



SJPA NEW MEMBER APPLICATION

Name: _____

Office Address: _____

Office Phone: _____ Business Email: _____

NJ License # _____ Member NJPA: Yes or No

Personal Address: _____

Personal Email: _____ Personal Phone: _____

Select Email for SJPA Listserv Subscription: Business Email or Personal Email

Membership Requirements

1. All classes of members shall be persons who are interested in the advancement of psychology as a science and as a profession and who have met the standards described below. In addition, they must reside or be employed in South Jersey (Atlantic, Burlington, Camden, Cape May, Cumberland Gloucester or Salem counties), must be eligible for membership in NJPA or NJSAP and be currently participating or employed in some professional aspect of psychology.

2. The minimum standards for election to Member status shall be (a) residence or professional employment in Atlantic, Burlington, Camden, Cape May, Cumberland Gloucester or Salem counties; (b) the receipt of the doctoral degree based on the study of psychology conferred by a graduate school of recognized standing; (c) participation or employment in some professional phase of psychology; (d) personal and professional integrity consistent with the best interests of the profession.

3. The minimum standards for election to Associate Member status shall be (a) residence or professional employment in Atlantic, Burlington, Camden, Cape May, Cumberland Gloucester or Salem counties; (b) completion of at least two years of graduate work in psychology in a recognized graduate school or receipt of a Master's degree in psychology from a recognized graduate school plus a year of acceptable experience in professional work that is psychological in nature; (c) participation or employment in some professional phase of psychology; (d) personal and professional integrity consistent with the best interests of the profession.

4. Early Career Psychologist: Within ten years of the doctoral degree.

5. Student Affiliate: Current student enrolled in a graduate program in psychology.

Professional Conduct: Has your license ever been suspended or revoked? Yes ___ No ___

If yes, please explain: _____

I hereby certify that all statements made on this application are true.

Signature

Date

Enclosed Dues: \$ _____

- Member - \$35.00
- Associate Member - \$35.00
- Early Career Psychologist - \$25.00
- Student Affiliate - \$15.00

Please return this form with your dues check enclosed. Make checks payable to SJPA, and mail to:
SJPA, 128 Bortons Landing Road, Suite 2, Moorestown, NJ 08057



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Complete only if you are a licensed behavioral health care professional who wishes to be included in the public directory. Your information will be added pending approval from the Membership Secretary.

1a. Name _____

1b. Please provide office address, phone, and email to publish if it differs from page 1 of this form:

2. Licensure status:

- Psychologist, LPC, None of the above, Other

3. County of your Practice/Office (please circle):

- Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem, Other:

4. Age of the Population(s) you serve (please circle all which apply):

- Birth to 6 years, 6 to 12 years, Adolescent, Adult, Geriatric

5. Modality of Treatment (please circle all which apply)

- Individual, Group, Family, Marital/Couples, Inpatient, Outpatient

6. Do you accept insurance? yes no

7. Do you provide assistance with out of network claim filing? yes no

8. Do you participate with Medicaid? yes no

9. Do you participate with Medicare? yes no

10. of Clinical Interest and Specialty (please check all areas which apply):

- Abuse, Dissociative Disorders, Obsessive Compulsive Disorder (OCD), Psychotic/Schizophrenic Disorders, Addiction Issues, Divorce Mediation, Pain Management, Relationship Issues, Adoption, Eating Disorders, Panic Disorder, School Psychology, Anger Management, EMDR (Eye Movement Desensitization & Reprocessing), Parent Support/ Training, Sex Offender Treatment, Anxiety, Attentional/Hyperactivity, Parent Coordination, Sexual Identity/Orientation, Autism Spectrum Disorders, Gestalt Therapy, Phobias, Sleep Disorders, Behavior Modification, Grief/Bereavement, Play Therapy, Somatoform Disorders, Biofeedback, Hearing Impaired, Post-Partum Mood/Anxiety, Traumatic Brain Injury (TBI), Cognitive Behavioral Therapy, Learning Disabilities, Post-Traumatic Stress Disorder (PTSD), Workers' Compensation, Developmental Disabilities, Military, Psychoanalysis, Other (please specify), Dialectical Behavioral Therapy, Mood Disorders (Depression, Bipolar Disorder, etc.), Psychodynamic Psychotherapy, Multicultural Competence, Psychological Evaluations

11. Certifications (School, Diplomate status, etc.) _____