New Zealand
PSYCHOLOGISTS BOARD
Te Poari Kaimātai Hinengaro
o Aotearoa

APPLICATION FOR UPGRADE FROM THE INTERN or TRAINEE SCOPE TO FULL REGISTRATION

(Under the Health Practitioners Competence Assurance Act 2003)

PERSONAL DETAILS

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other_____ **Registration No:** 90- _____

Full Name_____
First Names Surname

Official confirmation of successful completion must be from your Course Co-ordinator, Programme Leader or HoD. (Not from Graduate / Doctoral / Administration officer)

Included: ☐

Emailed: ☐

REGISTER DETAILS – Information not available to the public – required under Section 140

POSTAL ADDRESS FOR THE REGISTER:

_____

_____

RESIDENTIAL ADDRESS:

_____

_____

WORK ADDRESS:

_____

_____

CONTACT INFORMATION – Please complete all sections

Telephone Numbers Work _____Ext._____ Home _____ Mobile_____
(Include area codes)
Email Address _____

SCOPE OF PRACTICE SOUGHT

Tick the scope of practice you are seeking to upgrade to.

Psychologist	☐	Counselling Psychologist	☐
Clinical Psychologist	☐	Educational Psychologist	☐