



Verification of Employment 2021/Renewal of Registration (Due by Jan. 31, 2021)

Please use the information you want to use for the Directory and BCASP Membership list. Check which email you prefer for correspondence from BCASP.

Form with fields: Name, BCASP #, Work email, Home email, Mailing Address, City, Province, Postal Code, Home Phone, Work Phone, Employer, Job Title, Employer 2, Job Title, Paid by (E-transfer, Cheque), Name on the payment if different than member.

To be considered for BCASP Membership and Certification (initial or renewal) this document must be properly completed and submitted in addition to your payment (via cheque or e-transfer to the email below). Employment verifications containing an original signature (via scan is okay) must be emailed to secretarytreasurer.bcasp@gmail.com or mailed via Canada Post to this address:

BCASP
PO Box 99401, Brighthouse PO
Richmond, BC V6X 0N7

A Certified School Psychologist may only use such title in work environments that satisfy all of the title evaluation requirements, as determined below. Additional completed forms should be submitted to BCASP to substantiate eligibility for use of the Certified School Psychologist title across multiple work settings, although membership payment is only required with the first application submitted. The BCASP Directory information will then associate every approved work setting with your name for members who work as an employee for multiple qualifying employers.

DECLARATION:

- I solemnly declare that the statements and all of the information provided by me in the renewal of my BCASP certification are complete, accurate, and true.
I declare myself to be competent to practice school psychology. I am not aware of any matter or circumstance that is an impediment to the renewal of my registration.
I declare that I have disclosed in writing to BCASP any criminal convictions or criminal charges last against me during the past year.
I declare that I am in compliance with the Continuing Competence Program and participate in a minimum of 25 hours of professional development every year.
I declare that I am and will remain in compliance with the Health Professions Act as outlined in the exemption clause, its regulations, the BCASP bylaws, and the Ethical Conduct and Professional Practice: Principles and Standards for Members of BCASP.
I understand that I am not to work outside of the Health Professions Act and exemption clause unless I am a Registered Psychologist with the College of Psychologists of BC with my own professional liability insurance. Doing so places my client(s) at risk, as the results and diagnoses of my assessment(s) will not be recognized by any government agency, including schools. It places me at risk for professional liability limitations as well as sanctions from BCASP for practicing outside of accepted guidelines.

Signed: _____

Date: _____



Evaluation for the Use of the Restricted Title of Certified School Psychologist/Verification of Employment

Name of Payee (Applicant):

I, _____, authorize BCASP Executives to contact the person signing my verification of employment form below for the purpose of further verifying (or confirming) any of the responses outlined on this form.

Signature

Date of Signature (mm/dd/yyyy)

THE REMAINING ITEMS MUST BE COMPLETED BY YOUR ADMINISTRATIVE SUPERVISOR OR YOUR PERSONNEL OFFICER:

Payee's Job Title: _____

Employing School District or Agency: _____

Full Time Equivalent of Employee: _____

To satisfy the current requirements of the Exemption Clause of The Psychologists Act in B.C., which restricts the use of the title of Certified School Psychologist, it must be determined that: (1) the applicant for Certification is hired by an eligible Payer under the applicable Provincial Regulations, and (2) the Payee's hired status will be as an Employee and not as a Contractee. BCASP uses the applicable guidance as provided by Canada Revenue to determine Employee versus Contractee status. Payees working as "less than full time" hires, and/ or in "term" assignments, may be able to satisfy these requirements and may be considered to be "employees".

Each of the following statements must be responded to in the affirmative (Yes), by the Payer, for the Applicant to be considered as eligible for the use of the restricted title of Certified School Psychologist in the designated work setting.

- 1. Qualifications in psychology are a condition for employment. [] Yes [] No
2. The Payer for this applicant is a Board of Education constituted under the School Act, or a provincial, federal or municipal government or government agency, or a university as defined by the University Act. [] Yes [] No
3. The Payer determines what jobs the worker will do. The overall work environment between the Worker and the Payer is one of subordination. [] Yes [] No
4. The Payer is responsible for deducting Canada Pension Plan contributions, Employment Insurance premiums and income tax from remuneration provided to the Worker. [] Yes [] No
5. The Payer provides most of the tools and equipment required by the Worker. If the Worker provides tools and/or equipment, the Worker is reimbursed by the Payer for their use. [] Yes [] No
6. The Worker cannot hire helpers or assistants and has to perform the hired work personally. [] Yes [] No
7. The Worker is not normally in a position to realize a business profit or loss. [] Yes [] No

By signing this form, you as the employer are confirming that the above member is employed as defined by the Canada Revenue Agency (please refer to statement at the top of this page for more information).

Print Name - Administrative Supervisor or Personnel Officer

Title

Signature - Administrative Supervisor or Personnel Officer

Date (mm-dd-yyyy)