

Application for the American Board of Professional CounselorsSM 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 ABPC?

If a license or certificate is required by the jurisdiction in which you practice, please provide the license/certificate number and state, and a copy of your license.

License/Certificate #	State of
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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.

List two professional references:

Name	Phone
Name	Phone

Membership Categories (check only one box)

Non-Certified Categories: (Membership only)

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

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

Certified Categories: (Membership and certification)

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

- | | |
|---|---------|
| <input type="checkbox"/> Board Certified Professional CounselorSM:
Annual dues \$165, plus one-time certification fee of \$250 | \$415 |
| <input type="checkbox"/> Life Member: Never pay dues again \$2,500 + one-time certification fee of \$250 | \$2,750 |
| <input type="checkbox"/> Current Member: (Member ID number _____) one-time certification fee of \$250 | \$250 |
| Total \$ _____ | |

Payment Processing

Payment must accompany application. Payment plans, by credit card only, are available for Board Certified Professional Counselors. 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. All returned checks will be assessed a \$20 NSF check fee.

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 Board Certified Professional CounselorSM

Requirements:

- Must have a Master's or Doctoral degree in counseling, psychology, social work, marriage & family therapy, psychiatry, medicine, or a related area from an accredited educational institution or foreign equivalent*
- Must have at least 5 years of post-graduate experience working in the field of mental health, counseling, and/or social work
- Must have passed the state's licensing criteria for licensure in the state where the counselor practices (if a license is required in your field)
- Must have passed the national exam for their specialty area (LPC, LMFT, LCSW, etc.) where applicable, such as the NCE or the NMHCE exam
- Must pass the Ethics module prepared and sanctioned by the American Psychotherapy Association

Supporting documents that must accompany your application:

- a. A copy of your current resume or Curriculum Vitae
- b. A copy of your degree (if your degree is from an international college or university, we will need a US equivalency statement)
- c. A copy of your state license (if a license is required in your field)
- d. A copy of your certificate or letter stating that you have passed the national exam for your specialty area (LPC, LMFT, LCSW, etc.) where applicable, such as the NCE or the NMHCE exam

Please fax your supporting documents to us at (417) 823-9959, or you can mail them to us at: American Psychotherapy Association, 2750 East Sunshine St., Springfield, MO 65804.

Once we receive the above documents and your application, we will activate the Ethics course for you, so you can begin taking the course and exam.

*Applicants who have obtained their education outside of the United States and its territories must have their highest academic degree(s) validated as equivalent to a Master's or Doctorate degree conferred by an accredited college or university in the United States.

I certify that the information I have provided to American Psychotherapy Association®, (APA) is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that APA reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with APA to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancellation or denial of my application. I agree that I will notify APA in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify APA and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. APA does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of APA's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of APA. APA does not assume any responsibility or liability for its members or subscribers' efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

Yes No

- Have you ever been convicted of a felony? If yes, please explain on a separate sheet of paper.
- Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? If yes, please explain on a separate sheet of paper.

By signing below, I agree to the terms stated above:

Full Name (Please print as you would like it to appear on your certificate) _____

Signature _____ **Date** _____

4 Easy Ways to Become a Board Certified Professional CounselorSM!

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

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

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