

# American Psychotherapy Association®

## Membership Application



### Membership Information

(Please print or type all information)

Circle one: Dr. Prof. Rev. Mr. Mrs. Ms. Miss Other \_\_\_\_\_

First Name	M.I.	Last Name
Address		Date of Birth
City/State/Zip		
Office Phone	Home Phone	Fax
Email		Highest Degree
Primary Specialty Area		

How did you hear about the American Psychotherapy Association?

Print your name as you would like it to appear on your certificate (including designations). Designations must have documentation on file before they will be listed:

### Membership Categories (check only one box)

**Non-Certified Categories:** (Membership only)

**Please sign the back of this application →→→→→**

- Student Membership:** Annual dues \$65 (must be enrolled in at least 9 hours/semester and provide proof of status) \$65
- Membership:** Annual dues \$165 \$165
- International Membership:** Annual dues (\$165 + \$25 for postage, per year) \$190
- Life Member:** Never pay dues again \$2,500 \$2,500

**Certified Categories:** (Membership and certification)

**Please be sure to complete both sides of application →→→→→**

- Diplomate and dues—one year:** Annual dues \$165 + one-time certification fee \$250 less \$50 discount \$365
- Diplomate and dues—three year:** Annual dues \$165 x 3 + one-time certification fee \$250 less \$110 discount \$635
- Diplomate Current Members:** One-time certification fee \$250 \$250

**Total \$ \_\_\_\_\_**

American Psychotherapy Association divisions allow you to network with your fellow colleagues as well as give potential clients the opportunity to contact you. Your name, phone number, and email (if selected) will be listed on our website under each division you select. Please mark all divisions to which you are applying. Members receive one free division. Diplomates and Fellows receive two free divisions. Each additional division is \$35/year.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> ADHD<br><input type="checkbox"/> Anxiety<br><input type="checkbox"/> Behavior Modification Therapy<br><input type="checkbox"/> Chaplain<br><input type="checkbox"/> Child/Adolescent Therapy<br><input type="checkbox"/> Coaching<br><input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Eating Disorders<br><input type="checkbox"/> Faculty Academic<br><input type="checkbox"/> Geriatrics<br><input type="checkbox"/> Government<br><input type="checkbox"/> Grief<br><input type="checkbox"/> Hypnosis<br><input type="checkbox"/> Lifestyle Psychotherapy | <input type="checkbox"/> Managed Care<br><input type="checkbox"/> Marital/Family Therapy<br><input type="checkbox"/> Practice Management<br><input type="checkbox"/> Private Practice<br><input type="checkbox"/> Psychoanalytic/Psychodynamic<br><input type="checkbox"/> Psychiatric<br><input type="checkbox"/> Psychopharmacology | <input type="checkbox"/> PTSD<br><input type="checkbox"/> Spirituality<br><input type="checkbox"/> Substance Abuse<br><input type="checkbox"/> Other _____ |
|--|---|---|--|

I agree to have my information listed on the website

I do not wish to be listed on the website

### Payment Processing

**Payment must accompany application.** Payment plans, by credit card only, are available for Diplomate Status. For the payment plan, a minimum down payment of \$150 must be made and the balance paid in monthly payments (minimum \$100) automatically charged to your credit card. Certificates will be issued upon receipt of full payment. There is a \$75 administrative fee deducted for all cancelled and/or denied applications.

Check enclosed (Please make checks payable to: American Psychotherapy Association)

Money order  Visa  MasterCard  American Express  Discover

Paid in full \$ \_\_\_\_\_

Please accept \$ \_\_\_\_\_ (min. \$150) as a down payment with \$ \_\_\_\_\_ (min. \$100) per month until balance is paid in full.

Card Number	Expiration date	Signature
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# Application for Diplomate Status

- To be considered for Diplomate status, your score must total a minimum of **200 points** based on education, experience, knowledge, skill, and training.
- A copy of your resume, degree, license (if applicable), and other supporting documentation must accompany your application.

## Membership Information

### Education:

**Award points for the highest degree only.**

**Must have a minimum of a master's degree from a lawfully operating college or university.**

Award 50 points if you have a master's degree **OR**

Award 100 points if you have a doctorate degree.

Points

Score

### Experience:

**Must have at least 4 years of professional experience.**

Award 10 points for each year of professional experience.

10x \_\_\_\_\_ = \_\_\_\_\_

### Knowledge:

Award 25 points for each book you have authored or co-authored.

25x \_\_\_\_\_ = \_\_\_\_\_

Award 15 points for each article you have authored or co-authored.

15x \_\_\_\_\_ = \_\_\_\_\_

Award 10 points for each paper you have presented at a professional meeting.

10x \_\_\_\_\_ = \_\_\_\_\_

### Skill:

Award 25 points for each Board Certification, Diplomate or Fellow status, or professional license you presently hold.

25x \_\_\_\_\_ = \_\_\_\_\_

Award 20 points for any other significant award or honor you have received.

20x \_\_\_\_\_ = \_\_\_\_\_

### Training:

Award 1 point for each continuing education earned within the last two years.

1x \_\_\_\_\_ = \_\_\_\_\_

### Other Points:

Include other information about relevant activities. We will factor that information in when evaluating the application for Diplomate status. Specify how many points you feel should be awarded based on this information. Add these points to your total score. Attach additional pages if necessary:

Other Points: \_\_\_\_\_

**Total Points:** \_\_\_\_\_

**If you are licensed, please provide professional license number and submit a copy of your license with this application.**

License # \_\_\_\_\_ State of \_\_\_\_\_

List two professional references: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the above information is true and correct and I am not misleading or providing false information to the American Psychotherapy Association. I may be asked to provide additional documentation. I understand that APA reserves the right to verify any and all of the information I provide. If I would misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership in the American Psychotherapy Association to lapse, I understand and agree that my Diplomate status will be revoked and my membership terminated. I agree to hold harmless and indemnify APA and its officers, directors, employees, and agents for any misrepresentations of my credentials and for all claims, loss, damage, and judgment expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the past 10 years, nor am I under investigation by any legal authority or licensing board. If any of the above is not true, please provide a separate letter of explanation. The American Psychotherapy Association (APA) does not endorse, guarantee, or warrant the work or opinions of any individual member. Membership does not imply licensing by the organization of a member's qualifications, abilities, or expertise. The objective of the APA's publications and the activities that it sponsors is for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own and do not necessarily reflect those of the APA. The APA does not assume any responsibility or liability for its members or subscribers' efforts to apply or utilize the information, suggestions, or recommendations made by the organization, publication resources, or activities.

Full Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4 Easy Ways to Apply!

- **Phone:** (417) 823-0173 or **Toll Free** (800) 205-9165
- **Online:** [www.americanpsychotherapy.com](http://www.americanpsychotherapy.com)
- **Fax:** (417) 823-9959

**Please be sure to complete both sides of this application** →→→→→

- **Mail:** American Psychotherapy Association®  
2750 East Sunshine  
Springfield, MO 65804