

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
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Address	Date of Birth
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City/State/Zip

Office Phone	Home Phone	Fax
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Email

License Number/State	Primary Specialty Area
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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 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.

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 \$75 administrative fee deducted for all cancelled and/or denied applications. (International mailing addresses please add \$25 to annual dues to cover additional postage.) All returned checks will be assessed a \$20 NSF check fee

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