

Context

CRPO's [Public Register](#) contains information about all CRPO members. This information is made public in accordance with the [Regulated Health Professions Act, 1991](#) (RHPA) and [CRPO's by-laws](#).

The Public Register allows anyone to confirm whether a person is a member of the College, and to learn the person's registration status, discipline history (if any) and their employment information. Information that is displayed on the Public Register includes member information, current business and practice information for roles related to psychotherapy, registration information, information related to professional conduct, information about professional corporations owned, and other information, including current criminal convictions or offence charges.

Instructions

Members cannot update their information on the Public Register. Changes can only be implemented by CRPO staff. If there are changes that you wish to report, please complete the following steps:

1. Download and save this fillable form.
2. Type your answers in the applicable boxes and sign the document.
3. Upload a completed copy of this form to the "Documents" tab of your user account.
4. Send a message using the "Messages" tab of your user account to notify staff that you have uploaded a document.

Member Information

Name: _____ Registration number: _____

Reporting a New Role for the Public Register

Site 1:

Business/employer name (or your name, if self-employed): _____

Address: _____ Unit #: _____

City & province: _____ Postal code: _____

Your phone number for this site: _____ Your title: _____

Job description: _____

Start date (day/month/year): _____

Do you engage in direct client contact in this role, or provide supervision to individuals that engage in direct client contact? YES NO

Contact person (typically a manager or supervisor; this should be someone who, if contacted, can verify your employment and/or comment on your role):

Contact name: _____ Job title: _____

Phone number: _____ Email: _____

Site 2 (if applicable):

Business/employer name (or your name, if self-employed): _____

Address: _____ Unit #: _____

City & province: _____ Postal code: _____

Your phone number for this site: _____ Your title: _____

Job description: _____

Start date (day/month/year): _____

Do you engage in direct client contact in this role, or provide supervision to individuals that engage in direct client contact? YES NO

Contact person (typically a manager or supervisor; this should be someone who, if contacted, can verify your employment and/or comment on your role):

Contact name: _____ Job title: _____

Phone number: _____ Email: _____

Removing a Role from the Public Register

Business/employer name (or your name, if self-employed): _____

End date (day/month/year): _____

Business/employer name (or your name, if self-employed): _____

End date (day/month/year): _____

Update Your Email Address

Email address to be published on public register: _____

Note: Only one email address can be published to the Public Register.

Confirmation of Primary Practice Site (required)

Business/employer name (or your name, if self-employed): _____

Address: _____ Unit #: _____

City & province: _____ Postal code: _____

Note: Only one site can be identified as your primary practice site.

Disclaimer and Signature (required)

I hereby affirm that the information above is true and accurate.

Name: _____ Date: _____

Signature: _____