

**BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS
CONSENT TO DISCLOSURE OF MEMBER INFORMATION**

BCASP and CPBC have agreed upon an expedited pathway to registration as a licensed school psychologist for school psychologists who hold current membership in BCASP in good standing under BCASP's bylaws, unencumbered by any limitations, conditions or restrictions on the applicant's rights as a current member of BCASP, on or before August 1, 2023. BCASP members seeking to complete this expedited pathway to registration must submit their application to CPBC prior to November 1, 2023.

BCASP and CPBC have further agreed to accommodate the interests of BCASP members in an efficient completion of that expedited pathway by allowing for BCASP to share with CPBC, only with consent of each BCASP member, those documents which BCASP has in its possession as obtained through the BCASP membership application process or other legal means. BCASP members who do not wish to provide consent to the transfer of documents from BCASP to CPBC will be responsible for providing access to validated documents and consent for validation of their standing with BCASP directly to CPBC at the time of their application.

CPBC has informed us that obtaining documentation in advance will enhance their ability to prepare for and process the incoming applications. We ask that you complete and return this consent as soon as possible.

As part of my application to become a registrant and member of the College of Psychologists of British Columbia ("CPBC"), I hereby consent to the British Columbia Association of School Psychologists ("BCASP") providing to the CPBC any and all information related to my membership in BCASP, including but not limited to:

1. Name, current business address(es) and employer(s).
2. Past business address(es) and employers, if requested by CPBC.
3. BCASP membership application.
4. Transcripts as received by BCASP as requirement for membership
5. Records of any investigation or disciplinary proceedings by the BCASP against me, and where applicable by other professional organizations.
6. Confirmation that I am a member in good standing of BCASP.
7. Such other information about me and my membership in BCASP as CPBC may reasonably require.

I understand that this information is required for me to become a member and registrant of CPBC.

Name:

Signature:

Date:

BCASP Number:

Address:

Phone:

School District:

Email:
