



Psychological Association of the Philippines

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

(The application period for first time applicants is until March 31, 2018)

Cover Page

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

SURNAME/FAMILY NAME	GIVEN NAME	MIDDLE NAME
---------------------	------------	-------------

Contact information (all information is required):

Permanent Residence: _____

Work Address: _____

Phone/Fax: _____ Email address: _____

Submission information:

Date submitted: _____

Checklist of application documents for Counseling 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.

Printed Name and Signature of Applicant

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:
COUNSELING 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:*

[]

Requirements

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

_____ counseling psychology

_____ other (pls specify) _____

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

[]

2.b. Coursework

Indicate which graduate courses taken:

_____ Advanced Theories of Personality

_____ Two courses on counseling interventions for individuals (e.g. Counseling Techniques)

_____ Group Process or Group Counseling

_____ Psychological Assessment

List other counseling graduate level courses taken:

[]

3. Professional Work Experience

3.a Supervised Experience

Describe supervised training experience in terms of number of hours and in what capacity

(Please submit supporting documents in Annex B)

For PAP use only:	Requirements	Applicant's Credentials
[]	3.b Counseling Experiences Summarize relevant professional experience	
[]	<p>(Please submit supporting documents: psychological reports, peer-evaluated research reports, reports and materials of consultancy projects, psychological instruments developed, and other outputs that fall within the various sub-areas of counseling psychology over the last 3 years, in Annex C.)</p> 4. Professional Development Indicate total number of professional development activities in last three years	
[]	<p>(Please submit supporting documents in Annex D)</p> 5. Good Moral Character. 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. _____ NBI clearance (for those not employed) _____ Certification of Employer (for those employed)	

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

Printed Name and Signature of Applicant