



The American Board of Professional Counselors 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 _____ Job Title _____

How did you hear about ABPC? _____

If a license or certificate is required by the jurisdiction in which you practice, please provide the license/certificate number and state, and a copy of your license:
 License/Certificate # _____ State of _____

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.

List two professional references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Membership Categories

Check one of the following levels of membership. Check only one box.

Non-Certified Categories:	Please sign the back of this application →→→→→	Dues:
<input type="checkbox"/> Student Member: Annual dues \$65 (must be enrolled in at least 9 hours/semester and provide proof of status)		\$65
<input type="checkbox"/> Member: Annual dues \$165		\$165
<input type="checkbox"/> International Membership: Annual dues (\$165+\$25 for postage, per year)		\$190
<input type="checkbox"/> Life Member: Never pay dues again \$2,500		\$2,500
<hr/>		
Certified Categories:	Please be sure to complete both sides of this application →→→→→	
<input type="checkbox"/> Board Certified Professional Counselor: (Please complete page two and sign where indicated.) Annual dues \$165, plus one-time certification fee of \$250, less \$50 discount =		\$365
<input type="checkbox"/> Candidate for Board Certified Professional Counselor: (Please complete page two and sign where indicated.) Annual dues \$165, plus one-time certification fee of \$250, less \$50 discount =		\$365
<input type="checkbox"/> Life Member: Never pay dues again \$2500 + one-time certification fee of \$250		\$2,750
<input type="checkbox"/> Current Member: (Member ID number _____) one-time certification fee of \$250 =		\$250
Total: \$		_____

Payment Processing

Payment must accompany application. Payment plans, by credit card only, are available for Board Certified Professional Counselor 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 full payment. There is a \$50 administrative fee deducted for all cancelled and/or denied applications.

Check Enclosed (Please make checks payable to: American Psychotherapy Association)

Money Order Visa MasterCard American Express

Check here to have your renewal dues automatically charged to your credit card each year.

Paid in full \$ _____

Please accept \$ _____ (min. \$150) as down payment and charge \$ _____ (min. \$100) per month until balance is paid in full.

Card Number _____ Expiration Date _____ Signature _____



Application for Board Certified Professional Counselor

- > To be considered for BCPC status, your score must total a minimum of **100 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

Education:

Award points for the highest degree only.

Must have a minimum of a master's degree that is from a lawfully operating College or University.

Award 60 points if you have a master's degree **OR**

Award 75 points if you have a doctorate degree.

Points

Score

Experience:

Must have at least 3 years of professional experience.

Award 10 points for each year of professional experience.

10x _____ = _____

Knowledge:

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

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 _____ = _____

Award 1 point for each case in the past 3 years that you have personally counseled and achieved a favorable outcome.

1x _____ = _____

Training:

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

1x _____ = _____

Other Points: _____

Other Points:

Include other information about relevant activities. APA will factor that information in when evaluating the application for Board Certification. 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:

Total Points: _____

I certify that the above information is true and correct and I am not misleading or providing false information to the American Board of Professional Counselors (ABPC), a division of the American Psychotherapy Association. 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 APA to lapse, I understand and agree that my membership will be 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. APA does not endorse, guarantee, or warrant the work or opinions of any individual member. Membership in APA 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/ABPC does not assume any responsibility or liability for its members or subscriber's efforts to apply or utilize the information, suggestions, or recommendations made by the organization, publication resources, or activities.

Full Name (please print) _____

Signature _____ **Date** _____

4 Easy Ways to Become a Board Certified Professional Counselor!

- **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** your completed form to: APA
2750 East Sunshine
Springfield, MO 65804