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Website: www.psychologistsassociation.ab.ca  
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**PAA Referral Service Application Form**

**Personal Information**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

PAA Member # \_\_\_\_\_ CAP Permit# \_\_\_\_\_ Degree \_\_\_\_\_ Gender  Male  Female

**Referral Address**

Address 1 \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Address 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

Province \_\_\_\_\_ E-mail \_\_\_\_\_

Postal Code \_\_\_\_\_ Website \_\_\_\_\_

**Referral Service Checklists**

Please keep in mind that the College of Alberta Psychologists Code of Conduct states: Registered Psychologists shall limit practice and supervision to the areas of competence in which proficiency has been gained through education, training or experience".

**Languages**

Please check any languages you can provide services in

- |                                     |                                    |                                     |                                     |                                     |
|-------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> English    | <input type="checkbox"/> Czech     | <input type="checkbox"/> Ilocano    | <input type="checkbox"/> Oriya      | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Afrikaans  | <input type="checkbox"/> Dutch     | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Polish     | <input type="checkbox"/> Swahili    |
| <input type="checkbox"/> Akan (TWI) | <input type="checkbox"/> Estonian  | <input type="checkbox"/> Inuk       | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> Arabic     | <input type="checkbox"/> Farsi     | <input type="checkbox"/> Italian    | <input type="checkbox"/> Punjabi    | <input type="checkbox"/> Telugo     |
| <input type="checkbox"/> ASL        | <input type="checkbox"/> Filipino  | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Putunqau   | <input type="checkbox"/> Ukrainian  |
| <input type="checkbox"/> Bengali    | <input type="checkbox"/> French    | <input type="checkbox"/> Kaachii    | <input type="checkbox"/> Romanian   | <input type="checkbox"/> Urdu       |
| <input type="checkbox"/> Blackfoot  | <input type="checkbox"/> German    | <input type="checkbox"/> Korean     | <input type="checkbox"/> Russian    | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cantonese  | <input type="checkbox"/> Greek     | <input type="checkbox"/> Krio       | <input type="checkbox"/> Serbian    | <input type="checkbox"/> Welsh      |
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> Gujarati  | <input type="checkbox"/> Latvian    | <input type="checkbox"/> Sign       | <input type="checkbox"/> Yiddish    |
| <input type="checkbox"/> Cree       | <input type="checkbox"/> Hebrew    | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Sinhalese  | <input type="checkbox"/> Yoruba     |
| <input type="checkbox"/> Creole     | <input type="checkbox"/> Hindi     | <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Slovak     |                                     |
| <input type="checkbox"/> Croatian   | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Norwegian  | <input type="checkbox"/> Slovene    |                                     |

**Professional Activities & Populations Served**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Aboriginal Clients | <input type="checkbox"/> Christian Counselling     | <input type="checkbox"/> Groups                    | <input type="checkbox"/> Other Treatment/Interventions |
| <input type="checkbox"/> Adolescents: 13-17 | <input type="checkbox"/> Consultation              | <input type="checkbox"/> Health Personnel          | <input type="checkbox"/> People with Disabilities      |
| <input type="checkbox"/> Adults: 18-64      | <input type="checkbox"/> Corporations              | <input type="checkbox"/> Immigrants/Multicultural  | <input type="checkbox"/> Research Evaluation           |
| <input type="checkbox"/> Adults: 65 & Up    | <input type="checkbox"/> Counselling/Psychotherapy | <input type="checkbox"/> Islamic                   | <input type="checkbox"/> Teachers                      |
| <input type="checkbox"/> Assessments        | <input type="checkbox"/> Couples                   | <input type="checkbox"/> Jewish                    | <input type="checkbox"/> Teaching                      |
| <input type="checkbox"/> Blended Families   | <input type="checkbox"/> Emergency Personnel       | <input type="checkbox"/> Management/Administration | <input type="checkbox"/> Veterans                      |
| <input type="checkbox"/> Children: 1-5      | <input type="checkbox"/> Families                  | <input type="checkbox"/> Military                  | <input type="checkbox"/> Victims of Crime              |
| <input type="checkbox"/> Children: 6-12     | <input type="checkbox"/> Gay/Lesbian               | <input type="checkbox"/> Mormon                    | <input type="checkbox"/> Victims of War/Torture        |

## Problems/Concerns

- |   |  |
|---|--|
| <input type="checkbox"/> Abandonment Issues                           | <input type="checkbox"/> Cults: Deprogramming  |
| <input type="checkbox"/> Abuse: Adult: Emotional, Physical            | <input type="checkbox"/> Cults: Family Support                                       |
| <input type="checkbox"/> Abuse: Adult: Sexual                         | <input type="checkbox"/> Dementia  |
| <input type="checkbox"/> Abuse: Child: Emotional, Neglect, Physical   | <input type="checkbox"/> Depression  |
| <input type="checkbox"/> Abuse: Child: Sexual                         | <input type="checkbox"/> Developmental Disabilities (Including Mentally Handicapped) |
| <input type="checkbox"/> Abuse: Elder                                 | <input type="checkbox"/> Developmental Disorders/Delays                              |
| <input type="checkbox"/> Abuse: Offenders: Sexual                     | <input type="checkbox"/> Disabilities: Assessment                                    |
| <input type="checkbox"/> Abuse: Offenders: Violent                    | <input type="checkbox"/> Disabilities: Treatment                                     |
| <input type="checkbox"/> Academic Assessment                          | <input type="checkbox"/> Dissociative Disorders                                      |
| <input type="checkbox"/> Addictions: Alcohol                          | <input type="checkbox"/> Divorce/Separation  |
| <input type="checkbox"/> Addictions: Drug                             | <input type="checkbox"/> Dual Diagnosis  |
| <input type="checkbox"/> Addictions: Gambling                         | <input type="checkbox"/> Eating Disorders  |
| <input type="checkbox"/> Addictions: General                          | <input type="checkbox"/> Family Issues   |
| <input type="checkbox"/> Addictions: Internet                         | <input type="checkbox"/> Family Violence Assessment                                  |
| <input type="checkbox"/> Addictions: Sexual                           | <input type="checkbox"/> Fetal Alcohol Spectrum Disorder (FASD)                      |
| <input type="checkbox"/> Addictions: Smoking                          | <input type="checkbox"/> Forensic Assessment   |
| <input type="checkbox"/> Adjustment Disorders                         | <input type="checkbox"/> Forensic Services   |
| <input type="checkbox"/> Aging/Psychogeriatrics                       | <input type="checkbox"/> Giftedness  |
| <input type="checkbox"/> Anger Management                             | <input type="checkbox"/> Grief/Bereavement   |
| <input type="checkbox"/> Anxiety                                      | <input type="checkbox"/> Habit Disorders   |
| <input type="checkbox"/> Attachment Disorder                          | <input type="checkbox"/> Harassment  |
| <input type="checkbox"/> Attention Deficit/Hyperactivity: Adult       | <input type="checkbox"/> Health Promotion  |
| <input type="checkbox"/> Attention Deficit/Hyperactivity: Child       | <input type="checkbox"/> Illiteracy  |
| <input type="checkbox"/> Autism/Aspergers Syndrome                    | <input type="checkbox"/> Industrial/Organizational                                   |
| <input type="checkbox"/> Behaviour                                    | <input type="checkbox"/> Intellectual Assessment                                     |
| <input type="checkbox"/> Behavioural Assessment                       | <input type="checkbox"/> Learning Disabilities                                       |
| <input type="checkbox"/> Bipolar Disorders                            | <input type="checkbox"/> Learning Disabilities: Attention/Concentration              |
| <input type="checkbox"/> Brain Injuries                               | <input type="checkbox"/> Learning Disabilities: General                              |
| <input type="checkbox"/> Brain Injuries Assessment                    | <input type="checkbox"/> Learning Disabilities: Math                                 |
| <input type="checkbox"/> Bullying                                     | <input type="checkbox"/> Learning Disabilities: Reading                              |
| <input type="checkbox"/> Burnout                                      | <input type="checkbox"/> Learning Disabilities: Written Language                     |
| <input type="checkbox"/> Capacity Assessment: Personal Directives Act | <input type="checkbox"/> Life Transitions  |
| <input type="checkbox"/> Career/Vocational Planning                   | <input type="checkbox"/> Marriage Problems/Issues                                    |
| <input type="checkbox"/> Child Management                             | <input type="checkbox"/> Men's Issues  |
| <input type="checkbox"/> Child Protection Assessment                  | <input type="checkbox"/> Mental Competency Assessment                                |
| <input type="checkbox"/> Competency of Dependent Adults Assessment    | <input type="checkbox"/> Mental Illness  |
| <input type="checkbox"/> Conduct Disorders                            | <input type="checkbox"/> Midlife Issues  |
| <input type="checkbox"/> Conflict Resolution                          | <input type="checkbox"/> Motor Coordination/Development                              |
| <input type="checkbox"/> Creativity                                   | <input type="checkbox"/> Mutism  |
| <input type="checkbox"/> Crisis Intervention/Management               | <input type="checkbox"/> Neuropsychological Assessment                               |

**Problems/Concerns (continued)**

- |  |  |
|--|--|
| <input type="checkbox"/> Obsessive Compulsive Disorder                             | <input type="checkbox"/> Physical Health: Problems General       |
| <input type="checkbox"/> Oppositional Defiance Disorder                            | <input type="checkbox"/> Physical Health: Renal Disorders        |
| <input type="checkbox"/> Pain Management   | <input type="checkbox"/> Physical Health: Reproductive/Sexual    |
| <input type="checkbox"/> Palliative Care   | <input type="checkbox"/> Physical Health: Respiratory Disorders  |
| <input type="checkbox"/> Panic Attacks   | <input type="checkbox"/> Physical Health: Seizures/Epilepsy      |
| <input type="checkbox"/> Parental Alienation                                       | <input type="checkbox"/> Physical Health: Sexual Health          |
| <input type="checkbox"/> Parenting   | <input type="checkbox"/> Physical Health: Somatoform Disorders   |
| <input type="checkbox"/> Parenting Assessment                                      | <input type="checkbox"/> Physical Health: Traumatic Injury       |
| <input type="checkbox"/> Peak Performance  | <input type="checkbox"/> Physical Health: Vocal Cord Dysfunction |
| <input type="checkbox"/> Peer Relationships  | <input type="checkbox"/> Post Birth/Adoption Adjustment          |
| <input type="checkbox"/> Perinatal   | <input type="checkbox"/> Post-Traumatic Stress Disorders         |
| <input type="checkbox"/> Personal Injury Assessment                                | <input type="checkbox"/> Practice Note 7: QB Court Interventions |
| <input type="checkbox"/> Personality Assessment                                    | <input type="checkbox"/> Practice Note 8: QB Assessment          |
| <input type="checkbox"/> Personality Disorder: Antisocial                          | <input type="checkbox"/> Psycho-Educational Assessment           |
| <input type="checkbox"/> Personality Disorder: Avoidant                            | <input type="checkbox"/> Psycho-Motor Assessment                 |
| <input type="checkbox"/> Personality Disorder: Borderline                          | <input type="checkbox"/> Psychoses                               |
| <input type="checkbox"/> Personality Disorder: Dependent                           | <input type="checkbox"/> Rehabilitation                          |
| <input type="checkbox"/> Personality Disorder: Histrionic                          | <input type="checkbox"/> Relapse Prevention/Treatment Adherence  |
| <input type="checkbox"/> Personality Disorder: Narcissistic                        | <input type="checkbox"/> Relationships: General                  |
| <input type="checkbox"/> Personality Disorder: Obsessive Compulsive                | <input type="checkbox"/> Schizophrenia                           |
| <input type="checkbox"/> Personality Disorders                                     | <input type="checkbox"/> School Adjustment                       |
| <input type="checkbox"/> Personality Disorders: General                            | <input type="checkbox"/> School Readiness                        |
| <input type="checkbox"/> Personality Disorders: Paranoid                           | <input type="checkbox"/> Seasonal Affective Disorder             |
| <input type="checkbox"/> Personality Disorders: Schizoid                           | <input type="checkbox"/> Self-Esteem                             |
| <input type="checkbox"/> Personality Disorders: Szchizotypal                       | <input type="checkbox"/> Sexual Dysfunction                      |
| <input type="checkbox"/> Phobias   | <input type="checkbox"/> Sexual Identity                         |
| <input type="checkbox"/> Physical Health: Alzheimer Disease                        | <input type="checkbox"/> Sexual Offender Assessment              |
| <input type="checkbox"/> Physical Health: Cancer                                   | <input type="checkbox"/> Sexual Problems: General                |
| <input type="checkbox"/> Physical Health: Cardiovascular Disease                   | <input type="checkbox"/> Sleep Disorders                         |
| <input type="checkbox"/> Physical Health: Chronic Fatigue                          | <input type="checkbox"/> Social Problems                         |
| <input type="checkbox"/> Physical Health: Chronic Illness of Late Adulthood        | <input type="checkbox"/> Spirituality                            |
| <input type="checkbox"/> Physical Health: Chronic Pain                             | <input type="checkbox"/> Sports Psychology                       |
| <input type="checkbox"/> Physical Health: Degenerative Disorders                   | <input type="checkbox"/> Stress                                  |
| <input type="checkbox"/> Physical Health: Fibromyalgia                             | <input type="checkbox"/> Suicide                                 |
| <input type="checkbox"/> Physical Health: Gastrointestinal                         | <input type="checkbox"/> Tourette's Syndrome                     |
| <input type="checkbox"/> Physical Health: HIV/AIDS                                 | <input type="checkbox"/> Vocational Assessment                   |
| <input type="checkbox"/> Physical Health: Infertility Issues                       | <input type="checkbox"/> Weight Difficulties                     |
| <input type="checkbox"/> Physical Health: Metabolic Disorders                      | <input type="checkbox"/> Woman's Issues                          |
| <input type="checkbox"/> Physical Health: Migraines                                | <input type="checkbox"/> Workplace Health                        |
| <input type="checkbox"/> Physical Health: Motor Learning/Coordination Disabilities | <input type="checkbox"/> Workplace Issues                        |
| <input type="checkbox"/> Physical Health: Post Birth                               |  |

## Specialization, Theoretical Orientation, Methodologies, Specific Techniques

- |   |   |
|---|---|
| <input type="checkbox"/> Acceptance & Commitment Therapy          | <input type="checkbox"/> Hypnosis                         |
| <input type="checkbox"/> Adlerian                                 | <input type="checkbox"/> Interpersonal                    |
| <input type="checkbox"/> Animal Assisted Therapy: Equine Assisted | <input type="checkbox"/> Jungian                          |
| <input type="checkbox"/> Animal Assisted Therapy: General         | <input type="checkbox"/> Mediation                        |
| <input type="checkbox"/> Arbitration                              | <input type="checkbox"/> Meditation                       |
| <input type="checkbox"/> Art Therapy                              | <input type="checkbox"/> Mind Body                        |
| <input type="checkbox"/> Assertiveness Training                   | <input type="checkbox"/> Music Therapy                    |
| <input type="checkbox"/> Behavioural                              | <input type="checkbox"/> Narrative                        |
| <input type="checkbox"/> Bioenergetic Analysis                    | <input type="checkbox"/> Neuro Behavioural                |
| <input type="checkbox"/> Biofeedback                              | <input type="checkbox"/> Neuro Biological                 |
| <input type="checkbox"/> Bowenian                                 | <input type="checkbox"/> Neuro Feedback                   |
| <input type="checkbox"/> Brainmapping (Quantitative EEG)          | <input type="checkbox"/> Neuro-Linguistic Programming     |
| <input type="checkbox"/> Brief                                    | <input type="checkbox"/> Neuropsychology                  |
| <input type="checkbox"/> Cognitive                                | <input type="checkbox"/> Parent-Child Interaction Therapy |
| <input type="checkbox"/> Cognitive-Behavioural                    | <input type="checkbox"/> Person-Centered (Rogerian)       |
| <input type="checkbox"/> Critical Incident Stress Debriefing      | <input type="checkbox"/> Play Therapy                     |
| <input type="checkbox"/> Depth Psychotherapy                      | <input type="checkbox"/> Psychoanalysis                   |
| <input type="checkbox"/> Development                              | <input type="checkbox"/> Psychodynamic                    |
| <input type="checkbox"/> Dialectical Behaviour Therapy (DBT)      | <input type="checkbox"/> Psychoeducation                  |
| <input type="checkbox"/> Eclectic                                 | <input type="checkbox"/> Rational Emotive                 |
| <input type="checkbox"/> EEG Neurotherapy                         | <input type="checkbox"/> Reality Therapy                  |
| <input type="checkbox"/> Ego State Therapy                        | <input type="checkbox"/> Reiki                            |
| <input type="checkbox"/> Eye Movement Desensitization (EMDR)      | <input type="checkbox"/> Relaxation Training              |
| <input type="checkbox"/> Emotion Focused                          | <input type="checkbox"/> Self-Regulation Therapy          |
| <input type="checkbox"/> Energy Psychology                        | <input type="checkbox"/> Self-Relations/Self-Psychology   |
| <input type="checkbox"/> Ericksonian                              | <input type="checkbox"/> Social Community                 |
| <input type="checkbox"/> Ericksonian Hypnosis/Psychotherapy       | <input type="checkbox"/> Social Learning (Rotter)         |
| <input type="checkbox"/> Existential                              | <input type="checkbox"/> Solution Focused                 |
| <input type="checkbox"/> Experiential                             | <input type="checkbox"/> Strategic                        |
| <input type="checkbox"/> Exposure Therapy                         | <input type="checkbox"/> Structural                       |
| <input type="checkbox"/> Externalization (Michael White)          | <input type="checkbox"/> Systematic Desensitization       |
| <input type="checkbox"/> Feminist                                 | <input type="checkbox"/> Systemic                         |
| <input type="checkbox"/> Gestalt                                  | <input type="checkbox"/> Thought Field Therapy            |
| <input type="checkbox"/> Health Psychology                        | <input type="checkbox"/> Transactional Analysis           |
| <input type="checkbox"/> Humanistic                               |   |

### Referral Profile Information **\*\*New Features\*\***

Referral service members have the option of adding a photo and short biography (500 words maximum) on their Referral Service Profile. Once you are a Referral Service member, you will be able to update and view your profile, (including your photo, biography, referral address, and checklists) through your Member Profile on the PAA website.

## Referral Service Terms of Use

The Psychologists' Association of Alberta Referral Service is a program established, operated and maintained by the Psychologists' Association of Alberta (PAA). The PAA Referral Service is designed to provide the public with access to the names of licensed psychologists who are participating members of the Referral Service.

**We do not recommend or endorse any specific professionals, procedures, methodologies, specializations, or other information that may be included on the Referral Service.**

1. Participation in the Referral Service is open to all psychologists who are Full or Life members of PAA and are registered and in good standing with the College of Alberta Psychologists.
2. Participants hold sole responsibility for providing accurate information, reviewing their information regularly, and updating their information to reflect any changes. PAA does not hold responsibility for the accuracy of Referral Service participants' information.
3. The participant agrees to abide by the Canadian Code of Ethics for Psychologists (available through the College), and to act in a professionally responsible manner at all times.
4. The participant may voluntarily suspend or terminate listing with the Referral Service at any time.

A participant shall automatically be terminated from the Referral Service in the event of:

- Loss of licensure
  - Failure to carry the professional liability insurance as required to retain licensure by the College of Alberta Psychologists or to demonstrate, upon request, that such insurance is in effect
  - Disciplinary action taken against the participant by any governmental or professional agency, board or organization which action is or was based upon a finding of a serious breach or violation of the participant's professional and/or ethical standards of conduct.
5. The telephone referral service is conducted through the PAA office during regular business hours. The on-line referral search on the PAA Website is accessible to the public at all times. A search of the PAA Referral Service will provide the participant's name, referral address, and referral phone number.
  6. A direct link to the participant's website is available through the on-line referral service for an additional fee.
  7. Referrals of potential clients will be distributed by an equitable rotation. The PAA Referral Service does not guarantee that callers or users of the online referral search will contact the participant. Upon request, the PAA office staff can provide participants with information about how many and what types of referrals have been made to them.
  8. If, for whatever reason, a referral does not appear appropriate or cannot be accepted the participant should notify the PAA office and/or endeavour to facilitate the referral of the caller to a more suitable resource.
  9. Fees for psychological services are to be negotiated directly between the participant and the prospective client. The Referral Service does not set, advertise, or guarantee fees.
  10. The participant shall abide by all of the rules and regulations of the Referral Service. The Participant will not, under any circumstances, make any claim or attempt to hold liable PAA or any of its officers, members or employees, for any claimed loss, injury or other damage arising out of or in connection with the operation of the Referral Service or in connection with the use of any information contained in the participant's application.

**Referral Service Terms of Use Agreement**

- I hereby certify that the information I have provided on this application is true and accurate to the best of my knowledge and belief.
- I agree to indemnify and save harmless the PAA, the Referral Service, and any PAA staff, officers, employees and members against any and all loss, damage or costs (including costs of defending actions against the same and attorney's fees) which they may hereafter incur by reason of any referrals of clients/patients, and/or treatment of clients/patients so referred.
- If limitations are put on my practice, my registration is suspended or cancelled by the College of Alberta Psychologists I agree to notify PAA within five business days.
- If there are any limitations, terms or conditions to my registration to practice psychology, I agree to modify my practice accordingly and apply these limitations to all referrals received through the Referral Service
- I agree to PAA obtaining information regarding my status with the College of Alberta Psychologists from the College.
- I understand that a search on the PAA on-line referral service will provide my name, referral address and referral phone number to users of the referral search.
- I understand that the Referral Service is under the control of PAA. PAA reserves the right to add or remove information at its sole discretion without cause.
- I have read and understood the Terms of Use of the PAA Referral Service and agree to abide by them.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Fees & Payment**

**Referral Service Fee**

\$189.00\* (\$180.00 + \$9.00 GST)

**Weblink Fee**     **Add Weblink**

\$52.50\* (\$50.00 + \$2.50 GST)

A direct link through the on-line referral service to your personal website.

Your website address: \_\_\_\_\_

\*Membership year runs from April 1st through March 31st. After May 1st there are pro-rated fees available. Please contact the PAA office for pro-rate quotes before submitting application.

**Total:**

**Payment Information**

**Credit Card**

Card # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ CSC# \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Cheque**

Cheque # \_\_\_\_\_

Please make cheques payable to the Psychologists' Association of Alberta for the Total amount and mail with the completed form