

# Fort Worth Area Psychological Association

fwapa@fwapa.org  
P.O. Box 471432  
Fort Worth, Texas 76147-1376

## Membership Application/Renewal 2010

Name: \_\_\_\_\_  
Degree \_\_\_\_\_  
Email: \_\_\_\_\_  
Web Address: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Make email public? \_\_\_\_ Yes \_\_\_\_ No  
Make Web Address Public? \_\_\_\_ Yes \_\_\_\_ No  
Office Phone #: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Suite/Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Membership Information (Please circle the appropriate response for each question.)

Are you presently licensed by TSBEP?	No	Yes
License # _____		
Are you presently certified by TSBEP?	No	Yes
Certificate #: _____		
Are you a current member of TPA?	No	Yes
Are you a current member of APA?	No	Yes

### Membership Dues (Please check the Membership category for which you are applying):

\_\_\_\_ Member \$50.00 (Voting Member)

“Members of this Association must be at least one of the following: Doctoral level psychologists who are currently licensed by TSBEP, Doctoral level psychologists who have retired their license in good standing from the appropriate state licensing board, Fellow or doctoral level member of the American Psychological Association or the Texas Psychological Association.” Check all that apply.

\_\_\_\_\_ Licensed Psychologist  
\_\_\_\_\_ Provisionally Licensed Psychologist  
\_\_\_\_\_ Licensed Specialist in School Psychology (doctoral degree)  
\_\_\_\_\_ Retired Psychologist

\_\_\_\_ Associate Member \$50 (Non-Voting Member)

“Associate members shall be persons who do not meet criteria for membership but have interest in the organization and are supportive of its purposes.”

\_\_\_\_\_ Licensed Psychological Associate  
\_\_\_\_\_ Licensed Specialist in School Psychology (masters degree)  
\_\_\_\_\_ Other mental health professional

\_\_\_\_\_ Other  
 \_\_\_\_\_ Student Affiliate Free (Non-Voting Member)

**Membership Ethics Questions** (All applicants must answer the questions listed below.)

- |                                                                                                                                                                                               |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Has your license/certificate been suspended, revoked, or limited by a state licensing board in the past 12 months?                                                                         | Yes | No |
| 2. Have you been convicted of a felony during the past 12 months?                                                                                                                             | Yes | No |
| 3. Have you been found guilty of unethical or unprofessional conduct by a local, state, or national ethics committee, professional organization or licensing board during the past 12 months? | Yes | No |
| 4. Have you been found guilty of malpractice during the past 12 months?                                                                                                                       | Yes | No |

*If you answer "yes" to any of these questions, please write a detailed explanation and include it with this application/renewal form.*

FWAPA offers Voting Members a web-based referral service for a low annual fee. If you would like to be part of FWAPA's PsychSelect, please fill out the attached PsychSelect Form and return it with your dues renewal. The fee for this service is an additional **\$50.00 per year**. Please complete the attached application for PsychSelect.

**2010 FWAPA Dues**

Membership Category:		Amount Enclosed:
Member	\$50.00	\$ _____
Associate	\$50.00	\$ _____
Student Affiliate	FREE	\$ _____-0-_____
PsychSelect	\$50.00	\$ _____
<b><u>TOTAL ENCLOSED</u></b>		\$ _____

Please make checks payable to Fort Worth Area Psychological Association or FWAPA.  
 Please sign this application and mail it with your membership dues and other fees to:

FWAPA  
 P.O. Box 741432-1376  
 Fort Worth, TX 76147

Signature \_\_\_\_\_

Date \_\_\_\_\_

*If you have any questions about the application or fees, please email: fwapa@fwapa.org*

## **Application form for FWAPA's PsychSelect 2010**

Name: \_\_\_\_\_  
Degree: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_  
Web Address (URL): \_\_\_\_\_  
Make Email Public?  Yes  No  
Make Web Address Public?  Yes  No  
Office phone#: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Primary Office Address: \_\_\_\_\_  
Suite/Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

## **Secondary Practice Location**

Name of Secondary Practice: \_\_\_\_\_  
Secondary Practice Phone #: \_\_\_\_\_  
Secondary Practice Address: \_\_\_\_\_  
Suite/Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Prospective clients will use these areas in their search for a psychologist,  
so please select all that apply to you.

- Attention Problems/ADHD
- Anger Management
- Anxiety /Stress
- Biofeedback
- Bipolar/Schizophrenia
- Borderline Personality

- Career counseling/Testing
- Children's Problems
- Child custody
- Depression
- Dissociative Disorders
- Eating Disorder/Weight
- Family Problems
- Gambling
- Gay/Lesbian Issues
- Grief
- Group Therapy
- Hypnosis
- Industrial/Consulting
- Learning Disability
- Marriage/Relationship
- Medical Problems/Pain
- Neuropsychology/Brain Injury
- Panic/Phobia
- Post Traumatic Stress
- R.E.T./Cognitive Therapy
- School Problems
- Sexual Problems
- Sign Language
- Sliding Scale Fee
- Smoking Cessation
- Spanish Speaking
- Spiritual Issues
- Substance Abuse/Alcohol
- Testing/Evaluation
- Worker's compensation

Please list up to 10 insurance panels for which you provide service:

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