#### **CSPA-ACPS ACTIVE\* MPC VERIFICATION Form**

To be completed by the Canadian Sport Psychology Association (CSPA) Membership Chairperson.

**(\* i.e., Professional Member in Good Standing)**

**Name of Applicant: Applicant’s Institution or Affiliation:**

|  |  |
| --- | --- |
|  |  |

**Current Active\* Mental Performance Consultant (MPC) through CSPA:**  Yes No

**MPC Certification Number: Initial Certification Year:**

|  |  |
| --- | --- |
|  |  |

**Chairman’s Mailing Address: Chairman’s Phone and Email Address:**

|  |  |
| --- | --- |
|  | **Phone:**  **Email Address:** |

By signing this form, I verify that the applicant is a current active MPC through CSPA and the information recorded by the applicant is accurate to the best of my knowledge.

Signature of Chairman Date