



Kansas Psychological Association

2019 Application/Renewal for Membership



First Name: _____ Last Name: _____ Degree: _____

Office Street Address: _____

Office City: _____ Office State: _____ Office Zip: _____

Email Address: _____ Office phone: () _____

Current Employer: _____

KS Licensure Type(s): LP LCP License Number(s): _____

In order to help us determine congressional and state voting districts, we are asking that you provide us with your home address. Please be assured that this information will not be shared with anyone or published in any form by KPA.

Home Street Address: _____

Home City: _____ Home State: _____ Home Zip: _____

Membership Dues Categories

- Full Member** Dues: **\$25/mo or \$300 annually**: Persons shall have a minimum of a doctoral degree in psychology or in an area primarily psychological in content. Full Members shall be entitled to all the rights and privileges of the Association including voting, holding elective office or appointive office.
 - NEW Full Member** Dues: **\$12.50/mo or \$150 annually**: If you are new to KPA, your first year of dues is discounted to \$150. Full member qualifications noted above apply. ECP discounts do not apply.
- Prelic Member** Dues: **\$8.33/mo or \$100 annually**: Persons who are 1-2 years postgraduate, working toward permanent license
- Associate Member** Dues: **\$7.50/mo or \$90 annually**: Persons with a minimum of a Master's degree in psychology or a field primarily psychological in nature, who do not meet the requirements for Full Member or Student member. Associate Members may serve on committees, but may not vote, or hold elective or appointive office. Associate Members shall achieve voting privileges after five consecutive years as an Associate Member.
 - NEW Associate Member** Dues: **\$3.75/mo or \$45 annually**: If you are an Associate Member who is new to KPA, your first year of dues is discounted to \$45. Associate member qualifications noted above apply.
- Emeritus Member** Annual Dues: **\$25**: Persons who are retired and/or permanently disabled, who have been a member of the Association in good standing for the previous five (5) years. Those persons shall retain all the rights and privileges of their previous membership category.
- Student Member** Annual Dues: **\$15**: Persons working toward a graduate or undergraduate degree in a program primarily psychological in content at a college or university. Student Members may serve as voting members of committees. They may not hold elective or appointive office, except to serve as the Student Representative to the Board of Governors.
 - University & Program in which you will be enrolled as of 1/1/2019: _____
 - Degree you are seeking: _____ Anticipated graduation date: _____
- Missouri Psychological Association Reciprocal Member Annual Dues**: \$20.00 for 1-2 years postgraduate OR \$40 2+ years postgraduate: Be aware that this process of having membership with both MOPA and KPA has changed. In prior years you could purchase your membership for both organizations through KPA or MOPA. That is no longer the case. You now need to purchase your membership from each organization independently. What has remained the same is that you continue to receive a discounted rate on the 2nd membership. If you live in KS you would purchase a KPA membership on our site and then to go to <http://www.mopaonline.org/> to purchase your MOPA membership. If you live in MO, you would purchase a MOPA membership on their site and then come here to purchase the (\$40) membership with KPA.

\$_____ TOTAL DUES

Available Discounts

● **Early renewal discount**

\$ - _____ Renew by **January 30, 2019**= -\$15

\$ - _____ Renew by **February 28, 2019** = -\$10

● **Early career discount (Only valid if registered above as a Full Member)**

Year you received your Doctoral Degree	2018 ECP1	2017 ECP2	2016 ECP3	2015 ECP4	2014 ECP5
Amount of Discount	\$200	\$175	\$150	\$100	\$50

\$ - _____ enter early career discount

● **5+ Member Institution Discount**

If five or more psychologists from your institution renew as a group, you may deduct \$50 each – All applications/renewals must be faxed/mailed together:

\$- _____ **Total Discounts**

Name of Institution: _____

\$ - _____ 5+ member discount

Voluntary Additional Contribution

\$ _____ Contribution to the Political Action Committee- Association for the Advancement of Psychology in Kansas
Political Action Committee contributions are not tax deductible

\$ _____ **GRAND TOTAL**

Payment Options

- Check made payable to KPA
- I authorize KPA to charge my Visa, Amex, or MasterCard in the amount noted in the grand total above
- I wish to be charged monthly for my dues. Note that you will be charged dues/the number of months remaining in the dues year. If you renew in February, you will be charged the dues amount due divided evenly in 11 payments, March, you will be charged the dues amount due divided evenly in 10 payments and so on.
- I wish to be charged in 4 equal quarterly payments

Name as it appears on card: _____

Account number: _____ Security code: _____ Exp date: _____
(Last 3 digits on signature panel or 4 digits on front of Amex) (mm/yy)

Billing address: _____ City/ State/ Zip: _____

Signature: _____ Date: _____

Fax to: (800) 784-9034 or **For mail processing, send to:** KPA, P.O. Box 1448, Cedar Park, TX. 78630

Questions: Email admin@kspsych.org or call (866) 860-7313

Kansas Psychological Association Doctor Locator Service: The doctor locator service is free to Full Members and New Full Members. This section is to be completed only by Licensed Practitioners who wish to participate in KPA's Locator Service. Choose your TOP SIX general specialty areas to best reflect your professional services. (If more than six are chosen, only the first six will be listed in your profile. Only your office information will be shared.

- | | | |
|--|---|--|
| <input type="checkbox"/> ACOA | <input type="checkbox"/> Dissociative Identity Disorder | <input type="checkbox"/> Panic |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Divorce/Relationships | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Personality Disorders/ Borderline |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> PTSD/Trauma/Abuse |
| <input type="checkbox"/> Addictions/Alcohol/Substance Abuse | <input type="checkbox"/> Elder Care | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Forensic Psychology | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Anger Management/Impulse Control | <input type="checkbox"/> Gambling | <input type="checkbox"/> Postpartum Issues |
| <input type="checkbox"/> Assault/Rape | <input type="checkbox"/> Gay/Lesbian/Bisexual | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Autism/Asperger's | <input type="checkbox"/> Gender Identity/Transgender | <input type="checkbox"/> Serious Mental Illness |
| <input type="checkbox"/> Body Dysmorphic Disorder | <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Sexual Problems |
| <input type="checkbox"/> Bipolar/Mania | <input type="checkbox"/> Hoarding | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Career/Vocational | <input type="checkbox"/> Impulse Control Disorders | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Child/Adolescent Behavior | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Spiritual Issues |
| <input type="checkbox"/> Child Custody Evaluation | <input type="checkbox"/> Medical/Health Psychology | <input type="checkbox"/> Sports Psychology |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Consultation/ Industrial-Organization | <input type="checkbox"/> Mid-Life Transitions | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Multicultural Issues | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Dementia/Memory | <input type="checkbox"/> Obsessive-Compulsive Disorders | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Depression/Mood | <input type="checkbox"/> Organizational Development | |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Pain Management | |

Closest Major City (choose one):

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Dodge City | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Manhattan | <input type="checkbox"/> Topeka |
| <input type="checkbox"/> Emporia | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Wichita |
| <input type="checkbox"/> Hays | <input type="checkbox"/> Liberal | <input type="checkbox"/> Salina | |

Languages (Proficient In): (Choose all that apply)

- | | | | |
|--|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> American Sign Lang. | <input type="checkbox"/> German | <input type="checkbox"/> Samoan | <input type="checkbox"/> Translation Available: |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Somali | <input type="checkbox"/> Yes/No |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yiddish | |

Insurance Accepted: (Choose all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Medicaid | <input type="checkbox"/> United Behavioral Health |
| <input type="checkbox"/> Blue Cross/ Blue Shield | <input type="checkbox"/> Medicare-Adults | <input type="checkbox"/> Value Options |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> Medicare-Children | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coventry | <input type="checkbox"/> Preferred Health Network | |
| <input type="checkbox"/> Humana | <input type="checkbox"/> Tricare | |

Client Ages Served: (Choose all that apply)

- | | | | | |
|--|--|--|---|--------------------------------------|
| <input type="checkbox"/> Infants (0-2) | <input type="checkbox"/> Children (3-12) | <input type="checkbox"/> Adolescents (13-17) | <input type="checkbox"/> Adults (18-64) | <input type="checkbox"/> Adults (65) |
|--|--|--|---|--------------------------------------|

Do You Accept: (Choose all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Health Maintenance Organization | <input type="checkbox"/> Preferred Provider Organization | <input type="checkbox"/> Point of Service/Fee for Service | <input type="checkbox"/> Sliding Scale |
|--|--|---|--|

Evaluations: (Choose all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Educational/ADHD/Learning Disabilities | <input type="checkbox"/> Transplant/Gastric Bypass | <input type="checkbox"/> Neuropsychological |
| <input type="checkbox"/> Forensic/Legal | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Psychological |

I certify that I am a licensed psychologist in good standing with the Behavioral Science Regulatory Board in the state of Kansas. I certify that I am qualified and competent in the specialty areas that I have indicated above. I have a current professional malpractice insurance policy and I will maintain liability coverage throughout the membership year.

Signature: _____