



Statement of assessment for provisional psychologists

Profession: Psychology

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is for registered provisional psychologists who are:

- currently enrolled in an accredited postgraduate degree accredited at fifth and sixth year-level which includes a doctoral thesis (e.g. combined masters/PhD) who wish to apply for early general registration under section (e)(i) of the General registration standard;
- or -
- currently enrolled in an accredited postgraduate degree accredited at fifth, sixth and seventh year-level (e.g. doctor of psychology) who wish to apply for early general registration under section (e)(ii) of the General registration standard.

Applicants must complete Part A in order to be considered for general registration, and the Head of School must complete Part B.

The Psychology Board of Australia (the Board) will consider your application if you meet all of the following criteria:

- you are a provisional psychologist enrolled in an APAC-accredited professional Doctoral or a combined Masters/PhD course
- you have completed all fifth and sixth year-level coursework and supervised placements
- you have progressed sufficiently in the research thesis, to the point where the thesis writing is equivalent to a Masters thesis in size and scope at this institution, and
- you make an application for general registration using the form *AGEN-76 - Application for general registration as a psychologist*.

This form is supplementary to the general application form *AGEN-76 - Application for general registration as a psychologist*. For more information please refer to the *Policy for higher degree students applying for general registration*.



This form cannot be accepted from the applicant and must be sent directly to the Australian Health Practitioner Regulation Agency (Ahpra) by the psychology head of school.

Symbols in this form



Attention
Highlights important information about the form.



Attach document(s) to this form
Processing cannot occur until all required documents are received.



Signature required
Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in all applicable boxes:
- DO NOT send original documents.**



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

PART A – To be completed by the provisional psychologist

1. What is your name and date of birth?

Title
 MR MRS MISS MS DR OTHER

Family name

First given name

Middle name(s)

Date of birth / /

2. What is your Ahpra registration number?

3. What are your degree details?

University

Degree enrolled in

Thesis title



4. Have you completed all fifth and sixth year-level coursework and practicum placements? YES

NO

Name of registrant <input type="text"/>	Signature of registrant
Date DD / MM / YYYY	

PART B – To be completed by the psychology head of school

i Heads of School are not obliged to sign this form. The Board understands that not all universities will be prepared or able to assess an incomplete doctoral thesis in terms of its size or scope. The statement of assessment form is considered by the Board together with the application for registration. The form relates to eligibility for registration as a psychologist and has no status with the university. Completion of this form by a Head of School does not commit the university to award a degree.

I _____
(name of Head of School)

of _____
(professional address)

state that _____
(name of applicant)

is currently enrolled in _____
(name of higher degree)

at _____
(name of university)

and has completed all fifth and sixth year-level coursework and practicum for the degree, and progressed sufficiently in the research thesis, to the point where the thesis writing is equivalent to a Masters thesis in size and scope at this institution.

Please attach a copy of this student's official academic transcript.

Name of head of school <input type="text"/>	Signature of head of school
Date DD / MM / YYYY	

Checklist

Have the following items been attached or arranged, if required?

Additional documentation		Attached
Part B	A copy of the student's official academic transcript	<input type="checkbox"/>

i **Do not email this form.**
Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload.
You may contact Ahpra on 1300 419 495