

American Psychotherapy Association®

Application for Fellow Status



Qualifications for Fellow Status

- Held the Diplomate designation for a minimum of 3 years
- Be a member in good standing with the American Psychotherapy Association

Membership Information (Please print or type all information)

Member ID Number		Designation	
First Name	M.I.	Last Name	
Address			
City/State/Zip			
Print your name (as you would like it to appear on your certificate, include designations)			

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? 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.

Full Name (please print) _____

Signature _____ **Date** _____

Payment Processing

One-time passage fee of \$250 must accompany application for Fellow status. There is a \$75 administrative fee deducted for all cancelled and/or non-qualified applications. All returned checks will be assessed a \$20 NSF fee.

Check enclosed (Please make checks payable to American Psychotherapy Association)

Money order Visa MasterCard American Express Discover

Paid in full \$ _____

Card Number	Expiration date
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Signature _____

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