

# CYRPUS 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 post office to the following address:

Registrar of the Registration Board for Psychologists Mr. Panayiotis Antoniadis MINISTRY OF HEALTH 1448, NICOSIA

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

(SELECT ONE)

Please select	using <b>X</b> or $\sqrt{}$		
ONLY for the Bachelor Graduates Registry			
Registry of Licensed Psychologists Forensic Psychology			
Successful registration to the Registry of	Clinical Psychology		
Bachelor Graduates has already occurred.	Organizational / Work Psychology		
Registration number as a Bachelor	Registration number as a Bachelor Counselling Psychology		
Graduate:	School / Educational Psychology		
	Forensic Psychology		
Registry of Bachelor Graduates and	Clinical Psychology		
Registry of Licensed Psychologists	Organizational / Work Psychology		
	Counselling Psychology		
School / Educational Psychology			

**2.PERSONAL DETAILS** – Fill what is applicable

Name		
Surname		
Father's Name		
Previous Surname		
<b>Identity Card Number</b>		
Date of Birth		
	Cypriot	
Citizenship	Member State of the European Union	Define:
Please select using <b>X</b> or $\sqrt{}$	Non-Member State of the European Union	Define:
Permanent resident of Cyprus Please select	Yes / No	

Page 1. Please continue to page 2 of 7



### 2.2 Contact address for the Registration Board for Psychologists (NOT to be published)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 w	ish to be published in the Registry
Street	
Number	
Flat	
Building	
Postal Code	
P.O. Box	
P.O. Box City	
City	
City	

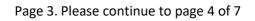
Page 2. Please continue to page 3 of 7



Mobile phone number

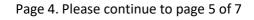
**Email** 

3. BACHELOR DEGREE			
	gree for which Psychology was the main subject?		
Please select using X or $\sqrt{}$	If yes, please submit all relevant documentation.		
☐ Yes ☐ No	Attached document number:		
<b>Educational Institution of Bac</b>	nelor Graduate Studies		
Name of Education			
Instituti	on		
Departme	nt		
Facu	ty		
Count	ry		
Date of Official Acquisition Bachelor Degree in Psycholo			
	uivalency or equivalence and correspondence from the Cyprus Councucation Qualifications (KY.S.A.T.S), please submit any releva		
(Graduate and Postgraduate Deg	lor Degree obtained in the context of a unified full-time curriculuree)?  If Yes, please submit all relevant documentation.  Attached document number:		
<b>4. POSTGRADUATE ST</b> Please refer <b>ONLY</b> to the quaper PSYCHOLOGISTS	J <b>DIES</b> lifications needed for applying to the REGISTRY OF LICENCE		
<b>4.1</b> Do you have a Postgraduate Please select using X or √ ☐ Yes ☐ No	Degree in Applied Psychology? If Yes, please submit all relevant documentation. Attached document number:		
Degree is: two or more?	ars of full-time studies for the acquisition of this specific Postgradua  If Yes, please submit all relevant documentation.  Attached document number:		
<b>4.3</b> Was the Postgraduate Degree Postgraduate Degree)?	obtained in the context of a unified full-time curriculum (Graduate ar If Yes, please submit all relevant documentation.  Attached document number:		
	uivalency or equivalence and correspondence from the Cyprus Councilucation Qualifications (KY.S.A.T.S), please submit all releva		





4.5 Educational Institution of Name of Educational In		iduate Studies– Ati	tached documen	t number
Department				
	Faculty			
Date of Official Acquisiti	Country			
Postgraduat				
Postgraduate Title, as it is				
the official docum			•	
Specialization in		☐ Forensic Psych		
Psychology, as it is stat Postgraduate Title or the		☐ Clinical Psyche☐ Organizationa		ogy
_	anscript.	☐ Counselling Ps	•	ogy
	anscript.		itional Psycholog	<u>z</u> v
your full-time postgraduate st Please select using X or √ □ Yes □ No 5.2 After completion of your pany certified organization of s Please select using X or √ □ Yes □ No	If yes, p  In case submit of number Please s Attache  postgradus supervised If Yes, I  In case submit of number Please s	of hours. submit all relevant d d document number ate studies, did you clinical practice? Please Specify Num the supervised clini	cal practice is not the educational in ocumentation.  undertake any added the of Hours:  cal practice is not the relevant organocumentation.	
6. PROFESSIONAL QU Do you have a Register				
Do jou nave a register		any country?	VAC	
		Country		
		Registry Name		
Registration / License Number in the Registry				





#### 7. PROFESSIONAL PRACTICE

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

Please select using X or √  ☐ Yes ☐ No	If Yes, specify the time period: Please submit all relevant documentation. Attached document number:
*	ne time as the application submission via bank check pa logists" or via bank deposit under the name of the "Registr

yable to the ration Board for Psychologists", with the name and surname of the applicant being clearly stated.

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

**Bank of Cyprus** 

Account No: 016101011600

IBAN:CY79002001610000000101160000

**SWIFT/BIC: BCYPCY2N** 

Please select using <b>X</b> or √	Payabl efees €		
	100.00	Registry for Bachelor Graduates	Application Examination for registration <b>ONLY</b> as a Bachelor Graduate.
	150.00	Registry for Licensed Psychologists	Application examination for registration as a Licensed Psychologist, provided registration as a Bachelor Graduate has already occurred.
	250.00	Registry for Bachelor Graduates and Licensed Psychologists	Application examination for both the Registries of Bachelor Graduates and Licensed Psychologists.

### 9. DECLARATION

Please confirm using X or  $\sqrt{\phantom{a}}$ 

aware of the fact that false stat in the Psychology Registries	information provided is true, accurately presented and complete. I amments may result in disciplinary or penal sanctions. Upon myregistration Cyprus, I commit to abide by all the provisions of the Law on the ecurrent regulations as well as the relevant ethical guidelines.
personal data, within the fran	tion Board for Psychologists to keep paper or electronic records of work of the Law on the Processing of Personal Data (Protection of the has been provided in the present document as part of the examination
I authorize the Registrat for the purpose of the examina	n Board for Psychologists to proceed with any necessarycommunication on of this application
First and last name (in full)	Signature
Date	Page 5. Please continue to page 6 of 7



Please make sure that the following documentation is attached:

Document	Details	Confirm your answers		Attachment 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 maximum 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 maximum3 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)	Detailed status of the internship in which the internship structures, supervisors and registration number in the Cyprus Psychologists Register, the populations that received services, the separation of hours in indirect and direct including the tasks performed in both of these categories.  *Evidence that the Master's Program completed by the Applicant has as an	YES	NO	
	integral part of its Studies at least 500 hours of practical training. *The certificate of completion of internship, which must show the number of hours of internship, signed by the academic			
*(aantification with authortic st	institution amp and signature from the compe	tont don	antmant	

Page 6. Please continue to page 7 of 7 (if needed)



## Additional documentation / supporting documents / certifications

ment	Attached Document Number

Page 7 of 7 – End of Application

