

Suffolk County Psychological Association, Inc.

promoting the profession of psychology in Suffolk County through fellowship, education and advocacy

Affiliated with New York State Psychological Association, Inc.

P.O. Box 397, Commack, NY 11725 (631) 423-2409

APPLICATION FOR MEMBERSHIP

Name _____ Phone _____

Home Address _____

Fax _____ Email _____

Present Employment Title or Student Level _____

Place of Employment or College/University _____ Phone _____

Address _____ Private Practice: Yes _____ No _____

Other Professional Psychological Association Memberships:

American Psychological Association: Fellow _____ Member _____ Associate _____ Applicant _____ Past Member _____ N/A _____

New York State Psychological Association - Member _____ Applicant _____ Past Member _____ N/A _____

Other: _____

Licensure as Psychologist and/or Certification as a School Psychologist:

N.Y. State License as Psychologist: Yes _____ No _____ Number _____

N.Y. State School Psychologist Certification: Yes _____ No _____ Number _____

Other State(s) in Which Licensed: _____ Number _____

Academic Training:

Institution	Degree Awarded	Date Awarded*	Major Subject	Department in Which Studies Done

** If not licensed as a Psychologist in New York State, please attach photocopies of all graduate work completed along with evidence of date degree was awarded.*

Type of membership** applying for (annual membership fee):

Full Member _____ (\$100) Associate _____ (\$100) Full-Time Student _____ (\$25, *documentation required*)

Please pay membership fee with application. If your application cannot be accepted, this fee will be returned to you. Make your check payable to Suffolk County Psychological Association.

** See definitions/requirements.

Student affiliates must document current full-time student status, either with a transcript, bursar/registrar statement, or signature by an Advisor or Program Chairperson

Student Section:

This applicant _____ (name) is enrolled in a full-time graduate program in psychology, _____ (title of program) at _____

(university/college).

Advisor/Chairperson Signature

Advisor/Chairperson Name

Date

All applicants must answer these questions:

Have you ever been convicted of a felony? Yes _____ No _____

Has license in any state ever been suspended or revoked? Yes _____ No _____

Have you ever been found guilty of professional malpractice related to your Private Practice? Yes ___ No ___

Are there any pending malpractice cases and/or judgments against you? Yes _____ No _____

Are you currently under investigation by any state authority? Yes _____ No _____

(If you checked yes to any of the above questions, please explain on a separate sheet.)

Please take a few moments to complete the following questionnaire. This will help us to better serve you as a member. *The information contained in this section of the application will not affect your eligibility for membership. Attach additional sheet as necessary.*

1. How did you learn about SCPA? If being sponsored by a member, please have them indicate and sign here. _____

2. What do you hope to get out of joining SCPA? _____

3. Please list areas of interest and if you would be interested in joining a committee _____

4. Additional comments: _____

Definitions/Requirements of Membership

The Association shall consist of five classes of membership: FULL MEMBERS, ASSOCIATE MEMBERS, STUDENT MEMBERS, EMERITUS MEMBERS, and HONORARY MEMBERS.

FULL MEMBERS, ASSOCIATE MEMBERS and STUDENT MEMBERS are required to subscribe to the objectives of the Association, maintain ethical standards of professional conduct as set forth by the Ethical Principles of Psychologists and Code of Conduct established by the American Psychological Association, abide by all other Federal, State and other laws that regulate the profession or practice of psychology, and be approved for admission to the Association by the Executive Board.

FULL MEMBERS of the Association shall be persons who meet any one of the following minimal standards:

- 1) Possession of a license as Psychologist granted by the New York State Education Department, Article 153, State Education Law;
- 2) Status of Member or Fellow of the American Psychological Association or of Member of the New York State Psychological Association;
- 3) Possession of a doctoral degree in Psychology conferred by a graduate school of recognized standing;
- 4) Possession of a certificate as a school psychologist, Article 143, State Education Law.

FULL MEMBERS shall be entitled to all the rights and privileges of full participation in the affairs of the Association.

ASSOCIATE MEMBERS shall be persons legally employed as psychologists in a school, clinic, or institution, and who do not meet requirements to be a Full Member.

ASSOCIATE MEMBERS shall be entitled to all the rights and privileges of Full Members except for the right to vote, to hold office, and such other rights specifically denied them in these By-Laws.

STUDENT MEMBERS shall be persons who are enrolled in a full-time psychology program at the graduate level. Student Members must have their educational status re-verified annually. STUDENT MEMBERS shall be entitled to all the rights and privileges of Members except for the right to vote, to hold office, and such other rights specifically denied them in these By-Laws.

I agree to be governed by the Constitution and By-Laws of the Suffolk County Psychological Association and to abide by the ethical code of the American Psychological Association. In addition, I give Suffolk County Psychological Association permission to verify all of the above information which I attest to be true.

Signature of Applicant

Date

**RETURN APPLICATION TO:
Suffolk County Psychological Association
P.O. Box 397
Commack, NY 11725**