



Nassau County Psychological Association
Nassau Psychological Services Institute
P.O. Box 9 Massapequa Park, NY 11762
Tel: (516) 377-1010 Fax: (516) 377-1240
Email: NCPA@optonline.net
Website: www.nassaupsych.org

NCPA Calendar year: September 01 thru August 31

Membership requested (please check)

Full Membership \$130.00 Associate Member \$80.00 Student Affiliate \$ 25.00***

See below required verification

Last Name _____ First Name _____ Middle Initial ____ Deg ____

Home Address _____ City _____ State ____ Zip ____

Telephone _____ E-Mail: _____

Birthday _____ Occupation _____ Private Practice (of applicable) since _____

Employment/Internship location _____ Theoretical Orientation _____

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 provide resume and/or CV)

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

Name _____ Address _____ Contact _____

Name _____ Address _____ Contact _____

Name _____ Address _____ Contact _____

Verification >>>>>>>>>>

Full Member- Please provide a copy of one of the following: License, Doctoral Diploma, School Psychology Certificate

Associate Member - Please provide a copy of Master’s Diploma or School Psychology certificate.

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 make checks payable to NCPA or utilize PayPal for payment

Student Affiliate - Complete below 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 ___ / ___ /