



CAPITAL AREA PSYCHOLOGICAL ASSOCIATION

2018 MEMBERSHIP APPLICATION/RENEWAL FORM

You can also renew online at www.austinspsychologists.net

First Name: _____ Last Name: _____ Suffix: _____

Office Address: _____ City/State/Zip: _____

Home Address: _____ City/State/Zip: _____

I prefer to have any mailings sent to my: Office Address Home Address

E-mail address: _____ Web page address: _____

Phone: Home _____ Office _____ Fax _____ Cell _____

CAPA Commentary is emailed unless otherwise requested.

I meet the requirements as a/an (Please check one):

- Full Member** **\$95** Those who hold either Fellow or Member status in the American Psychological Assn or the Texas Psychological Assn or those who possess licensure/certification as a Psychologist by the Texas State Board of Examiners of Psychologists.
- Affiliate Member** **\$35** Persons who have interests consonant with the purposes of the Association who do not otherwise qualify for membership. Applicants must (1) be actively engaged in professional activity in the community and (2) have a recommendation from a CAPA member explaining how the membership will profit by such an Affiliate's presence.
- Student Member** **\$10** Persons who are enrolled in an accredited college or university and who are pursuing an undergraduate or graduate degree in psychology.

Voluntary Donation to sustain CAPA programs and community based charitable donations.
_____ \$10.00 _____ \$25.00 _____ \$50.00 _____ Other \$ Amount

Please read the following questions and attach a detailed explanation for any affirmative answer:

1. Has your license to practice ever been suspended, revoked, or limited by a state licensing board? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Have you ever been found guilty of unethical or unprofessional conduct by a local, state, or national ethics committee, professional organization or licensing board? Yes No
4. Have you ever been found guilty of malpractice? Yes No

Highest degree earned _____ School _____ Year _____

Do you currently engage in the independent practice of psychology? Yes No

Current professional position _____

Current status with the Texas State Board of Examiners of Psychologists:

Psychologist

- License # _____
- Provisional # _____
- Certified # _____

Memberships in other professional organizations: (Please check all that apply):

- American Psychological Association
- Texas Psychological Association
- Other: (Please specify) _____

Psychological Associate

- License # _____

Please proceed to side 2 of this form.



CAPA INFORMATION & REFERRAL SERVICE

This section is to be completed **ONLY** by **FULL MEMBERS** who want to be listed in our information & referral service:

I certify that I am a licensed psychologist in good standing with the Texas State Board of Examiners of Psychologists. I certify that I am qualified and competent in the specialty areas that I have indicated below. I have a current professional malpractice insurance policy and I will maintain liability coverage throughout the membership year.

RANK YOUR TOP 4 TREATMENT TECHNIQUES AND APPROACHES

- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Behavior Therapy | <input type="checkbox"/> Freudian | <input type="checkbox"/> Play Therapy | <input type="checkbox"/> Rogerian |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Gestalt | <input type="checkbox"/> Psychoanalytic | <input type="checkbox"/> Systems |
| <input type="checkbox"/> Cognitive Therapy | <input type="checkbox"/> Group Therapy | <input type="checkbox"/> Psychodrama | Other (specify) |
| <input type="checkbox"/> Cognitive Behavior Ther. | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Psychodynamic | <input type="checkbox"/> _____ |
| <input type="checkbox"/> EMDR | <input type="checkbox"/> Jungian | <input type="checkbox"/> Rational-Emotive | |

RANK YOUR TOP 6 SPECIALTY AREAS BY PLACING A 1, 2, 3, 4, 5, OR SIX NEXT TO YOUR TOP 6 CHOICES

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> ACOA | <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Medical/Health Psychology | <input type="checkbox"/> Serious Mental Illness |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Sexual Problems |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Develop. Disabilities/MR | <input type="checkbox"/> Mid-Life Transitions | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Disability Determination | <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Dissoc Ident/Mult Pers Dis | <input type="checkbox"/> Obsessive-Compulsive Dis. | <input type="checkbox"/> Spiritual Issues |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Divorce | <input type="checkbox"/> Organizational Dev | <input type="checkbox"/> Sports Psychology |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Assault/Rape | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Autism/Asperger's | <input type="checkbox"/> Elder Care | <input type="checkbox"/> Parenting | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Body Dysmorphic Disorder | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Personality Disorders | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Forensic Psychology | <input type="checkbox"/> PTSD/Trauma | <input type="checkbox"/> Trichotillomania |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Gambling | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Child Behavior | <input type="checkbox"/> Gay/Lesbian Issues | <input type="checkbox"/> Phobias | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Child Custody Evaluation | <input type="checkbox"/> Gender Iden/Transgender | <input type="checkbox"/> Postpartum Issues | Other (specify) |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Psych Assessments | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Hoarding | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Couples Counseling | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Relationship | |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Schizophrenia | |

Ages Served

- 0-5
 6-12
 Adolescent
 Adult
 Elderly

- Accept Medicare Yes No
 Accept Medicaid (child) Yes No
 Accept Medicaid (adult) Yes No

Location:

(choose one)

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Central | <input type="checkbox"/> Northwest |
| <input type="checkbox"/> North | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> South | <input type="checkbox"/> Northeast |
| <input type="checkbox"/> East | <input type="checkbox"/> Southeast |
| <input type="checkbox"/> West | |

Please list all insurance you accept in your practice: _____

Languages Spoken Fluently: ___ Spanish ___ French ___ Sign Language Other _____

Do you want to be on a list of media experts to speak on your specialty area?

- No Yes _____ (choose from above list)

To be included in the annual membership directory, applications/renewals must be received no later than January 31st.

If you have questions, contact CAPA at 512-451-4983 or admin@austinpsychologists.net

Please mail your check and application to: CAPA, P.O. Box 1448, Cedar Park, Texas 78630

I affirm that all of the information I have shown here is true. I agree to abide by the Code of Ethics of the American Psychological Association and by the guidelines of the Texas State Board of Examiners of Psychologists.

Signature _____ Date _____