



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

| | |
|-----------------------|----------|
| License/Certificate # | State of |
|-----------------------|----------|

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, workshop at an American Psychotherapy Association National Conference | 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 continuing education course to the American Psychotherapy Association | 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 (must be Diplomate for 3 years) |
| <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 \$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
- Paid in full \$995 Paid in full life membership \$3,495
- 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 I have provided to American Psychotherapy Association®, (APA) 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 APA 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 APA 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 APA in writing of any civil, criminal, or complaint that is made against me. 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, judgment, or expense. APA 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 APA'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 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
- Have you ever been convicted of a felony? If yes, please provide an explanation on a separate sheet of paper.
- 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 _____