

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 _____

Home Address _____

Home Phone _____ Email _____

Private Practice: Yes__ No__ *If "Yes" please provide office address and phone.*

Office Address _____ Phone _____

Other Employment: Yes__ No__ *If "Yes" please indicate "Job Title"* _____

Name/Address of Employment _____

Work Phone _____ Email _____

Early Career Psychologist (within the first 7 years of career): Yes _____ No _____

If applying for Student Membership, please complete both the Academic Training and Student Sections below.

Professional Psychological Association Memberships:

American Psychological Association: Fellow__ Member__ Associate__ Student__ Applicant__ Past Member__

New York State Psychological Association: Member__ Student__ Applicant__ Past Member__

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 _____

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

Academic Training Section *(all applicants must complete this section):*

Institution	Degree	Date received or anticipated	Major	Department

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

Reduced rate for first-time Full Member__ or Associate Member__ (\$75)

Full Member__ (\$100) Associate Member__ (\$100)

Full-Time Student Member__ (\$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 Section: *Student applicants must document current full-time student status by providing at least one of the following: 1) transcript, 2) bursar/registrar statement, or 3) signature by an Advisor or Program Chairperson.*

This applicant _____ (*name of applicant*) is enrolled in a full-time graduate program in psychology, _____ (*name or title of program*) at _____ (*name of university/college*).

Advisor/Chairperson Name

Advisor/Chairperson Signature

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 you were *invited to join* by a current SCPA member, please provide their full name so that the Association can acknowledge their support: _____

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.

Reduced rate for first-time **FULL/ASSOCIATE MEMBERS** applies only to individuals who have not previously been Full or Associate members of SCPA. Current or past **STUDENT MEMBERS** applying for **FULL/ASSOCIATE** membership also qualify for the reduced rate.

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