

American Psychotherapy Association®

Application for Fellow Status



Qualifications for Fellow Status

- Held the Diplomate designation for a minimum of 3 years
- Be an APA member in good standing

Yes! Please advance me for Fellow status with the American Psychotherapy Association.

Membership Information (Please print or type all information)

Member ID Number		Designation
First Name	M.I.	Last Name
Address		
City/State/Zip		
List Primary Specialties		

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:

Signature _____

Print your name as you would like it to appear on your certificate (include designations). Designations must have documentation on file before they will be listed.

Payment Processing

One-time passage fee of \$250 must accompany application for Fellow status. 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 \$ _____

Card Number	Expiration date
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Signature _____