



PSYCHOLOGY COUNCIL

PROFESSIONAL INTERNSHIP 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 full¹

Surname	first name	others
---------	------------	--------
2. If married (woman), maiden name in full².....
3. Postal Address.....
4. Residential Address.....
 Digital Address.....
5. Email..... Telephone.....
6. Date of Birth..... Sex..... Place of Birth.....
7. Citizenship..... National ID Number/Ghana Card No.....
 If Non Ghanaian, state country..... Duration in Ghana.....
8. Duration of Registration Seeking:
9. Place of work.....
10. Sponsoring Agency.....

Items 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,

¹ Please attach full Curriculum Vitae

² Attach Gazette copy of change of name

date of original or certificate, specialty if designate and license or certificate number

.....
.....
.....

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 or registration, certification or licensing as a Psychologist rejected?

Yes/No. If yes, please append details.

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

15. Have you ever taken the "Examination or professional practice in psychology in any country? Yes/No.

If yes, on what date and which location?

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

EDUCATION AND TRAINING

16. A. 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 thesis
.....
.....

Name of Supervisor..... Reference, if published
.....

E. Title of doctoral 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 certified copies of certificates for under graduate and graduate degrees, and full address including email of each of the institutions.

- F. 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.
- a.
 - b.
 - c.
 - d.
 - e.

PRACTICAL EXPERIENCE

PRACTICUM

17. Have you ever had any practicum? Yes/No If Yes, state date and time.....
- a. Name of Facility/Institution of Practicum _____
 - b. Full address including email of facility.....
.....
 - c. Accreditation status of the Facility/Institution _____
 - d. Duration of Practicum_(with dates)
 - e. Hours of Practical Sessions per Week.....
 - f. Field of Practice:.....

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 letter³:

No.	Name	Address	Position

23. 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

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

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#**

[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 \$173.00 for Foreigners/Foreign Trained} (non- refundable and subject to change without prior notification) *
3. ___ 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.
4. ___ Copies of certificates & Original transcripts of all undergraduate and graduate degrees.
5. ___ Full updated curriculum vitae & two (2) Passport size pictures (white background)
6. ___ (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

7. **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.**
8. Applicants residing outside Ghana should provide a statement of their reasons for seeking registration in Ghana.

9. Applicants certified or licensed elsewhere: The Council will require a statement directly from the Board/Council which granted your certificate/ license confirming your registration.
10. 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.
11. 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 for master/ 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