



AMERICAN
PSYCHOTHERAPY
ASSOCIATION®

Certified Relationship Specialist, CRS® Application

Personal 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 CRS? _____

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

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 _____

List two professional references:

Name: _____ Email Address: _____ Phone: _____

Name: _____ Email Address: _____ Phone: _____

Credential Categories

Current Member # _____ + Certified Relationship Specialist, CRS®
One time portfolio review fee of **\$250**

Certified Relationship Specialist, CRS® (Please complete page two and sign where indicated.)
One time portfolio review fee of \$250 + 1st year maintenance fee = **\$415**

\$165 annual certification maintenance fee is due yearly to maintain your certification

Maintenance fee includes yearly membership to American Psychotherapy Association

Check here if you wish to decline membership (*Annual maintenance fee is still required to keep certification active*)

Membership Categories (for membership only)

Become a Student Member: Annual dues **\$65** (must be enrolled in at least 9 hours/semester and provide proof of status)

Become a Member: Annual dues **\$165**

Become a Life Member: Never pay dues again **\$2,500**

*See website for Life Member Policy

Discount Code: _____ - \$ _____ Total: \$ _____

Payment Information

Payment must accompany application. There is a \$75 administrative fee deducted for cancelled and/or denied applications. There is no refund issued after an exam has been authorized. All returned checks will be assessed a \$25 NSF check fee.

Check enclosed (Please make check payable to: **American Psychotherapy Association**)

Money Order MasterCard Visa American Express Discover

Card Number: _____ Expiration Date: _____ Security Code _____

Paid in Full

Payment Plan for membership and certification: A payment plan is available with a minimum down payment of \$150 and the balance must be paid in monthly payments (\$100 minimum) to your credit card. Certificate will be issued upon full payment.

Payment Plan for Life Membership: A payment plan is available with a minimum down payment of \$250 and the balance must be paid in monthly payments (\$250 minimum) to your credit card. Certificate will be issued upon full payment. For Life Member Policy please see website www.americanpsychotherapy.com.

Signature: _____

Yes! Please sign me up for automatic dues renewal by credit card.

CRS applicants please select your preferred option: Portfolio Review Coursework*

*The 4 courses involve one mandatory module in counseling ethics and 3 additional modules of your choice from our approved CRS catalog. The fee for each course will be waived if you are applying for the Certified Relationship Specialists certification.

- American Psychotherapy Counseling Ethics Module (Required)
- Self Mutilating Children and Adolescents
- Guidelines for Understanding and Working with Dissociation and Dissociative Identity Disorder
- Parenting Capacity Assessments in Child Protection Cases
- Spiritual Coaching: A Tool for Psychotherapists, Counselors, and Ministers
- Substance Abuse and Dependence
- Adolescence and Substance Abuse
- Bought Out and Spent: Recovery from Compulsive Shopping and Spending
- Solutions for the Treatment-Resistant Client

✓ A copy of your resume, degree, license (if applicable), and other supporting documentation must accompany your application.

Education:

Award points for the highest degree only.

	Points	Score
Award 50 points if you have a bachelor's degree.	50x _____ =	_____
Award 70 points if you have a master's degree.	70x _____ =	_____
Award 80 points if you have a doctorate degree.	80x _____ =	_____

Experience:

Award 10 points for each year of applicable professional experience.	10x _____ =	_____
--	-------------	-------

Skill:

Award 15 points for each Board Certification, Diplomate status, or Fellow status you have received	15x _____ =	_____
Award 20 points for any other significant award or honor you have received in the relationship field.	20x _____ =	_____
Award 30 points for professional license you presently hold .	30x _____ =	_____

Training:

Award 1 point for each continuing education credit received in a relationship-related field within the past 2 years.	1x _____ =	_____
Award 10 points for each training course attended in a relationship-related field.	10x _____ =	_____

Knowledge

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

Total Points: _____

I certify that the information I have provided to American Psychotherapy Association®, 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 the American Psychotherapy Association 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 the American Psychotherapy Association 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 the American Psychotherapy Association in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify the American Psychotherapy Association and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. The American Psychotherapy Association 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 the American Psychotherapy Association'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 the American Psychotherapy Association. The American Psychotherapy Association 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?
 Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? If yes, please explain.

By signing below, I agree to the terms stated above:

Signature _____ Date _____

5 Easy Ways to Apply
Online at: www.americanpsychotherapy.com | Scan & Email to: cao@americanpsychotherapy.com
Fax to: (417) 823-9959 | Call: (800) 205-9165 | Mail to: 2750 East Sunshine St, Springfield, MO 65804