

# Practice Licence Application Form

## NIGERIAN ASSOCIATION OF CLINICAL PSYCHOLOGISTS (NACP)

**Nigerian Association of Clinical Psychologists  
(NACP) Bank Details  
Bank: Keystone Bank  
Account Number: 1005435589)**

1. Full Name of Applicant: .....
- (Surname first, in capital letters)
2. NACP Membership Number: .....
3. Date of Birth:
- Day                      Month                      Year
4. Gender:                      Male                                            Female
5. Mailing Address: .....
6. Telephone Number (s).....
7. Functional e-mail Address: .....
8. Nationality: .....
9. Current Employment and Address .....
- .....
10. Professional Training:

Affix your recent colour  
passport size photograph

Professional Trainings / Workshop / Conferences attended in the last three years				
S/N	Certificate Obtained	Year	Theme / Specialization	Board / Organizer

**Please attach photocopies or scanned copies of certificates of recent trainings or workshops you attended.**

**11. Payment**

S/N	Particular	Applicable Fee	Fee Paid? Yes / No	Date of Payment
1.	Annual Renewal Fee	N5,000.00		
2.	Practice Licence Fee	N10,000.00		

**Please attach evidence of payment of relevant fees.**

.....  
Signature of Applicant

\_\_\_\_\_  
Date

Completed application forms should be sent through the State Chairman (where applicable) or directly to [nacpsecretariat21@gmail.com](mailto:nacpsecretariat21@gmail.com) and copy [ifeachoc@gmail.com](mailto:ifeachoc@gmail.com). Send evidence of payment to the National Treasurer by WhatsApp (080343053200) for confirmation.

**For Office Use:**

**A. Recommendation by the Chairman of Licensure Committee**

Applicant Qualified to practise/Recommended ( )

Applicant Not Qualified to practise/Not Recommended ( )

Signature..... Date.....

**B. Recommendation by the State Chairman (where applicable):**

Recommended ( ) Not Recommended ( ) Signature.....Date.....

Payment of Membership Fee confirmed ( ) Signature.....Date .....

Certificate from the National Secretariat received ( ) Signature.....Date .....

**C. Recommendation by the General Secretary:**

Recommended ( ) Not Recommended ( ) Signature.....Date.....

**D. Approval by the President:**

Application Approved ( ) Application Not Approved ( ) Signature.....Date.....

Certificate issued to Applicant through State Chairman ( ) Signature.....Date.....