



GHANA PSYCHOLOGY COUNCIL

MINISTRY OF HEALTH

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

MEMBERSHIP RENEWAL APPLICATION FORM

Upholding Standards, Protecting the People

Please refer to the guidelines when completing this application Form

PERSONAL DETAILS

1. Name in full
Surname first name others
2. If married (woman), maiden name in full.....
3. Residential Address.....
.....
4. Postal Address.....
Email.....Telephone.....
5. Date of Birth..... Sex..... Place of birth.....
6. Citizenship..... If Non Ghanaian, state country.....
Duration in Ghana.....
7. Category of Previous Registration: PIN:
..... Date of Previous Registration:
Expiry Date of Previous Registration:
8. Current Place & Location of Work:
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9. Position/ Title:

Address of Institution:

.....

.....

Date you begun work there: 10.

General services offered

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Your duties

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Full-time/ Part-time: If part-time, state number of hours you work (ed) per week..... Name and address of person familiar with your work

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Supervisor's professional affiliation.....

11. Do you have any information to add to information the Council already has about you?

Please state and provide appropriate documents as evidence.

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12. Have you taken any Continuous Professional Development Course within the year?

No	Institution/Agency	Course	Credit Point	Date	Venue
1					
2					
3					
4					
5					

Total Credit Point: _____

Date: _____

Signature: _____

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 _____
