

American Psychotherapy Association®

Psychology of Terrorists: 4 types Certification Program Application



Contact Information

(Please print clearly) 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		
License Number/State		Primary Specialty Area
How did you hear about APA?		

Print your name as you would like it to appear on your certificate (including designations). Please limit to highest degree(s) and/or license(s):

I certify that the above information is true and correct and I am not misleading or providing false information to the American Psychotherapy Association (APA). 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 certification 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 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.

Signature _____ Date _____

Categories of Membership (check only one box)

Non-Certified Categories

- Member:** Annual dues \$165 \$165
 Life Member: Never pays dues again \$2,500 \$2,500

Certified Categories

- Certified in the Psychology of Terrorists, CPTSM** (Includes first years membership)..... \$660
 (Current member) Member ID#.....\$495

Total _____

Applicants who successfully complete the *Psychology of Terrorists: 4 types* course but do not meet the requirements for certification will receive a certificate of completion.

The following minimum requirements and supporting documentation must be met for certification.

Certification Requirements

- Master's Degree in Psychology or mental-health related field
 Professional License (if required to practice in your jurisdiction)
 3 Years of Experience

Checklist

- CV or Résumé Copy of degree Copy of license (if applicable)
 Successfully complete the *Psychology of Terrorists: 4 types* course

Payment Processing

Payment must accompany application. Payment plans are available for all APA programs. 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. A certificate will be issued upon receipt of full payment. There is a \$50 administrative fee deducted for all cancelled and/or denied applications. (International mailing addresses please add \$25 to annual dues to cover additional postage.)

- Check enclosed (Please make checks payable to: APA)
- 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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Return application via Fax: (417) 823-9959 or **Mail:** APA, 2750 E. Sunshine, Springfield, MO 65804
Phone: (800) 205-9165 **Email:** cao@americanpsychotherapy.com **Online:** www.americanpsychotherapy.com