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**Active\* Canadian Sport Psychology Association-Association canadienne de la psychologie du sport (CSPA-ACPS) Mental Performance Consultant (MPC)**

**Application Form to Become a Certified Mental Performance Consultant® (CMPC)**

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

**Application Date:**

**I. PERSONAL INFORMATION**

**Last Name: First Name: Middle Initial:**

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**Current Affiliation and Position:**

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**Home Address: [ ]** check if preferred mailing address **Business Address: [ ]** check if preferred mailing address

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|       |       |
| **Home Phone:**       | **Business Phone:**       |

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| **Email Address:**       |

**II. EDUCATION AND DEGREES**

List all universities/colleges attended, beginning with undergraduate college education.

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| **Name of Institution** | **Degree/Specialization** | **Dates Attended (From/To)** |

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## III. EXAM

**Exam Language Preference – Please choose from French-Canadian or English.**

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Applicants are required to obtain a passing score on the certification exam before becoming certified. Applicants are eligible to take the exam following review and approval of this application form by the Certification Council. Application review follows approximately a 4-5 week timeline. Please note reviews can extend beyond this timeframe pending any questions or concerns that require the Council reviewers to deliberate longer on the submission materials. **Applicants are required to schedule and take the exam onsite at a Scantron testing center or via live-online proctoring within 6 months of their application approval.** Applicants will receive exam scheduling instructions when they are notified of their application approval.

## IV. CONDUCT, ATTESTATION, AND ETHICAL CODE

Answer the following questions and provide an explanation and supporting documentation where appropriate:

1. Have you ever had membership in a professional association denied or revoked?

 [ ]  Yes [ ]  No

If yes, please provide an explanation:

2. Have you ever had an application for a professional license, certification, or registration denied?

[ ]  Yes [ ]  No

If yes, please provide an explanation:

3. Are you currently the subject of any formal complaint or have you ever had any disciplinary action taken against your professional license, certification, or registration?

 [ ]  Yes [ ]  No

If yes, please provide an explanation:

4. Are your currently awaiting trial or under indictment for or have you ever been convicted of, pled no contest to, or pled guilty to any felony or a misdemeanor other than a minor traffic violation (driving

under the influence is not a minor traffic offense)?

 [ ]  Yes [ ]  No

If yes, please provide an explanation:

I have read and understand the Candidate Handbook and agree to abide by the policies of the Certification Council and AASP/CSPA as described therein, including the confidentiality and disciplinary rules. I understand that the information I provide to the Council may be audited, and I authorize the Council to make any necessary inquiries in this regard.

By applying for certification I agree to adhere to the AASP Ethics Code. I understand that any violation of any portion of the Ethics Code may result in disciplinary action as outlined in the Disciplinary and Complaints Policy.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge. I understand that submission of false or misleading information at any time may be cause for withdrawal or revocation of this application and/or certification without refund of any fees.

Signature of Applicant Date

### Application Checklist

**Please review and check the following:**

[ ]  Completed Active\* Canadian Sport Psychology Association-Association canadienne de la psychologie du sport (CSPA-ACPS) Mental Performance Consultant (MPC)

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(typed).

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[ ]  Signed Attestation/Ethical Code statement, including answers and explanations in response to professional conduct and criminal behavior questions where appropriate. This statement is found on the previous page of this application.

[ ]  Completed CSPA-ACPS Active\* MPC Verification Form (typed and signed by CSPA representative).

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

[ ]  Submitted the Application Fee ($125 USD). Payment can be made online at <https://www.appliedsportpsych.org/payment/>.

**To submit application:**

1. Combine the above forms into a single PDF application and send it to certification@appliedsportpsych.org with the subject line “CMPC Certification Application\_First Initial Last Name.”
2. Applications will be processed, reviewed, and verified by the Certification Council within 4 weeks of the application submission date. Incomplete application materials will not be reviewed.