

NCPA Calendar year: September 01 thru August 31

Full Applications received after 01/15 prorated dues: \$100.00
Associate Applications received after 01/15 prorated dues: \$65.00

Membership requested (please check)

- Full Membership \$130.00 Spouse Member \$ 65.00 Associate Member \$80.00
 Student Affiliate \$ 25.00* Graduated (1st year) \$ 65.00 Graduated (2nd year) \$97.50
 Emeritus \$ 65.00

Last Name _____ First Name _____ Middle Initial ____ Deg ____

Home Address _____ City _____ State ____ Zip ____

Telephone _____ E-Mail: _____

Occupation _____

Employment/Internship location _____

Telephone _____ Fax: _____ Email: _____

Address _____ City _____ State ____ Zip ____

Professional membership APA _____ Date ____/____/____ NYSPA _____ Date ____/____/____

School Psychology Certification # _____ Date ____/____/____

Private Practice License # _____ Date ____/____/____

Have you previously been a member of NCPA? _____ Type _____ Date ____/____/____

How did you find out about NCPA? _____

Experience in Psychology (please attach a resume and/or a supplementary sheet.)

References (Please list three psychologists who are familiar with your professional work.
(Students may list professors)

Name _____ Address _____ Telephone _____

Verification

Full Member - Please send a copy of one of the following: License, Doctoral Diploma, School Psychology Certificate, APA or NYSPA membership acknowledgement.

Associate Member - Please send a copy of Master's Diploma or School Psychology Certificate.

*Student Affiliate - Complete Verification of Student Status

Academic Year _____ to _____

Name of School _____

Name of Department Chairperson _____

I certify that the person named in this application is a student at _____

(Signature and Title of Department Chairperson)

(Stamp of School or Department)

Date ___ / ___ / ___

Please respond to the following questions. If you respond yes, please explain on an attached sheet, identifying the item.

Yes No

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Have you ever been found guilty of an ethical, moral, or legal complaint? |
| ___ | ___ | 2. Have you ever been convicted of a felony? |
| ___ | ___ | 3. Have you ever been found guilty in a malpractice suite? |
| ___ | ___ | 4. Have you ever had a professional license denied, restricted, suspended, or revoked? |
| ___ | ___ | 5. Have you ever had membership in a professional organization denied or terminated? |

I, _____, hereby apply for membership in the Nassau County Psychological Association. I hereby authorize NCPA to contact any of the above-named references, individuals, and/or institutions for verification of my experience and training. I agree to a) subscribe to the objectives of the Association; b) maintain ethical standards as established by NCPA; and c) maintain primary identification within the field of psychology.

(Signature of Applicant)

This application should be returned to the address above:

Please make checks payable to NCPA or enter your credit card information:

Credit Card: Visa M/C Amex Discover card# _____

Exp date _____ **3 digit CVV code** _____

Full name as it appears on card _____

Billing address and Zip Code _____