

PHILADELPHIA SOCIETY OF CLINICAL PSYCHOLOGISTS

601 Summit Avenue, 2nd Floor

Jenkintown, PA 19046

Phone: (215) 885-2562 FAX: (215) 885-1797

GENERAL MEMBERSHIP APPLICATION

ALL INFORMATION MUST BE TYPED OR PRINTED

Name: _____ 2. Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Tel. No.: _____

Primary Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____ Tel. No.: _____

FAX: _____ E-Mail: _____

Title of Position: _____ Date Started: _____

Duties: _____

Highest Degree Attained (circle: Ph.D., Psy.D., Ed.D.) Subject Area: _____

Institution Granting Degree: _____ Date: _____

Was your graduate program APA approved at the time you graduated? Yes No (Please check one)

Have you ever been called to answer professional or ethical charges before a Committee on Ethics of any professional

organization, state licensing board or a court of law? Yes No (Please check one)

If you have answered yes, please give details on a separate sheet.

6. Are you licensed? Yes No (Please check one)

If yes, was this at the _____ Master's Level? _____ Doctoral Level? (Please check one)

***If licensed, please submit a copy of your current license (standard license size, not wallet size)**

License: State: _____ Number: _____ ABPP Diplomate: _____ Area: _____

7. Are you in Private Practice? Yes No

8. I hereby authorize the membership Chairperson to contact any person or institution listed in this application to verify this information. I certify that the information given by me in support of this application is true and correct.

Signature _____ Date _____

Please Note: There are two categories of General Membership. To apply under Category A you must have received your *license at the Doctoral Level*. If you are not licensed or were licensed on the *basis of your Master's Degree*, you must apply under Category B. All applicants please submit the General Application. If you are applying under Category B, Part II of the application will be sent to you upon our receipt of this General Application.

Were you referred by a current member of PSCP? Yes No If so, please provide name of member: _____

Please send this form including discounted new member dues payment of \$93.75 (check made payable to PSCP) to:

Dr. Christine Waanders, Membership Chair

PSCP

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Dues renewal period is June 1st-May 31. Standard annual dues for General Members is \$125.