

# The American Psychotherapy Association Certified in Hospital Psychology, CHP



## Membership Information

(Please print or type all information) Circle one: Dr. Prof. Rev. Mr. Mrs. Ms. Miss Other Specialty

First Name M.I. Last Name

Address Designation

City/State/Zip

Office Phone Home Phone Fax

Email

How did you hear about us?  Direct Mail  Online  Referral  Publication  Other \_\_\_\_\_

Print your name as you would like it to appear on your certificate (including designations). Please limit to highest degree and/or license. Designations must have documentation on file before they will be listed.

List two professional references:  
Name Phone  
Name Phone

Please complete the following:  
 License # State of: Date completed  
 Ph.D. in Psychology Institution: Date completed  
 Other relevant experience will be taken into consideration (please provide details)

Application checklist - Portfolio of Documentation (please submit copies of documentation prior to taking the certification course)  
 Resume  Copy of highest degree  License  Other \_\_\_\_\_

Membership Category - Choose ONE of the following levels of membership.

|   |         |
|---|---------|
| <b>Non-Certified Categories:</b> (Membership only)  |         |
| <input type="checkbox"/> <b>Membership:</b> Annual dues \$165   | \$165   |
| <input type="checkbox"/> <b>International Membership:</b> Annual dues (\$165 + \$25 for postage, per year)  | \$190   |
| <input type="checkbox"/> <b>Life Member:</b> Never pay dues again \$2,500   | \$2,500 |
| <b>Certified Categories:</b> (Membership and certification)   |         |
| <input type="checkbox"/> <b>Certified in Hospital Psychology - Level 1:</b> Annual dues \$165 + one-time certification fee \$595 less \$50 discount | \$710   |
| <input type="checkbox"/> <b>Life Member:</b> Never pay dues again \$2,500 + one-time certification fee \$595  | \$3,095 |
| <input type="checkbox"/> <b>Current Member:</b> (Member ID number _____) one-time certification fee \$595   | \$595   |

Payment Processing Total \$ \_\_\_\_\_

**Payment must accompany application.** Payment plans, by credit card only, are available for the Certified in Hospital Psychology course. For the payment plan, a minimum down payment of \$150 must be made and the balance paid in monthly installments (minimum \$100) automatically charged to your credit card. Certificates will be issued upon 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

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 provide an explanation on a separate sheet of paper.  
  Have you ever been disciplined, or are you currently under investigation, by any legal or licensing board? If yes, please provide an explanation on a separate piece of paper.

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