



# 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
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2. If married (woman), maiden name in full.....
  
3. Current Residential & GPS Address .....  
.....
  
4. Current Postal Address.....  
  
Current Email..... Current Telephone.....
  
5. Citizenship..... National ID Number/Ghana Card No.....  
  
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](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#**

# FOR OFFICE USE ONLY

Form received by \_\_\_\_\_ Date: \_\_\_\_\_

Checked by \_\_\_\_\_

Amount Paid \_\_\_\_\_ Receipt No \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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Verified by \_\_\_\_\_

\*Officer's comment & suggestion

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Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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Registrar's Comments:

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Approved: Yes/No \_\_\_\_\_ Registration No: \_\_\_\_\_

Signature & Stamp \_\_\_\_\_ Date \_\_\_\_\_