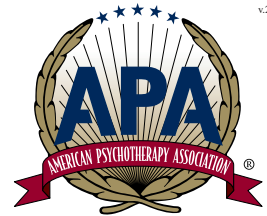


Certified Relationship Specialist, CRSSM Program

Membership Information

(Please print or type all information.)



Circle one: Dr. Prof. Rev. Mr. Mrs. Miss Other: _____

Full name: _____

Address: _____

City/State/Zip: _____ DOB: _____

Office phone: _____ Home phone: _____ Fax: _____

E-mail: _____ Highest degree earned: _____

Area(s) of specialty: _____

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

License #: _____ State of: _____

List two professional references: Name: _____ Phone: _____

Name: _____ Phone: _____

I certify that the above information is true and correct, and I am not misleading or providing false information to the American Psychotherapy Association (APA). 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 in the APA to lapse, I understand and agree that my Diplomate status and/or CRS designation will be revoked and my membership terminated. I agree to hold harmless and indemnify the APA and its officers, directors, employees, and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment, or 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.

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Signature: _____ Date: _____

Section A: APA Membership Categories

You must be an APA member to hold the CRS designation. Check one of the following levels of membership. A current resume and professional license (if applicable) are required to be on file.

☐ **New Member:** \$165 for annual dues \$ _____

☐ **Life Member:** \$2,500 (Never pay dues again) \$ _____

☐ **Current Member:** Member Identification Number: _____

Section B: Certified Relationship Specialist, CRS

☐ **Certified Relationship Specialist, CRS:** \$295 one-time certification fee \$ _____

☐ **Certification + Membership:** \$410 (A \$50 Savings) \$ _____

Section C: National Locator Service Registration

As an APA member, you may register for APA's online Find-A-Therapist Service to network with professionals in your specialty, get more referrals, and help potential clients find you. Members receive one free specialty listing in the Find-A-Therapist Service. Diplomates and Fellows in the American Psychotherapy Association receive two free listings. *To learn more about the prestigious Diplomate or Fellow distinction, please call (800) 205-9165 or visit www.americanpsychotherapy.com.* There is a \$35 annual fee for each additional listing. \$ _____

Select which divisions or specialty listings you would like:

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

If you are applying for the Find-A-Therapist Service, your name, city, and state will be displayed on the Find-A-Therapist Service website. However, we need your permission to display your additional contact information. Please check the additional information you would like to have appear with your listing: ☐ Work phone ☐ E-mail address

Section D: Payment Processing

Total: \$ _____

☐ Check enclosed (payable to APA) ☐ Money Order ☐ Visa ☐ MasterCard ☐ American Express

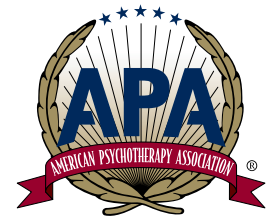
Card #: _____ Exp. Date: _____

Signature: _____

Note: Payment is processed upon receipt of application. If application is denied or cancelled, a \$50 administrative fee will be assessed.

Fax application to the American Psychotherapy Association, (417) 823-9959; call toll free (800) 205-9165; mail it to APA, 2750 E. Sunshine, Springfield, MO 65804; apply online at www.americanpsychotherapy.com

Certified Relationship Specialist, CRSSM Program Application



To earn the Certified Relationship Specialist, CRS, designation you must score a minimum of 125 points based on education, experience, knowledge, skill, and training.

Please score the following categories:

Education:

Award points for the highest degree only. You must have a bachelor's degree OR a minimum of 5 years of experience in a counseling related role. Degrees must be in a therapy-related field from institutions accredited by recognized accrediting agencies.

Award 25 points if you have a bachelor's degree **or**

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

Award 75 points if you have a doctorate degree.

= _____

Experience:

Applicants must have a minimum of 3 years experience, which can include practicum and internships.

• **Individual Therapy:** Award 10 points for each year of experience in this field.

10 x _____ = _____

• **Marital, Family, and/or Couples Therapy:** Award 10 points for each year of experience in this field.

10 x _____ = _____

• **Child/Adolescent Therapy:** Award 10 points for each year of experience in this field.

10 x _____ = _____

• **Group Therapy:** Award 10 points for each year of experience in this field.

10 x _____ = _____

• **Mediation:** Award 10 points for each year of experience in this field.

10 x _____ = _____

• **Consulting/Coaching:** Award 10 points for each year of experience in this field.

10 x _____ = _____

Several fields interface directly with relationships, such as social work, psychology, psychiatry, law enforcement, communications, etc.

Please provide any information pertaining to relationship-related work and activities including positions held, description of service, etc.

Specify how many points you believe should be awarded based on this information.

Other points: _____

Knowledge:

Award 25 points for each published book you have authored or co-authored on relationship-related topics.

25 x _____ = _____

Award 15 points for each published professional article you have authored or co-authored on relationship-related topics.

15 x _____ = _____

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

10 x _____ = _____

Award 15 points for each workshop you have taught on relationship-related topics.

15 x _____ = _____

Award 15 points for each panel you have served on regarding relationship-related topics.

15 x _____ = _____

Skill:

Award 15 points for each professional license, certification, and/or Diplomate status you have received.

15 x _____ = _____

Award 20 points for each Fellow status you have received.

20 x _____ = _____

Award 20 points for any other significant award or honor that you have received in the area of relationships.

20 x _____ = _____

Training:

Award 5 points for each course attended in a relationship-related field.

5 x _____ = _____

Total Points = _____

Upon receipt of application and payment further documentation such as diplomas, certificates, etc. may be required.