



Nassau County Psychological Association  
 Nassau Psychological Services Institute  
 PO Box 9 Massapequa Park, New York 11562  
 Tel: (516)377-1010 Fax: (516) 377-1240  
 Email: [ncpa@optonline.net](mailto:ncpa@optonline.net)  
 Website: [www.nassaupsych.org](http://www.nassaupsych.org)

**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  Associate \$80.00  Student Affiliate \$25.00

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Degree \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation \_\_\_\_\_

Employment/Internship location \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Professional membership: APA/ Date \_\_\_\_ NYSPA/Date \_\_\_\_ NYASP/Date \_\_\_\_ SCPA/ Date \_\_\_\_

School Psychology Certification # \_\_\_\_\_ Date \_\_\_\_\_

Private Practice License # \_\_\_\_\_ Date \_\_\_\_\_

Have you previously been a member of NCPA? \_\_\_\_ Membership 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.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

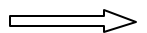
Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_



## Verification

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

**Associate-** 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)

Please return application, all supporting documentation including a check made payable to NCPA for the applicable amount to the address above.

*If using a credit card, please include the following 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 \_\_\_\_\_

Thank you for your interest in joining the Nassau County Psychological Association.

Angela Russo  
Executive Director

## **Membership and Dues**

### **1. Those persons may be admitted to Full Membership who:**

- a. subscribe to the objectives of the Association;
- b. maintain the ethical standards of the American Psychological Association; and
- c. hold full membership in either the American Psychological Association or the New York State Psychological Association, or
- d. hold a License as a Psychologist issued by the New York State Department of Education under Article 153 of the Education Law; or
- e. hold a Certificate as a School Psychologist under Article 143 of the Education Law and have three years' experience as a school psychologist;
- f. possess a doctoral degree in psychology, conferred by a recognized graduate school.

### **Those persons may be admitted to Associate Membership who:**

- . subscribe to the objectives of the Association;
  - a. maintain the ethical standards of the American Psychological Association; and
  - b. possess a Master's Degree (or equivalent) in psychology from a recognized graduate school, or
  - c. hold a certificate as School Psychologist from the New York State Department of Education under Article 143 of the State Education Law; or
  - d. hold a Limited Permit to practice psychology issued by the New York State Department of Education under Article 153 of the Education Law.

Associate members may not vote or hold office but may participate in all other affairs of the Association.

### **Those persons may be admitted as Student Affiliates who:**

- . subscribe to the objectives of the Association;
  - a. maintain ethical standards as subscribed to by the Association; and
  - b. Are matriculated students in a graduate program in psychology. Undergraduate applicants will be considered on an individual basis.

*\*\*Student Affiliates must re-verify their educational status annually. Student Affiliates may not vote or hold office but may participate in the affairs of the Association. \*\**