

PYSCHOLOGIST INITIAL REGISTRATION CHECKLIST

The following list identifies what supplemental documentation is required for initial registration.

Additional information pertaining to registration policies and procedures can be found in the applicable *Registration Guidelines* document published by the relevant Statutory Board or Council. Please refer to the Health Council’s Health Professional Registration page for links to the Statutory Bodies *Registration Guidelines* documents.

Supplemental documentation **must** be uploaded and attached to your online application, unless otherwise specified below.

| Documentation | Notes |
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| Initial Application Form | Health Professional Initial Registration Application (cognitofrms.com) |
| Proof of Eligibility to Work in Bermuda | Letter of Employment (for potential guest workers), Bermuda passport copy with stamp, spousal letter, permanent residency card, valid work permit, etc. |
| Registration Fee Payment | The fee for initial registration is \$250 and must be paid online when submitting the initial registration application. |
| Proof of Identification | Notarized copy of valid passport or birth certificate. |
| Proof of True Likeness | Provide a digital head shot photo. You can take yourself, as long as image of likeness is clear. |
| Proof of Address | Provide a notarized copy of your proof of address (i.e. Utility Bill) |
| Resume/C.V. | Must reflect most up-to-date information |
| Criminal Background Check | Provide a notarized copy of a certificate from the police (within last 6 to 12 months) of your current and previous jurisdiction(s), if applicable, documenting your criminal record. |
| Three Reference Letters | <ul style="list-style-type: none"> • One from your current employer • One from your most recent previous employer • One character reference from someone in a professional role who has known you for more than three years – such as teacher, civil servant, magistrate, police officer, social worker, doctor, CEO) All references must be current (dated within the last 12 months) and on an official letterhead. |
| Certificate of Professional Education (COPE) | COPE form must be completed and sent directly to professions@healthcouncil.bm from the institution where professional educational qualifications were obtained. (Link) |
| Certificate of Professional Standing (COPS) | Evidence pertaining to your professional standing in any jurisdiction in which you are licensed or registered is required. Evidence may be attached to your application or emailed to professions@healthcouncil.bm from the relevant regulatory authority. |

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| Professional Certification | Where Applicable |
| Indemnity or Malpractice Insurance | Letter or certificate from insurer with policy details included. |
| Name Change Certification Documentation | Only required if name changed and differs on application and supporting documentation. Copy must be notarized . |
| Marriage Certificate | Where applicable |
| Proof of Competency to Practice. | Refer to the applicable Registration Guidelines document for specific requirements. |
| Practice Hours | <ul style="list-style-type: none"> • Documents that provide sufficient evidence that you have completed 1,000 hours of relevant experience with a registered psychologist in Bermuda, or where supervised abroad a person with equivalent experience. • Documents that provide sufficient evidence that you have completed at least 500 of the required 1,000 hours after completion of academic training • Documents that provide sufficient evidence that you have completed at least 100 hours of psychological services per year in two of the three years preceding this application, such evidence relating to refresher programs or professional development as you believe may be accepted by the Council |