**Application for CAPDA Diplomate / Board Certification**

**Psychological/Neuropsychological Disability Assessment**

*Applications will not be considered unless all questions are fully answered.*

Today’s Date: Click here to enter today’s date.

Name: Click here to enter Name.

Address: Click here to enter Address.

City: Click here to enter City. Province: Click here to enter Province.

Postal Code: Click here to enter Postal Code.

Phone: Click here to enter Phone Number.

FAX: Click here to enter FAX Number.

E-mail: Click here to enter e-mail.

1. I am applying for the Diplomate in (choose one):

 [ ]  Psychological Disability Assessment

 [ ]  Neuropsychological Disability Assessment

1. Do you have a doctoral degree in psychology (Y or N)

 [ ]  Yes

 [ ]  No

1. Are you registered or licensed by a provincial or state regulatory body? (Y or N)

 [ ]  Yes

 [ ]  No

* Full name of regulatory body: Click here to enter Name of Regulatory Body.
* Date of registration: Click here to enter Date of Registration.
* Certificate number: Click here to enter Certificate Number.
1. Has any regulatory body placed any limitations on your practice? (Y or N)

 [ ]  Yes

 [ ]  No

1. Have you been accepted as a full member of CAPDA? (Y or N)

 [ ]  Yes

 [ ]  No

1. Have you been a full member of CAPDA for at least 3 years? (Y or N)

 [ ]  Yes

 [ ]  No

1. If you answered no to #5, do you have at least 10 years of post-doctoral experience in psychological and/or neuropsychological disability assessment?

 [ ]  Yes

 [ ]  No

1. I have enclosed a CV detailing my post-doctoral experience in psychological and/or neuropsychological disability assessment. (Y or N)

 [ ]  Yes

 [ ]  No

I have asked 3 CAPDA members in good standing (who meet the requirements for sponsorship stipulated in the application package) to forward a letter of sponsorship in support of my application (Y or N)

 [ ]  Yes

 [ ]  No

Names, phone numbers and e-mail addresses of three Sponsors:

1. Click here to enter Name 1.

Click here to enter Phone Number 1.

 Click here to enter e-mail address 1.

1. Click here to enter Name 2.

Click here to enter Phone Number 2.

Click here to enter e-mail address 2.

1. Click here to enter Name 3.

Click here to enter Phone Number 3.

 Click here to enter e-mail address 3.

Please save this file by Clicking Save As, and saving the file as “*Last Name, First Name - Application Form Date*” (e.g., Smith, John - Application Form November 1, 2013).

Upon completion of this, please e-mail a copy of the application form to Maureen at Maureen@capda.ca.

**In addition**, please select and copy the following text and insert it into your e-mail which will serve as your official request for enrollment into the CAPDA Diplomate program.



Last updated: January 13, 2013