



GHANA PSYCHOLOGY COUNCIL

PROFESSIONAL INTERNSHIP APPLICATION FORM

Upholding Standards, Protecting the People



IN COMPLIANCE WITH PART 5 OF THE HEALTH PROFESSIONALS REGULATORY ACT, 2013 (ACT 857)

Please refer to the guidelines when completing this application Form

PERSONAL DETAILS

- 1. Name in full¹
 Surname first name others
- 2. If married (woman), maiden name in full².....
- 3. Correspondence Address.....
- 4. Permanent Address.....
- 5. Email..... Telephone.....
- 6. Date of Birth..... Sex..... Place of Birth.....
- 7. Citizenship..... If Non Ghanaian, state country.....
 Duration in Ghana.....
- 8. Duration of Registration Seeking:
- 9. Place of work.....
- 10. Sponsoring Agency.....

Items 10 to be answered by those seeking Temporary Registration only

11. If you are or have been registered, certified or licensed as a professional psychologist or therapist by a legal or professional Board in any country, give full details below, including name of Agency or Board,

¹ Please attach full Curriculum Vitae
² Attach Gazette copy of change of name

date of original or certificate, specialty if designate and license or certificate number

.....
.....
.....

12. Has any certificate or license granted to you ever been suspended or revoked? Yes/no.

If yes, please append details.

13. Have you ever had an application or registration, certification or licensing as a Psychologist rejected?

Yes/no. If yes, please append details.

14. Have you ever been convicted of any crime, or of professional misconduct or of consult unbecoming to a psychologist? Yes/no. if yes, please append details.

15. Have you ever taken the "Examination or professional practice in psychology in any country? Yes/no.

If yes, on what date and which location?

(Please arrange for forwarding of your examination scores-See enclosed "Application Checklist")

EDUCATION AND TRAINING

16. A. Colleges and Universities

| | <u>Institution</u> | <u>Degree Awarded</u> | <u>Date of Award</u> |
|----|--------------------|-----------------------|----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

B. Accreditation Status of Training Institution:.....

Indicate the Accreditation Body.....

C. Area of specialization in psychology/applied psychology at the graduate level:.....

D. Title of Master’s thesis
.....
.....

Name of Supervisor..... Reference, if published
.....

E. Title of doctoral thesis
.....
.....

Name of Supervisor.....

Reference, if published.....

Transcripts: Each applicant is required to submit to the Registrar ORIGINAL copies of transcripts of the courses and certified copies of certificates for under graduate and graduate degrees, and full address including email of each of the institutions.

F. List any post-graduate seminars or workshops attended and any other relevant training in the last two years; with name, date, place and duration of workshop/training.

- a.
- b.
- c.
- d.
- e.

PRACTICAL EXPERIENCE

PRACTICUM

17. Have you ever had any practicum? Yes/No If Yes, state date and time.....

a. Name of Facility/Institution of Practicum_____

b. Full address including email of facility.....
.....

c. Accreditation status of the Facility/Institution_____

d. Duration of Practicum_(with dates)

- e. Hours of Practical Sessions per Week.....
- f. Field of Practice:.....
- g. Type of supervision received.....

INTERNSHIP

18. Internship Placement? Yes/No If Yes, state date and time.....

- a. Field of Practice:.....
- b. Name of Facility/Institution of Internship _____
- c. Accreditation status of the Facility/Institution _____
- d. Full address including email of facility.....
.....
- e. Duration of Internship:
- f. Hours of Practical Sessions per Week.....
- g. Major Areas of Practice:.....
.....
- h. Type of supervision received.....
- i. Supervisor’s Affiliation (Licensure Status).....

19. (a) In which area of applied psychology do you consider yourself working (**Please select NOT more than two (2)** Indicate with a tick ✕):

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Educational | <input type="checkbox"/> Organizational/Industrial |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Environmental | <input type="checkbox"/> School |
| <input type="checkbox"/> Community | <input type="checkbox"/> Experimental | <input type="checkbox"/> Social |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Forensic | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Health | <input type="checkbox"/> Pastoral Care & Counselling |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Psychometrics/Measurement & Evaluation | <input type="checkbox"/> Psychotherapy (please specify)_____ | |

(b) In which activity:

- Therapy/Counseling Research Teaching Others (please specify).....

20. In what language(s) are you competent to provide services? Please list in order of proficiency.

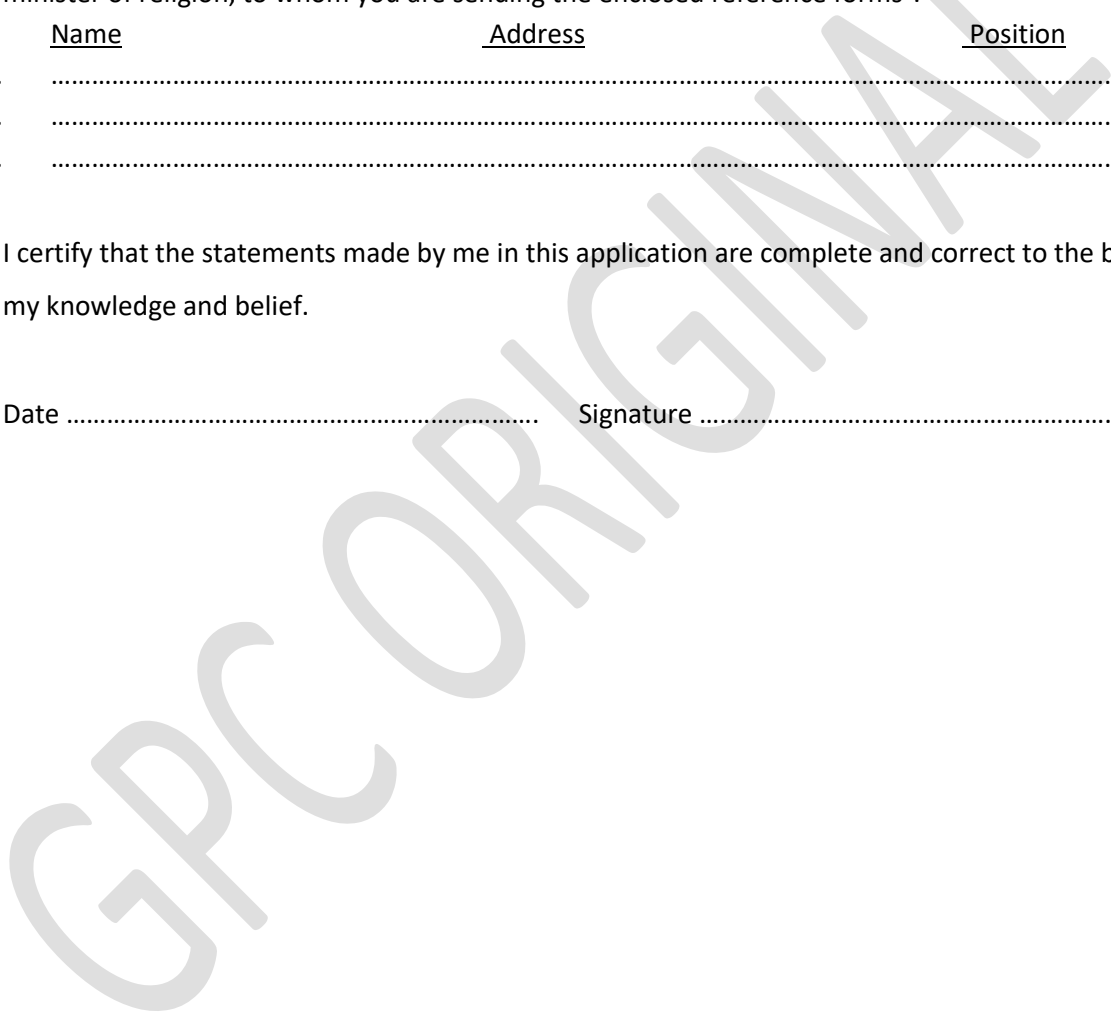
- 1)..... 3).....
- 2)..... 4).....

21. List the names, positions and addresses of one licensed senior psychologists (worked for not less than 10 years) who is well acquainted with you and your work and a senior civil/public servant or a minister of religion, to whom you are sending the enclosed reference forms³:

| | <u>Name</u> | <u>Address</u> | <u>Position</u> |
|------|-------------|----------------|-----------------|
| I. | | | |
| II. | | | |
| III. | | | |

22. I certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief.

Date Signature



³ Attach Completed Reference Form

**FOR FURTHER INFORMATION CALL:
PHONE: 0503027254 OR 0542293014**

EMAIL:

info@ghanapsychologycouncil.org.gh

ghanapsychologicalcouncil@gmail.com

FOR OTHER REGISTRATION FORMS PLEASE CHECK

WEBSITE: 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**

[Note: please refer to the enclosed "Application Checklist" for a complete summary of documentation requirements]

APPLICATION CHECKLIST

(For use by the applicant **ONLY**)

Submission of the following documents is to be arranged by the applicant. Please note that the Board will not consider your application until all documents and the application fee have been received. If you wish to check the status of your application, please contact the Registrar for the Ghana Psychological Council.

All Applicants

1. ___ Application form fully completed and signed.
2. ___ Application fee of {GHS 150.00 for Nationals; and \$200.00 for foreign trained } (non-refundable and subject to change without prior notification)*
3. ___ Reference from two psychologists who have been familiar with your work for at least one year, and a senior public servants who is acquainted to you .
4. ___ Certified copies of certificates copies & official transcripts (original) of all undergraduate and graduate degrees and full address of each of the institutions attended including email addresses should be provided.
5. ___ Full curriculum vitae & one (1) Passport size picture
6. ___ (a) Applicants who will still require a year of supervision or post-doctoral experience signed supervisors' agreement forms from your proposed primary and standby supervisors is required.

(b) Applicants requesting waiver of the Board's supervision requirement two assessments by professional colleagues of your supervised, post-doctoral experience are required.

Additional Requirements- If Applicable

7. If formal conferral of your master's/doctoral degree has not taken place and therefore is not indicated on the official doctoral transcript, the Council will require a statement from the Registrar of the university where you earned your degree confirming that all requirements, including successful defense of the thesis, have been completed. The statement must be forwarded directly to the Council office from the university department. Copies submitted by the applicant will not be acceptable.

8. Applicants residing outside Ghana should provide a statement of their reasons for seeking registration in Ghana.
9. Applicants certified or licensed elsewhere: The Council will require a statement directly from the Board/Council which granted your certificate/ license confirming your registration.
10. Applications that have previously completed the Examination for Professional Practice in Psychology/Therapy. The Council will require a report of your examination scores directly from:
 - (i) The Board/Council which administered in any country examination.
11. If Master's/doctoral degree was received from an institution outside of Ghana. The applicant will be required to submit an evaluation of the degree.

Masters/Doctoral degrees from institutions in any country: It is the responsibility of the applicant to ascertain that the institution which conferred the degree program is regionally accredited. The Board is unable to consider applications based on degrees from institutions which are not regionally accredited. Also, doctoral programs must meet the "criteria for Doctoral Programs leading to registration as a psychologist in Ghana. In addition, a doctoral degree based on a program of studies from an institution outside Ghana must first be evaluated to determine if it is recognized. It is the responsibility of the applicant to arrange for this evaluation prior to making application for registration. Evaluations may be obtained through the Ghana Board of Examiners in psychology.

The applicant must provide a statement that he/she is requesting this evaluation for the purposes of applying for registration to the Ghana Psychology Council.

The following documents are required for evaluation purposes:

- (a) Copies of all transcripts of degrees and diplomas. These should be in the original language. English translations are required.
- (b) A list of all professional experience including practicum and internships.
- (c) Copies of gazette names required for all change of names

FOR OFFICE USE ONLY

Form Received by _____ Date _____

Checked by _____

Amount paid _____ Receipt No _____

Signature of Officer _____ Date _____

Verified by _____

*Officer's Comments & Suggestion:

Signature of Officer _____ Date _____

*Registrar's Comments:

Approved: Yes/No

Registration No: _____

Signature & Stamp _____

Date _____
