

Application for the Certified Relationship Specialist, CRS[®] Program American Psychotherapy Association[®] Membership Application



Membership Information

(Please print or type all information)

Circle one: Rev. Dr. Prof. 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
How did you hear about the CRS Program?		
Area of specialty	License/Certificate#	State

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:

American Psychotherapy Association Membership Categories (check only one box)

Non-Certified Categories: (Membership only)

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

- | | |
|--|---------|
| <input type="checkbox"/> Membership: Annual dues \$165 | \$165 |
| <input type="checkbox"/> Life Member: Never pay dues again \$2,500 | \$2,500 |
| <input type="checkbox"/> Current Member: Member Identification Number _____ | |

Certified Categories: (Membership and certification)

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

- | | |
|---|-------|
| <input type="checkbox"/> Certified Relationship Specialist, CRS[®] current member: One-time certification fee \$250 | \$250 |
| <input type="checkbox"/> Certification + Membership: Annual dues \$165 + one-time certification fee \$250 | \$415 |
| Total \$ _____ | |

CRS applicants please select your preferred option: Reciprocity Grandfathering period Coursework

National Locator Service Registration:

As a member of the American Psychotherapy Association, you may register for the online Find-A-Therapist Service to network with professionals in your specialty, get more referrals, and help potential clients find you. Members receive one free specialty listing in the Find-A-Therapist Service. Diplomates and Fellows in the American Psychotherapy Association receive two free listings. *To learn more about the prestigious Diplomate or Fellow distinction, please call (800) 205-9165 or visit www.americanpsychotherapy.com.* There is a \$35 annual fee for each addition listing. Total \$ _____

Select which divisions or specialty listings you would like:

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

If you are applying for the Find-A-Therapist Service, your name, city, and state will be displayed on the Find-A-Therapist Service website. However, we need your permission to display your additional contact information. Please check the additional information you would like to have appear with your listing: Work phone E-mail address

Payment Processing

Payment must accompany application. There is a \$75 administrative fee deducted for all cancelled and/or denied applications.

Check enclosed (Please make checks payable to: American Psychotherapy Association) \$20 returned check fee for all NSF checks

Money order Visa MasterCard American Express Discover

Paid in full \$ _____

Card Number	Expiration date	Signature
-------------	-----------------	-----------

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

Application for Certified Relationship Specialist, CRS® Program

- To be considered for Certified Relationship Specialist, CRS, designation your score must total a minimum of **125 points** based on education, experience, knowledge, skill, and training.
- A copy of your resume, degree, letter of recommendation, license (if applicable), and other supporting documentation must accompany your application.

Certification Information (Complete this section for grandfathering period only)

Education:

Award points for the highest degree only.

Must have a minimum of a bachelor's degree OR a minimum of 5 years of experience in a counseling related role.

Degrees must be from institutions accredited by recognized accrediting agencies.

Award 25 points if you have a bachelor's degree **OR**

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

Award 75 points if you have a doctoral degree.

Points Score

Experience:

Must have at least 3 years of professional experience, which can include practicum and internships.

- **Individual Therapy:** Award 10 points for each year of experience in the field. 10x _____ = _____
- **Marital, Family, and/or Couples Therapy:** Award 10 points for each year of experience in the field. 10x _____ = _____
- **Child/Adolescent Therapy:** Award 10 points for each year of experience in the field. 10x _____ = _____
- **Group Therapy:** Award 10 points for each year of experience in the field. 10x _____ = _____
- **Mediation:** Award 10 points for each year of experience in the field. 10x _____ = _____
- **Consulting/Coaching:** Award 10 points for each year of experience in the field. 10x _____ = _____

Several fields interface directly with relationships, such as social work, psychology, psychiatry, law enforcement, communications, etc. Please provide any information pertaining to relationship-related work and activities including positions held, descriptions of service, etc.

Specify how many points you believe should be awarded based on this information.

Other Points: _____

Knowledge:

- Award 25 points for each book you have authored or co-authored on relationship topics. 25x _____ = _____
- Award 15 points for each professional article you have authored or co-authored on relationship-related topics. 15x _____ = _____
- Award 10 points for each relationship-related paper you have presented at a professional meeting. 10x _____ = _____
- Award 15 points for each workshop you have taught on relationship-related topics. 15x _____ = _____
- Award 15 points for each panel you have served on regarding relationship-related topics. 15x _____ = _____

Skill:

- Award 15 points for each license, certification, and/or Diplomate status, you have received. 15x _____ = _____
- Award 20 points for each Fellow status you have received. 20x _____ = _____
- Award 20 points for any other significant award or honor you have received in the relationship field. 20x _____ = _____

Training:

- Award 5 points for each course attended in a relationship-related field. 5x _____ = _____

Total Points: _____

List two professional references:

Name: _____ Phone: _____

Name: _____ Phone: _____

I certify that the information I have provided to American Psychotherapy AssociationSM (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:

Signature _____ **Date** _____

Full Name (Print your name as you would like it to appear on your certificate.) _____

4 Easy Ways to Apply!

- **Toll Free:** (800) 205-9165 • **Online:** www.americanpsychotherapy.com
- **Fax:** (417) 823-9959 • **Mail:** your completed form to: American Psychotherapy Association®, 2750 E. Sunshine, Springfield, MO 65804