



# PSYCHOLOGY COUNCIL

## PROFESSIONAL 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 full .....  

Surname	first name	others
---------	------------	--------
2. If married (woman), maiden name in full<sup>1</sup>.....
3. Postal Address.....
4. Residential Address.....  
 Digital Residential Address/Ghana Post GPS: .....
5. Email..... Telephone.....
6. Date of Birth..... Sex..... Place of Birth.....
7. Citizenship..... If Non Ghanaian, state country.....  
 Duration in Ghana.....
8. Category of Registration Seeking: Full ..... Temporary ..... Provisional .....
9. Place of Practice.....
10. Sponsoring Agency.....

*Item 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,

<sup>1</sup> Attach Gazette copy of change of name

date of original certificate, specialty if designated and license or Professional Certificate Number/PIN  
 .....  
 .....  
 .....

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 for registration, certification or licensing as a  
 Psychologist/Therapist/Counsellor rejected? Yes/No. If yes, please append details.

14. Have you ever been convicted of any crime or professional misconduct? Yes/No. if yes,  
 please append details.

15. Have you ever taken the "Examination for professional practice in psychology in any country?  
 Yes/No. If yes, kindly state the name of examination, date and location?  
 .....

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

16. A.

**EDUCATION AND TRAINING**  
 Colleges and Universities

No	Institution	Degree Awarded	Date of Award

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 Degree thesis .....  
 .....  
 .....  
 Name of Supervisor(s)... .....Reference, if published  
 .....

E. Title of Doctoral Degree 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 copies of certificates for undergraduate and graduate degrees.

17. 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.

No.	Name	Date	Duration	Place

**PRACTICAL EXPERIENCE**

**PRACTICUM**

18. Have you ever had any practicum? Yes/No If Yes, state date.....  
 a. Name of Facility/Institution of Practicum.....  
 b. Name and contact details of supervisor(s).....  
 .....  
 c. Accreditation status of the Facility/Institution.....

- d. Duration of Practicum (with dates) .....
- e. Total contact hours.....
- f. Field of Practice:.....
- g. Type of supervision received (External or Internal).....

**INTERNSHIP**

- 19. Have you ever had any Internship? Yes/No If Yes, state date .....
- a. Field of Practice:.....
- b. Name and contact details of supervisor(s).....
- c. Accreditation status of the Facility/Institution.....
- d. Internship period .....
- e. Total contact hours.....
- f. Major Areas of Practice<sup>2</sup> (Log Book):.....
- g. Type of supervision received (External and Internal).....
- h. Supervisor’s Licensure Status.....

**EMPLOYMENT (PROFESSIONAL WORK EXPERIENCE)**

20. Employment Status. Starting with the most recent, give a complete record of your experience. Include supervised attachment and indicate acquired training experience.

- 1. Present Employment .....
- 2. Date from..... Title or Position .....
- 3. Organization or Institution.....
- 4. Your duties.....
- 5. General services offered at the institution.....
- 6. Full-time / Part time: If part-time, state number of hours you work per week.....

<sup>2</sup> Please attach Log Book

21. **Licensure Examination Status:**

Pass       Failed       Waived (Evidence).....

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

- |   |   |  |
|---|---|--|
| <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"/> Social work                            | <input type="checkbox"/> Rehabilitation                       | <input type="checkbox"/> Guidance and Counselling    |
| <input type="checkbox"/> Psychometrics/Measurement & Evaluation | <input type="checkbox"/> Psychotherapy (please specify) _____ |  |

(b) In which activity:

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

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

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

**Referees**

24. List the names, positions and addresses of one licensed Senior Psychologist (with not less than 3 years post license work experience) who is well acquainted with you and your work for at least one year and a Senior Civil/Public servant or a Minister of Religion, to provide you with a confidential reference letter<sup>3</sup>:

No.	Name	Address	Position

25. 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 .....

<sup>3</sup> Attach Reference Letters

## FOR SUPERVISORS ONLY

Name (Internship Supervisor) \_\_\_\_\_

\_\_\_\_\_  
Internship Supervisor's Signature & stamp Date

Name of Facility for internship \_\_\_\_\_

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

GPC ORIGINAL

**FOR FURTHER INFORMATION  
CALL:**

**PHONE: 0542293014/0503027254/0303978628**

**EMAIL: [info@gpc.gov.gh](mailto:info@gpc.gov.gh)**

**FOR OTHER REGISTRATION FORMS PLEASE CHECK**

**Website: [www.ghanapsychologycouncil.gov.gh](http://www.ghanapsychologycouncil.gov.gh)**

Completed Form and attached Document should be sent to:

**The REGISTRAR  
ROOM 20, OLD MINISTRY Of  
HEALTH OPPOSITE MINISTRIES Post  
OFFICE MINISTRIES, ACCRA, GHANA  
GHANA POST GPS: GA-110-3586**

**BANK DETAILS:**

**Fidelity Bank  
Ghana Psychology Council  
Ridge Towers, Accra,  
Bank Account No. 1050031790015**

**OR**

**SHORT CODE (ALL NETWORKS)**

**\*222\*7270#**

**[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 Council 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 Psychology Council.

### All Applicants

1. \_\_\_ Application form fully completed and signed.
2. \_\_\_ Application fee of {GHS 173.00 for Nationals; and \$575.00 for non-Ghanaians} (non-refundable and subject to change without prior notification) \*
26. \_\_\_ Two Reference letters one from licensed Senior Psychologist (with not less than 3 years post license work experience) who is well acquainted with you and your work for at least one year and a Senior Civil/Public servant or a Minister of Religion who is well acquainted with you.
3. \_\_\_ Copies of certificates & Original transcripts of all undergraduate and graduate degrees.
4. \_\_\_ Full updated curriculum vitae & two (2) Passport size pictures (white background)
5. \_\_\_ (a) Applicants who will still require a year of supervision or post-doctoral experience should submit a letter from supervisor stating the duration and terms of supervision.  
  
(b) Applicants requesting waiver of the Board's supervision requirement should submit two assessments by professional body and employer.

### Additional Requirements- If Applicable

6. **If formal conferral of your master's/doctoral degree has not taken place and therefore is not indicated on the official master's or doctoral transcript, the Council will require a confidential attestation letter from the Registrar/Dean of the university where you earned your degree confirming that all requirements, including successful completion of course work and submission of thesis.**
7. Applicants residing outside Ghana should provide a statement of their reasons for seeking registration in Ghana.

8. Applicants certified or licensed elsewhere: The Council will require a statement directly from the Board/Council which granted your certificate/ license confirming your registration.
9. Applications that have previously completed the Examination for Professional Practice in Psychology/Therapy: The Council will require a report of your examination result directly from the Board/Council which administered the country's examination.
10. 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 programmes is regionally accredited. The Board is unable to consider applications based on degrees from institutions which are not regionally accredited. Also, masters/doctoral programmes must meet the "criteria formaster/ Doctoral Programmes leading to registration as a psychologist in Ghana. In addition, a masters/ doctoral degree based on a programme 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 Tertiary Education Commission (GTEC).*

*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 additional documents are required**

- (a) Original Transcripts and certificates of degree obtained from institution outside Ghana should be in the original language and English translations.
- (b) Copies of gazette should be submitted as evidence for 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 \_\_\_\_\_

---