



The American Psychotherapy Association

Master Therapist Application

Membership Information

(Please print or type all information)		Circle one: Dr. Prof. Rev. Mr. Mrs. Ms. Miss Other		APA Member #
First Name	M.I.	Last Name		
Address			Job Title	
City/State/Zip				
Office Phone	Home Phone		Fax	
Email			Highest Degree	
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			State of	
License/Certificate #				
Print your name as you would like it to appear on your certificate (including designations). Please limit to highest degree and/or license. Designations must have documentation on file before they will be listed.				
List two professional references:				
Name			Phone	
Name			Phone	

Membership Category

<input type="checkbox"/> Master Therapist (includes certification fee and one ticket to the annual conference)	\$995
<input type="checkbox"/> Lifetime Membership (includes Master Therapist Designation)	\$3,495

Please complete one of the following:

<input type="checkbox"/> Present an approved one-hour minimum National Conference workshop	Date completed
<input type="checkbox"/> Write an approved continuing education article for <i>The Annals of the American Psychotherapy Association</i>	Date completed
<input type="checkbox"/> Submit an approved online course	Date completed
<input type="checkbox"/> Other relevant experience will be taken into consideration (please provide details)	

Application checklist - Portfolio of Documentation

- | | | | |
|----------------------------------|-------------------------------------------------|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Resume | <input type="checkbox"/> Copy of highest degree | <input type="checkbox"/> 2 written references | <input type="checkbox"/> 3-year Diplomate |
| <input type="checkbox"/> License | <input type="checkbox"/> Awards | <input type="checkbox"/> Case studies, etc. | <input type="checkbox"/> Minimum 10 years experience |
| | | | <input type="checkbox"/> Other documentation |

Payment Processing

Total \$ _____

Payment must accompany application. Payment plans, by credit card only, are available for the Master Therapist Designation and/or life membership. For the payment plan, a minimum down payment of \$250 must be made and the balance paid in monthly installments (minimum \$200) 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.

<input type="checkbox"/> Check enclosed (Please make checks payable to: American Psychotherapy Association)		
<input type="checkbox"/> Money order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
<input type="checkbox"/> Paid in full \$995 <input type="checkbox"/> Paid in full life membership \$3,495		
<input type="checkbox"/> Please accept \$ _____ (min. \$250) as a down payment with \$ _____ (min \$200) per month until balance is paid in full.		
Card Number	Expiration date	Signature

I certify that the information provided in this application is true and correct. I may be asked to provide additional documentation. If I would misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with the American Psychotherapy Association (APA) to lapse, I understand and agree that my Master Therapist status will be revoked and my membership terminated. I affirm that all of the information that I have provided to APA is true, correct, and complete; APA may verify this information. 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, judgement, or expense. I certify that I have not been convicted of a felony. APA does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership in APA does not imply that the organization is licensing or registering a member's qualifications, abilities, or expertise. The objective of 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 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

- | | | |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony? If yes, please provide an explanation on a separate sheet of paper. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been disciplined, or are you currently under investigation, by any legal or licensing board? If yes, please provide an explanation on a separate piece of paper. |

Signature _____ Date _____