#### **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:**

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|       |       |

**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