



**Nassau County Psychological Association**  
**Nassau Psychological Services Institute**  
250 Merrick Road  
PO BOX 538  
Rockville Centre, N.Y. 11571  
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**

**Membership requested (please check)**

Full Membership \$130

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 **attach** a copy of one of the following: License, Doctoral Diploma, School Psychology Certificate

**Associate Member** - Please **attach** 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

- |                          |                          |                                                                                        |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever been found guilty of an ethical, moral, or legal complaint?           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever been convicted of a felony?                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been found guilty in a malpractice suite?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had a professional license denied, restricted, suspended, or revoked? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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**

<b>*Electronic Application and PayPal also available online – <a href="http://www.nassaupsycho.org">www.nassaupsycho.org</a> *</b>
------------------------------------------------------------------------------------------------------------------------------------