

American Psychotherapy Association®

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
E-mail		Highest Degree
Primary Specialty Area		

How did you hear about the American Psychotherapy Association?

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

Membership Categories (check only one box)

<input type="checkbox"/> Student Membership: Annual dues \$65 (must be enrolled in at least 9 hours/semester and provide proof of status)	\$65
<input type="checkbox"/> Membership: 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
<input type="checkbox"/> payment plan: \$250 down payment plus monthly payment plan of \$100 minimum	\$250
<input type="checkbox"/> Diplomate and dues—one year: Annual dues \$165 + one-time \$250 credentialing fee less \$50 discount	\$365
<input type="checkbox"/> Diplomate and dues—three year: Annual dues \$165 x 3 + one-time \$250 credentialing fee less \$110 discount	\$635
<input type="checkbox"/> Diplomate Current Members: One-time passage fee \$250	\$250
Total \$ _____	

American Psychotherapy Association divisions allow you to network with your colleagues as well as give potential clients the opportunity to contact you. Your name, phone number, and e-mail (if selected) will be listed on our Web site under each division you select. Please mark all divisions to which you are applying. Members receive one free division. Diplomates receive two free divisions and Fellows receive four free divisions. Each additional division is \$35/year.

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

I agree to have my information listed on the Web site I do not wish to be listed on the Web site

Payment Processing

Payment must accompany application. Payment plans are available for Diplomate Status by credit card only. For the payment plan, a minimum down payment of \$150 must be made and the remaining balance paid in monthly payments (minimum \$100) charged automatically to your credit card. Certificates will be issued upon receipt of full payment. 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 \$ _____

Please accept \$ _____ (minimum \$150) as a down payment with \$ _____ (minimum \$100) per month until balance is paid in full.

Card Number	Expiration date	Signature
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Application for Diplomate Status

- To be considered for Diplomate status, your score must total a minimum of **200 points** based on education, experience, knowledge, skill, and training.
- A copy of your résumé, degree, license (if applicable), and any other supporting documentation must accompany your application.

Membership Information (Fill out for Diplomate status only)

Education

Award points for the highest degree only.

Must have a minimum of a master's degree from a lawfully operating college or university.

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

Award 100 points if you have a doctorate degree.

Points

Score

Experience

Must have at least 4 years of professional experience.

Award 10 points for each year of professional experience.

10x _____ = _____

Knowledge

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

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 each for any 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 _____ = _____

Training

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

1x _____ = _____

Other Points

Include other information about relevant activities. We will factor that information in when evaluating the application for Diplomate status. 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.

Other Points: _____

Total Points: _____

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

License # _____ State of _____

List two professional references Name _____ Phone _____

Name _____ Phone _____

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 cancelation 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? If yes, please explain on a separate sheet of paper.

Have you ever 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:

Full Name (please print) _____

Signature _____ Date _____

4 Easy Ways to Apply!

- **Phone:** (417) 823-0173 or **Toll Free:** (800) 205-9165
- **Online:** www.americanpsychotherapy.com
- **Fax:** (417) 823-9959

- **Mail:** American Psychotherapy Association®
2750 East Sunshine
Springfield, MO 65804