



# GHANA PSYCHOLOGY COUNCIL

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD) APPLICATION FOR PROVIDER CERTIFICATION

1. Name of the provider: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Application for certification for the year: January \_\_\_\_\_ to December \_\_\_\_\_
4. Name of Program (CPD) \_\_\_\_\_
5. Type of Body/Organization (Provider Category)  
\_\_\_\_ Academic  
\_\_\_\_ Association  
\_\_\_\_ Health Related Professional Body  
\_\_\_\_ Non-Health Related Professional Body (Specify)  
\_\_\_\_ Other (Specify)
6. Have you been a previous Certified Provider? Yes/No
7. Anticipated number of events to be held per year \_\_\_\_\_
8. Venue for CPD Program \_\_\_\_\_  
\_\_\_\_\_
9. Name of Contact Person: \_\_\_\_\_ Tel \_\_\_\_\_
10. Signature of Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_
11. List of Facilitators<sup>1</sup> and their respective signed CV'S.
12. Licensure status of psychologists and other practitioners<sup>2</sup>
13. Time Table<sup>3</sup>
14. Objectives and Course Description<sup>4</sup>
15. Simulations<sup>5</sup> and Practical Session(s)

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Name of Applicant .....

Signature ..... Date .....

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<sup>1</sup> Attach the CVs

<sup>2</sup> Attach Licensure statuses

<sup>3</sup> Attach Time Table

<sup>4</sup> Attach Course Objectives and Description

<sup>5</sup> Attach Description

**FURTHER INFORMATION**

**PHONE: 0503027254 OR 0542293014**

**EMAIL:**

[info@ghanapsychologycouncil.org.gh](mailto:info@ghanapsychologycouncil.org.gh)

[ghanapsychologicalcouncil@gmail.com](mailto:ghanapsychologicalcouncil@gmail.com)

**OR PLEASE CHECK**

**WEBSITE: [www.ghanapsychologicalcouncil.org](http://www.ghanapsychologicalcouncil.org)**

*Completed Form and attached Document should be sent to:*

**THE REGISTRAR  
214 WESTLANDS BLVD,  
WEST LEGON, ACCRA, GHANA**

*Bank Details:*

**FIDELITY BANK  
RIDGE TOWERS, ACCRA,  
BANK ACCOUNT No. 2090031790018**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

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Registrar's Comments:

\_\_\_\_\_

\_\_\_\_\_

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

Certification Approved:            Yes/No            Date: \_\_\_\_\_