register of Professional Psychologists under the grandfathering provisions).

1. Have you been exercising duties of applied psychology?  Yes  No

2. If Yes, Specify period of time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**H. DECLARATION**

"I declare that all the above information is true, correctly specified, and completed. I know that untrue statements may lead to disciplinary and / or criminal penalties. Upon my registration in the Cyprus Psychologist Registers, I commit and abide with all the provisions of the Psychologist Registration Law, the applicable regulations and the relevant ethical codes. "

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_