



**BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS**

**FORM 1: APPLICATION FOR BCASP CERTIFICATION**

Name: \_\_\_\_\_ M or F: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

**Please confirm that the following documents are enclosed:**

- \_\_\_\_\_ Transcript and FORM 2: Explanations of Professional Qualifications
- \_\_\_\_\_ Proof of Canadian Citizenship, Landed Immigrant or Work-Visa
- \_\_\_\_\_ FORM 4: Verification of Employment Status
- \_\_\_\_\_ FORM 5: Criminal Record Check *(if the RCMP returned the completed Record Check to you)*
- \_\_\_\_\_ Form 7: Annual Applicant Subscription Fee (\$40, per year payable to BCASP)
- \_\_\_\_\_ Non-Refundable Application Fee (\$50.00, payable to BCASP, Valid for 3 years)

**Please indicate the documents that will be forwarded separately and the name of the individual/agency that will be providing them:**

\_\_\_\_\_ FORM 3: Professional Reference Form  
to be provided by: \_\_\_\_\_  
First Referee Address

to be provided by: \_\_\_\_\_  
Second Referee Address

\_\_\_\_\_ FORM 5: Criminal Record Check *(if the Record Check is being sent directly to BCASP by the RCMP)*

\_\_\_\_\_ FORM 6: Evaluation of Supervised School Psychology Experience *(if required)*

to be provided by: \_\_\_\_\_  
Name Address

\_\_\_\_\_ PRAXIS – II: Results will be sent to BCASP by ETS.

***Applications will not be processed until all required items have been received by the BCASP Membership Secretary***