



Nassau County Psychological Association
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Email: NCPA@optonline.net
Website: www.nassaupsych.org

NCPA Calendar year: September 1, 2023-August 31, 2024

Student Affiliate Membership \$ 25.00* *Please make check payable to NCPA*

Last Name _____ First Name _____ Middle Initial _____
 Home Address _____ City _____ State _____ Zip _____
 Telephone _____ E-Mail: _____
 School _____ Degree Program _____ Anticipated Year of Graduation _____
 Internship (if applicable) _____ Contact Person _____
 Telephone _____ Fax: _____ Email: _____
 Address _____ City _____ State _____ Zip _____

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 ____ / ____ / ____

Please respond to the following questions. If you respond yes, please explain on an attached sheet, identifying 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 had a professional license denied, restricted, suspended, or revoked? |
| ___ | ___ | 4. 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)