

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 the American Psychotherapy Association?

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:

Membership Categories (check only one box)

Non-Certified Categories: (Membership only)

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

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

Certified Categories: (Membership and certification)

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

- Diplomate and dues—one year:** Annual dues \$165 + one-time certification fee \$250 less \$50 discount \$365
- Diplomate and dues—three year:** Annual dues \$165 x 3 + one-time certification fee \$250 less \$110 discount \$635
- Diplomate Current Members:** One-time certification fee \$250 \$250

Total \$ _____

American Psychotherapy Association divisions allow you to network with your fellow colleagues as well as give potential clients the opportunity to contact you. Your name, phone number, and email (if selected) will be listed on our website under each division you select. Please mark all divisions to which you are applying. Members receive one free division. Diplomates and Fellows receive two free divisions. Each additional division is \$35/year.

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

I agree to have my information listed on the website

I do not wish to be listed on the website

rev. 0610

Payment Processing

Payment must accompany application. Payment plans, by credit card only, are available for Diplomate Status. 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 Diplomate Status

- > To be considered for Diplomate status, your score must total a minimum of **200 points** based on education, experience, knowledge, skill, and training.
- > A copy of your resume, degree, license (if applicable), and other supporting documentation must accompany your application.

Membership Information (Fill out for Diplomate status only)

Education:

Award points for the highest degree only.

Must have a minimum of a master's degree from a lawfully operating college or university.

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

Award 100 points if you have a doctorate degree.

Points

Score

Experience:

Must have at least 4 years of professional experience.

Award 10 points for each year of professional experience.

10x _____ = _____

Knowledge:

Award 25 points for each book you have authored or co-authored.

25x _____ = _____

Award 15 points for each article you have authored or co-authored.

15x _____ = _____

Award 10 points for each paper you have presented at a professional meeting.

10x _____ = _____

Skill:

Award 25 points for each Board Certification, Diplomate or Fellow status, or professional license you presently hold.

25x _____ = _____

Award 20 points for any other significant award or honor you have received.

20x _____ = _____

Training:

Award 1 point for each continuing education earned within the last two years.

1x _____ = _____

Other Points:

Include other information about relevant activities. We will factor that information in when evaluating the application for Diplomate status. Specify how many points you feel should be awarded based on this information. Add these points to your total score. Attach additional pages if necessary:

Other Points: _____

Total Points: _____

If you are licensed, please provide professional license number and submit a copy of your license with this application.

License # _____ **State of** _____

List two professional references: Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

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) _____

Signature _____ **Date** _____

4 Easy Ways to Apply!

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

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

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