



**Psychological Association of the Philippines**

**CERTIFICATION OF PSYCHOLOGY SPECIALISTS  
APPLICATION FORM: CLINICAL PSYCHOLOGIST**

(The application period for first time applicants is until April 1, 2019)

**Cover Page**

**Name of applicant:** (Please print in upper case/caps)

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SURNAME/FAMILY NAME	GIVEN NAME	MIDDLE NAME
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**Contact information** (all information is required):

Permanent Residence: \_\_\_\_\_

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Work Address: \_\_\_\_\_

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Phone/Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

**Submission information:**

Date submitted: \_\_\_\_\_

Checklist of application documents for Clinical Psychologist:

- Cover Page of application form
- Completed application form
- Annex A: Transcript of records in relevant graduate degree
- Annex B: Evidence of supervised practicum/training
- Annex C: Supporting documents for professional experience
- Annex D: Supporting documents for professional development activities
- Annex E: NBI clearance or Certification from employer of no criminal record or sanctions
- Two sets of all the documents above, placed in long folder with applicants printed name (SANTOS, M. A.) on the ear of the folder. *(pls. present documents in the listed order)*
- Two folders placed inside one big brown envelope with applicants printed name (SANTOS, M.A.) printed on the upper right hand corner of the front side of the envelope, and the area of specialization applied for printed on the upper left hand side.

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Printed Name and Signature of Applicant

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To be filled up by PAP:

Payment made:  Cash     Check     Others, please specify details: \_\_\_\_\_

Submission Record # \_\_\_\_\_ OR # \_\_\_\_\_

Received by: \_\_\_\_\_  
Printed name and signature

**CERTIFICATION OF PSYCHOLOGY SPECIALISTS:  
CLINICAL PSYCHOLOGIST**

**APPLICATION FORM**

**Name of applicant:** (Please print in upper case/caps)

\_\_\_\_\_  
SURNAME/FAMILY NAME

\_\_\_\_\_  
GIVEN NAME

\_\_\_\_\_  
MIDDLE NAME

INSTRUCTIONS: Please fill up only the right most column.

*For PAP  
use only:*

*Applicant's Credentials*

[ ]

**1. Active Associate or Fellow of the PAP**

Indicate current status:

\_\_\_\_\_ Associate

\_\_\_\_\_ Fellow

[ ]

**2. Educational Requirements:**

2.a Educational Attainment.

*Indicate Relevant degree earned:*

A Master of Arts or PhD in psychology with major / specialization in:

\_\_\_\_\_ clinical psychology

\_\_\_\_\_ child and family

\_\_\_\_\_ counseling psychology

\_\_\_\_\_ developmental psychology

\_\_\_\_\_ other (pls specify) \_\_\_\_\_

*(Please submit original or authenticated transcript of records in Annex A)*

[ ]

**2.b. Coursework**

Indicate which graduate courses taken:

\_\_\_\_\_ Abnormal Psychology or Psychopathology

\_\_\_\_\_ Introduction to Psychotherapy

\_\_\_\_\_ Group Therapy

\_\_\_\_\_ Projective Tests

\_\_\_\_\_ Intelligence/Individual Tests

Pls. specify other clinical courses below:

[ ]

**3. Professional/Clinical Work Experience**

3.a Supervised Experience

Describe supervised training experience in terms of number of hours and in what capacity (e.g., administration, scoring, interpretation of psychological tests, or writing up industrial or clinical reports), psychotherapy, and research.

*Please submit supporting documents in Annex B: psychological reports, therapy reports, reports and materials of consultancy projects, psychological instruments developed, and other outputs that fall within the various sub-areas of clinical psychology,)*

<i>For PAP use only:</i>	<i>Applicant's Credentials</i>
<input type="checkbox"/>	<p>3.b. Clinical Experience Describe extent and nature of work in a clinical setting, doing psychological assessment, psychotherapy, consultancy, and/or research in clinical psychology.</p> <p><i>(Please submit supporting documents: psychological reports, therapy reports, reports and materials of consultancy projects, psychological instruments developed, and other outputs that fall within the various sub-areas of clinical psychology, over the last 5 and 3 years for PhD and MA degree holders, respectively, in Annex C.)</i></p>
<input type="checkbox"/>	<p><b>4. Professional Development</b> Indicate total number of professional development activities in last three years</p> <p><i>(Please submit supporting documents in Annex D)</i></p>
<input type="checkbox"/>	<p>5. <b>Good Moral Character.</b> Evidence that you have not been convicted of any civil, criminal, or administrative offense, or of ethical violation related to the professional practice of psychology. Indicate document submitted in Annex E.</p> <p>_____ NBI clearance (for those not employed) _____ Certification of Employer (for those employed)</p>

*\*Please refer to the Primer on Certification of Psychology Specialist for other general and specific guidelines.*

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*Printed Name and Signature of Applicant*