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BREAKING DOWN BARRIERS - A NATIONAL APPROACH TO IMPROVING THE CREDENTIALLING AND LICENSURE OF PSYCHOLOGISTS, AND THEIR MOBILITY IN CANADA

A Position Statement of the Canadian Psychological Association (CPA)

Approved by the CPA Board of Directors on October 25, 2025



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ABOUT THE CPA

The Canadian Psychological Association is the national voice for the science, practice and education of psychology in the service of the health and welfare of Canadians. The CPA is Canada's largest association for psychology and represents psychologists in public and private practice, university educators and researchers, as well as students. Psychologists are the country's largest group of regulated and specialized mental health providers, making our profession a key resource for the mental health treatment Canadians need.

VISION

VISION The CPA envisions a society that values and applies psychological science for the benefit of persons, communities, organizations, and peoples.

MISSION

We will serve the public and the CPA's membership by advancing psychological science, practice, and education through research, advocacy, and collaboration.

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SUMMARY AND RECOMMENDATIONS

While an independent provincial and territorial approach to the delivery of healthcare has been a hallmark of the Canadian experience since confederation, the emergence of digital care delivery and need for more flexible labour mobility requirements underscores the importance why a number of health professions, their regulatory bodies and federal, provincial and territorial governments have taken a deeper review into their policies and practices.

The challenges of siloed and inconsistent provincial and territorial regulation, however, are more acute in psychology than is the case for other health professions. There is agreement between the national professional association and regulatory bodies that the doctoral degree should be the entry to practice degree for psychologists throughout Canada. Despite this agreement, the educational requirements (credentials) for registration (also known as licensing) as a psychologist differ considerably from one province or territory to the next.

These inconsistent entry to practice standards (and by extension, regulation of psychological practice) come at a cost in terms of : (1) the public's understanding of the differences between professions that work in the area of mental health; (2) the public in terms of delayed or denied access to care due to a lack of virtual care options and labour mobility; (3) governments and their restrictive policy options to provide timely access to care and improve system performance; (4) the professions in terms of the administrative costs and duplicative processes in seeking registration in multiple jurisdictions; and (5) taxpayers in that the status quo requires repetitive and inefficient regulatory processes.

Varied approaches to regulation, and their associated costs and policy barriers, disincentivize psychologists from seeking registration in multiple jurisdictions, thus limiting the public's access to care. In a recent Communique dated October 17, 2025, Federal, Provincial and Territorial Ministers of Health noted *"Ministers committed to urgently advancing solutions and removing barriers, such as engaging with respective immigration counterparts to improve pathways for internationally educated health professionals, accelerating foreign credential recognition, and working with Canadian regulators to adopt mutual license-recognition models to enhance labour mobility for physicians, nurses, and health professionals across Canada.."* The CPA supports that, at a minimum, provincial and territorial governments create and support a more harmonized, efficient and pan-Canadian approach to psychology regulation, starting with a recognition of harmonized entry-to-practice standard for psychologists.

With the objective of breaking down barriers to improve the credentialling and licensure of psychologists and labour mobility in Canada, the CPA makes the following recommendations:

1. ***That the entry-to-practice requirements for psychologists in Canada be harmonized to the doctoral degree (i.e., PhD, EdD, or PsyD).*** This requirement is supported by the robust accreditation processes that exist only for doctoral training graduate programs and residencies, and is supported by the Association for Canadian Psychology Regulatory

Organizations (ACPRO), the national association that represents Canada's regulatory bodies of psychology. It ensures that a psychologist's training and practice would be consistent in every province and territory and would be clearly distinguished from the training and practice of other mental health professionals such as psychotherapists, counsellors, and social workers. Any jurisdiction which currently regulates psychology at the Master's degree level should allow its current Master's-level registrants to maintain their license and scope of practice while establishing a date by which the doctoral degree – on a go-forward basis – will become the entry-to-practice standard for psychological practice in Canada.

2. ***That a Pan-Canadian approach to registration/licensing Canada's health professions be established to minimize provincial and territorial barriers to registration/licensing and to further improve timely access to mental health services to the people of Canada.***

A harmonized, streamlined, and pan-Canadian approach should remove the labour intensive, costly and time-consuming process of having to seek practice mobility under the Canada Free Trade Agreement (CFTA) for each jurisdiction of practice, and is aligned with the recent commitments from the Federal, Provincial, and Territorial governments to improve labour mobility and access to healthcare professionals across Canada.

Taken together, these recommendations ensure that the public interest is served and protected, ensure that access to psychological services will not be compromised in the short-term, provide clarity between the scope of practice of psychologists and other mental health professionals, adopt a cost-effective national approach to licensure, and promote additional capacity to provide timely and evidence-based psychological care.

1. THE CHANGING CONTEXT OF REGULATED MENTAL HEALTH CARE IN CANADA

To facilitate labour mobility, and to ensure that the public receives the evidence-based behavioural medicine and mental health care they need from the professionals trained to deliver that care — it is essential that all provinces and territories have the same understanding of the requirements to hold the title of “psychologist”.

Professional doctoral training programs and psychology residencies in Canada are accredited by a national body (i.e., the Canadian Psychological Association [CPA]), using a set of national standards, developed in consultation with the profession's many stakeholders.¹ These national training standards are also recognized in the United States of America through a mutual monitoring accord.²

Both the CPA³ and the Association of Canadian Psychology Regulatory Organizations (ACPRO)⁴ agree that the doctoral degree should be the entry to practice requirement for registration as a psychologist in Canada. However, despite this agreement, and even though there is considerable consistency in how psychologists who graduate from accredited programs are trained in Canada, *there is considerable inconsistency in the requirements for licensure from one province or territory to another.*

While a number of provinces and territories have the Master's degree as the minimum requirement for practice psychology, there is variability in the amount of additional training and/or supervised clinical hours by a regulated psychologist required post-graduation before someone with a Master's degree can practice autonomously (if at all). This inconsistency is made even more complex and confusing by provinces and territories who have more recently opted to regulate another Master's level degree class of mental health providers – called *psychotherapists or counsellors/counselling therapists*. This deepens public confusion about the title and training of psychologists and leads to a lack of understanding about the unique and valuable role and skills that psychologists bring to the mental health community and those in need.

Further, while licensure in most provinces or territories confers the same scope of practice on all who hold the license, there is data to suggest that how psychology is practiced, differs by degree level attained.⁵ For example, in a 2011 survey of psychological practice in Canada the CPA found that those psychologists with doctoral degrees tend to do more assessment, teaching, program development, program evaluation, and research – in addition to providing psychological treatment – than those with Master's degrees. The same survey indicated that those with Master's degrees provided more counselling and therapy services than assessment services, whereas those with doctoral degrees more often provide restricted services such as diagnostic assessments in addition to therapy services for more complex mental and behavioural concerns. In other words, while both Master's and doctoral degrees prepare psychologists to provide treatment, doctoral psychologists typically see more complex cases, and provide a broader scope of services reflective of their additional years of training in assessment, diagnosis, research, supervision, teaching, and treatment program development, which are essential to providing the best possible standard of care for Canadians.

As a consequence, the variability in entry to practice requirements and the differences in practice by degree level challenges the profession's identity to the public, the public's expectations about what a psychologist knows and can do, and what in fact psychologists do.

In addition, the context in which psychology has practiced over recent years has changed in ways that underscore the inconsistency in licensure for psychologists across the country. One important contextual change has been the emergence of psychotherapists, counsellors, and mental health therapists (the title varies across jurisdictions) as a licensed health provider class in some provinces. For a direct comparison of scopes of these practitioners, see Table 1.

TABLE 1 - SUMMARY OF SCOPE OF PRACTICE, BY PROFESSION

Area of Practice or Competence	Psychiatrists	Psychologists	Counsellors, Psychotherapists & Social Workers
Formulate/communicate a diagnosis	Yes	Yes	No
Administer/interpret psychological tests	No	Yes	No
Provide psychotherapy	Yes/No	Yes	Yes/No
Provide counselling or other forms of mental health treatment	Yes	Yes	Yes
Prescribing authority	Yes	No	No
Program Evaluation	No	Yes	No
Develop treatment plans	Yes	Yes	Yes/No
Regulated profession	Yes	Yes	Yes/No

Psychotherapists^a are regulated in only two provinces (i.e., Ontario, Quebec) and are generally admitted to licensure with a Master's degree, often in psychology⁶ – the very same academic credential required by provinces and territories that permit registration as a psychologist with a Master's degree. Having two licensed classes with the same or similar entry-to-practice requirement promotes confusion about our collective roles and responsibilities, and does not serve the public, the taxpayer, or the professions well.

How does the public understand the difference between two professions with the same or similar academic credentials? Regulation comes with a cost in terms of its administration, costs which are duplicative if the preparedness of two regulated professions overlap to a significant degree. While regulations permit psychologists and not psychotherapists to diagnose, this distinction may not be clear to everyone. From the public's perspective, it is likely unclear how a Master's degree in psychology can equip one to diagnose if one is regulated by a college of psychology but not by a college of psychotherapy. By licensing psychologists at the doctoral level and leaving Master's level entry to psychotherapists, we ensure more clarity and less overlap in function and less duplication in regulation for these key mental health providers, as well as greater clarity as to who can do what.

The Accreditation Standards that govern the doctoral training of psychologists ensure their skills and competencies in psychometric assessment, diagnosis, intervention and treatment, consultation, research as well as treatment and program development and evaluation. These skills are critical to providing comprehensive mental health and behavioural medicine care to patients/clients. As mentioned, evidence suggests that doctoral prepared providers, arguably because of their training, will do more assessment and diagnosis, research and teaching and focus practice in more areas of health and cognition than their Master's level colleagues.

^a Other provinces (e.g., NS, NB, PEI, and AB) have registration classes for "counselling therapists", whose entry-to-practice credential do not necessarily include a degree in psychology.

Setting the Canada-wide entry-to-practice credential to the doctoral degree would be in line with physicians and other professionals, and is consistent with psychologists practicing to their full scope, being able to provide the full range of psychological services to their patients.

Importantly, there are **no** accreditation standards governing training only at the Master's level in psychology in Canada. The Canadian training community, as well as ACPRO – including jurisdictions that currently register psychologists at the Master's level and jurisdictions that have transitioned to the doctoral standard of entry-to-practice – agree that doctoral degree should be the minimum entry-to-practice credential for psychologists in Canada.

As a result, organizations like the Canadian Counselling and Psychotherapy Association (CCPA) have taken on the role of accrediting Master's level training in counselling, whose programs allow for *certification* as “Canadian Certified Counsellors (CCC)” in certain jurisdictions, and whose graduates do not have a comparable scope of practice to registered psychologists.⁷ Of note, there are important differences between certification and licensure. While certification does allow for evaluation of a person's credentials and training, the certification process is voluntary, whereas licensure is required by law to practice in many health professions (e.g., medicine, psychology, nursing, social work). Licensure also provides a legal recourse for members of the public that have complaints about the services they receive, which is not the case for certification, which provides no such recourse.

It has been widely recognized in Canada that we need better publicly funded access to mental health providers and that we need more of them than currently exist. It has been further suggested that accreditation of Master's programs in psychology might facilitate the training of more mental health professionals, particularly more individuals from diverse and underrepresented social locations.⁸ The CPA wholeheartedly agrees that the people of Canada need more access to regulated mental health providers which includes but is not limited to psychologists. Psychology and other health professions must create programs which engage students across social locations and are accessible to equity-deserving populations whose access to graduate psychology training may be limited by systemic factors.⁹ However, we strongly believe this must be achieved via program development, policy, and funding for professional psychology at the doctoral level, given that the Master's degree gives graduates access to another regulated mental health profession (i.e., psychotherapist or counsellor, in some jurisdictions) in the modern regulatory landscape in Canada.

This evolution in the licensing environment of mental health professions supports the Master's degree as the entry-to-practice requirement for psychotherapists/counsellors and the doctoral degree as the entry to practice requirement for psychologists; as previously noted, the latter already supported by the professional and regulatory bodies of psychology, namely the CPA and ACPRO.

The CPA stands by its longstanding recommendation that the doctoral standard for registration as a psychologist that has prevailed in Canada and the United States for decades and that has been endorsed by the ACPRO become the entry to practice requirement for psychologists in every Canadian jurisdiction.

⁹ The CPA's Board of Directors recently indicated their support for the creation of additional professional psychology (PsyD) programs in public universities – like Medicine, Nursing and Dentistry – with larger class sizes and shorter time to graduation. This would substantially grow the supply of psychologists to meet the public's increasing demand for psychological care.

RECOMMENDATION 1

That the entry-to-practice requirements for psychologists in Canada be harmonized to the doctoral degree (i.e., PhD, EdD, or PsyD). This requirement is supported by the robust accreditation processes that exist only for doctoral training graduate programs and residencies, and is supported by ACPRO, the national association that represents Canada's regulatory bodies of psychology. It ensures that a psychologist's training and practice would be consistent in every province and territory and would be clearly distinguished from the training and practice of other mental health professionals such as psychotherapists, counsellors, and social workers. Any jurisdiction which currently regulates psychology at the Master's degree level should allow its current Master's-level registrants to maintain their license and scope of practice while establishing a date by which the doctoral degree – on a go-forward basis – will become the entry-to-practice standard for psychological practice in Canada.

2. LABOUR MOBILITY AND IMPROVED ACCESS TO PSYCHOLOGICAL CARE IN CANADA

Health care systems across Canada are constantly being challenged to improve their performance and provide the people of Canada with timely access to quality care.⁹ As much as this has predominantly focused on access to physical health care services, there is a growing expectation that governments will improve and expand publicly funded access to mental health care services, including psychological care.^{10,11}

In a post-COVID-19 world, it is clear that the need for access to evidence-based mental health care services continues to increase.¹² As a result, we have witnessed the emergence of innovative delivery mechanisms, such as digitally delivered care (also known as virtual care or from the perspective of psychology as “telepsychology”), and team-based primary care.

To provide additional health system flexibility and expansion for providers to care for those in need, there have been calls to streamline and harmonize the licensure process across the provinces and territories (often referred to as National Licensure).¹³ In response, this proposal has been embraced and supported by federal, provincial and territorial governments largely in the context of improving labour mobility as part of reducing inter-provincial/territorial trade barriers.^{14,15}

Professionals will no longer be tethered to a physical location for work given the development of remote options in the workplace. There are more opportunities in business to more easily work remotely and across jurisdictions. Within the mental health system, digitally delivered care is possible and can be of benefit to patients and providers alike.¹⁶

With current processes of licensure^c for health care professionals, a psychologist typically must be registered in the jurisdiction of where the patient is located when care is being provided. While some jurisdictions have had reciprocal licensing agreements (e.g., the Memorandum of Understanding among the Atlantic provinces¹⁷), these are restricted, often short-term, and are bound by exceptional circumstances.

^c In this paper we will use the term licensure and registration interchangeable to mean regulated authority to practice psychology.

Other jurisdictions also inconsistently apply exemptions for cross-border service provision, in that they may only allow services to be rendered virtually – as opposed to in-person – by psychologists from other provinces, which could be counter to the best interests of the client and could also create additional confusion about access to services. For example, a psychologist could provide virtual services to a client in New Brunswick from Ontario, but could not physically fly to New Brunswick to offer those same services without violating current provincial legislation and standards of practice. It has become evident that the constraints imposed on licensure by tradition and how health care is organized within the Canadian federation may be creating unnecessary barriers to access to care.

The current regulatory system is lauded for its mandate to protect the public, but the limitations imposed on interjurisdictional practice may not be in the best interest of the public. For example, increasing access to more psychologists across the country would help improve access to specialist psychological services that may not be available in all communities. The current regulatory system may inadvertently create disincentives for psychologists to register in more than one province or territory, which limits the ability of regulators to allow access to specialized service providers outside of their jurisdictions.

With digital delivery of care, and a simpler or harmonized provincial and territorial licensure/registration process, people in rural and underserved communities may be more easily served by psychologists living outside of those communities. This kind of service delivery, however, will depend on the cultural competence necessary to serving a community or population of which you are not part, the challenges of internet accessibility in rural or remote areas of the country, and that people in some social and geographic locations may not have access to technology. These latter factors are critical to redressing barriers to mental health care delivery in Canada and form the basis of other advocacy activities of the CPA.^{18,d} Of course, these services are meant to address an immediate need; longer-term investment in publicly-funded psychological care in all communities would be the optimal solution to the mental health crisis faced by Canadians.

Digital delivery of services has, nonetheless, increased ease of access to mental health care. However, the current system, in which psychologists need to be licensed in the province or territory in which the patient receives service and/or in the province or territory from which they deliver service, can be a significant barrier to the provision of care. This needs to change and health care systems need to continue to evolve.

Under Canada's Free Trade Agreement (CFTA), a psychologist registered in one jurisdiction applies for and obtains registration in another. This process is not always efficient or consistent and typically takes months to complete. Further, if a psychologist wants regulatory authority to practice in more than one jurisdiction under CFTA, they must make more than one application. Some jurisdictions do support quicker access to practice outside of a CFTA application. However, this option may exist only among some jurisdictions, the practice they authorize may be time limited, for exceptional circumstances, or more restricted in the wake of the pandemic than during it. A harmonized entry-to-practice standard would minimize the requirement to verify credentials from psychologists in other jurisdictions, which could in turn facilitate the mobility of psychologists across jurisdictions and increase access to specialized psychological care in traditionally underserved areas.

^d See footnote b.

While psychological services can be delivered digitally across jurisdictions, the current licensing landscape does not easily support it. A system of licensure that is built on in-person care must be modernized for an increasingly mobile and technologically connected population. This process could be greatly aided by the recognition of a single entry-to-practice credential (see recommendation 1), which could promote more harmonized and collaborative licensing and mobility processes among provinces and territories.

Finally, a single entry-to-practice standard is already the norm for a number of health professions (e.g., medicine, nursing), and the time for a national or pan-Canadian licensure approach has been recognized by all provinces and territories,¹⁹ and is strongly supported by some health professionals including the Canadian Medical Association,²⁰ the Canadian Nurses Association,²¹ and the Canadian Psychological Association.²² In 2022, the CPA convened a meeting of several regulated national health professional associations to discuss this issue in greater detail. It was clear that there is appetite for pan-Canadian licensure not only for psychology but for other health professions across Canada as well, which would be more readily implemented by a national entry-to-practice credential.

RECOMMENDATION 2

That a Pan-Canadian approach to registration/licensing Canada's health professions be established to minimize provincial and territorial barriers to registration/licensing and to further improve timely access to mental health services to the people of Canada.

A harmonized, streamlined, and pan-Canadian approach should remove the labour intensive, costly and time-consuming process of having to seek practice mobility under the Canada Free Trade Agreement (CFTA) for each jurisdiction of practice, and is aligned with the recent commitments from the Federal, Provincial, and Territorial governments to improve labour mobility and access to healthcare professionals across Canada.

3. CONCLUDING COMMENTS

Through this position statement and its recommendations, the CPA looks to provide psychologists with a more standardized path to licensure and provide the public with clearer information about the role, scope and function of psychologists. It is our hope that these recommendations can help to accelerate the conversation toward national licensure for psychologists, with the ultimate goals of protecting the public, improving the quality of mental health care and behavioural medicine, and increasing timely access to evidence-based psychological services for the people of Canada.

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- ⁹ According to the 3rd Annual Mental Health and Substance Use Health Report Card released by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) found that 6 of the 9 provinces and the federal government received a failing grade of F with the remaining three doing slightly better with a D. Clearly there is room for improvement in terms of access to care and overall system performance.
- ¹⁰ Canadian Alliance for Mental Illness and Mental Health. *3rd Annual Federal-Provincial Mental Health – Substance Use Health Report Card*. January 2025.
- ¹¹ Canadian Psychological Association, Council of Professional Associations of Psychologists. *Strong majority of Canadians want improved access to psychologists*. Nanos Research, November 2020.
- ¹² 27% of Canadians have been diagnosed with an anxiety disorder, up from 18% prior to COVID-19. Similarly, 28% of Canadians were diagnosed with depression, up from 21% prior to COVID-19. Source: Mental Health Research Canada. *Understanding the Mental Health of Canadians Through COVID-19 and Beyond*. Poll #23. March 2025. Page 9.

¹³ Following the Premiers 2025 summer meeting, the Canadian Nursing Association “welcomes the premiers’ renewed commitment to improving health workforce mobility and urges them to harmonize nursing regulation across Canada. Harmonizing nursing regulation is a tangible and transformative step that would unlock workforce potential and improve access to care”. July 24, 2025.

¹⁴ As part of the Premiers’ Communique (*Premiers discuss building a more prosperous and safer Canada*) following their meeting of July 23, 2025, the Provinces and Territories note they are taking the collective and individual action to advance mutual recognition and improve labour mobility.

¹⁵ The Conference of Federal, Provincial and Territorial Ministers of Health on October 17, 2025 released the following on their communique: “*Ministers committed to urgently advancing solutions and removing barriers, such as engaging with respective immigration counterparts to improve pathways for internationally educated health professionals, accelerating foreign credential recognition, and working with Canadian regulators to adopt mutual licence-recognition models to enhance labour mobility for physicians, nurses, and health professionals across Canada.*”

¹⁶ Greenwood H, Krzyzaniak N et al. *Telehealth versus face-to-face psychotherapy for less common mental health conditions: systematic review and meta analysis of randomized controlled trials*. JMIR Mental Health. 2022 Mar 11;(9)3:e31780.

¹⁷ Nova Scotia Board of Examiners in Psychology. (2020, November 10). *Memorandum of Understanding*. <https://www.nsbep.org/wp-content/uploads/2014/06/Telepsychology-MOU-PEIPRB-and-NSBEP.pdf>

¹⁸ For additional context, read Dr. Anita Gupta's opening remarks to the Standing Senate Committee on Official Languages (September 23, 2024), <https://cpa.ca/docs/File/Advocacy/CPA%20Opening%20Remarks%20to%20Standing%20Senate%20Committee%20on%20Official%20Languages%20September%2023%202024.pdf>.

¹⁹ FPT Health Ministers Communique (October 12, 2023). <https://www.canada.ca/en/health-canada/news/2023/10/fpt-communique-federal-provincial-territorial-health-ministers-and-ministers-responsible-for-mental-health-and-substance-use.html>

²⁰ Canadian Medical Association. (2023, January 30). *2022 Pan-Canadian Licensure Survey: Summary Report*. https://www.cma.ca/sites/default/files/pdf/Media-Releases/PCL_Survey_Summary_Report_2023_EN.pdf

²¹ Canadian Nurses Association. (October 10, 2023). Access to Health Care Must be Ministers’ Top Priority: Health Organizations. <https://www.cna-aicc.ca/en/blogs/cn-content/2023/10/10/access-to-health-care-must-be-ministers-top-priori>

²² The CPA administered a public policy survey to psychology for practitioners, researchers, educators and students in psychology with results yet to be published. Majority of respondents (81%) supported Pan-Canadian Licensure.



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