



PSYCHOLOGY COUNCIL

MINISTRY OF HEALTH

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

LICENSE 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. Current Residential & GPS Address
.....

4. Current Postal Address.....

Current Email..... Current Telephone.....

5. Citizenship..... If Non-Ghanaian, state country.....
Duration in Ghana.....

6. Category of Previous Registration:.....

PIN: Date of Previous Registration:

Expiry Date of Previous Registration:.....

8. Current Place & Location of Work:
.....

9. Position/ Title:.....

Address of Institution:

.....
Date you begun work there:

10. General services offered at the institution.....
.....

Your duties
.....

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
.....
.....

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.
.....
.....

12. Have you taken any GPC accredited Continuous Professional Development Course within the year?
Attach copies of certificates or other evidence.

No	Institution/Agency	Course	Mode of Delivery	Date	Credit Point
1					
2					
3					
4					
5					

Total Credit Point: _____

Date: _____

Signature: _____

FOR FURTHER INFORMATION

CALL:

PHONE: 0542293014/0503027254/0303978628

EMAIL: info@gpc.gov.gh

FOR OTHER REGISTRATION FORMS PLEASE CHECK

Website: 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#**

FOR OFFICE USE ONLY

Form received by _____ Date: _____

Checked by _____

Amount Paid _____ Receipt No _____

Signature of Officer _____ Date _____

Verified by _____

*Officer's comment & suggestion

Signature of Officer _____ Date _____

Registrar's Comments:

Approved: Yes/No _____ Registration No: _____

Signature & Stamp _____ Date _____