



INSTITUTE OF CERTIFIED PSYCHOLOGISTS, NIGERIA

LTD/GTE | RC No: 1093206

"Professional Excellence, Ethical Practice, Human Transformation."

AFFIX
PASSPORT
PHOTOGRAPH

OFFICIAL MEMBERSHIP REGISTRATION FORM

1. MEMBERSHIP CADRE SELECTION

- ☐ Student Member ☐ Graduate Member ☐ Associate Member ☐ Chartered Member ☐ Fellow Member
☐ Institutional Member

2. PERSONAL & CONTACT INFORMATION

Full Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

Nationality: _____ State of Origin: _____

Phone No: _____ Email Address: _____

Contact
Addr: _____

3. ACADEMIC & PROFESSIONAL BACKGROUND

Highest Qualification: _____ Discipline/Field: _____

Institution Attended: _____

Current Employer: _____ Job Title /
Designation: _____

4. SPECIALIZED AREA OF PRACTICE INTEREST

- ☐ Clinical Psychology ☐ Counselling Psychology ☐ Educational Psychology ☐ Industrial & Organizational
☐ Behavioral & Trauma ☐ Psychometric Assessment

5. APPLICANT DECLARATION & SIGN-OFF

I hereby declare that all information given in this registration profile format is correct, accurate, and valid to the best of my knowledge. I agree to abide by the statutory regulations, general bye-laws, and ethical code of professional conduct mandated by the Institute of Certified Psychologists, Nigeria Ltd/GTE (ICPN). I understand that any deliberate falsification of credentials or ethical violations will attract immediate disqualification or absolute cancellation of membership certification roll.

Applicant's Signature

Date

6. SECRETARIAT OFFICIAL USE ONLY

Evaluation Status: _____ Assigned Cadre: _____

- ☐ Approved ☐ Deferred
☐ Declined

Authorized Sign:

Secretariat Date:

National Recognition Secretariat: N.K. 5, Junction Road, Kaduna, Kaduna State, Nigeria.
Completed forms must be accompanied by relevant academic transcripts and credentials. Email: info@icpn.org.ng