

Fort Worth Area Psychological
Association Membership Application/Renewal
2016

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

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

____ Deluxe Member \$80.00 (Voting Member): "Members of this Association must be Doctoral level psychologists who are currently licensed by TSBEP, or Fellow or doctoral level member of the American Psychological Association or the Texas Psychological Association."

____ Associate Member \$80 (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."

____ Retired Psychologist - Free (Voting Member) Doctoral level psychologists who have retired their license in good standing from the appropriate state licensing board.

____ Student Affiliate - Free (Non-Voting Member)

Email: _____ (Required, this is your Login for the website)

PERSONAL INFORMATION (Required for FWAPA use. You control which information is made public or kept private with privacy settings in your profile on fwapa.org)

Name: _____

Home Address _____

Home Phone: _____ Cell Phone: _____

Web Address: _____ (Optional)

Degree: (required): _____

Job Title: _____

MEMBERSHIP INFORMATION (Please circle all that apply.)

- | | | | |
|---|----|-----|-----------------|
| 1. Are you presently licensed by TSBEP? | No | Yes | License # _____ |
| 2. Are you a current member of TPA? | No | Yes | |
| 3. Are you a current member of APA? | No | Yes | |

Professional Credentials Check all that apply:.

- _____ Licensed Psychologist
- _____ Provisionally Licensed Psychologist
- _____ Licensed Specialist in School Psychology (doctoral degree)
- _____ Fellow or doctoral level member of APA or TPA
- _____ Licensed Psychological Associate
- _____ Licensed Specialist in School Psychology (masters degree)
- _____ Mental Health Professional
- _____ Friend of FWAPA
- _____ Post-doc

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

- 1. Is your License currently in Good Standing without Disciplinary Sanction? Yes No*
- 2. Have you been convicted of a felony during the past 12 months? Yes* No
- 3. Have you been added to the TSBEP "Board Disciplinary Actions" List in the past 12 months? Yes* No
- 4. Have you been found guilty of malpractice during the past 12 months? Yes* No

**If you answered "No" to question 1 and/or "Yes" to questions 2-4, 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 web-based referral service, please complete the attached form and return it with the appropriate fee.

Deluxe Membership: Basic Plus Membership plus allows a link to your website. Cost \$80.00.

2013 FWAPA Dues

Membership Category:		Amount Enclosed:
Deluxe Membership	\$80.00	\$ _____
Associate Member	\$80.00	\$ _____
Student Affiliate	FREE	\$ _____-0-_____
Retired Psychologist	FREE	\$ _____-0-_____

TOTAL ENCLOSED \$ _____

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: fwapatx@gmail.com

2016 Application form for FWAPA's Web-based referral

service Secondary Practice Location (if applicable):

Name of Secondary Practice: _____

Secondary Practice Phone #: _____

Secondary Practice Address: _____

Suite/Apt. #: _____ City: _____ State: _____ Zip: _____

For Deluxe Membership please provide your website address:

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

Specialty/Services Focus	
<input type="checkbox"/> Acceptance and Commitment Therapy (ACT)	<input type="checkbox"/> Hypnosis
<input type="checkbox"/> Attention Problems/ADHD	<input type="checkbox"/> Industrial/Consulting
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Anxiety /Stress	<input type="checkbox"/> Marriage/Relationship
<input type="checkbox"/> Biofeedback	<input type="checkbox"/> Medical Problems/Pain
<input type="checkbox"/> Bipolar/Schizophrenia	<input type="checkbox"/> Motivational Interviewing
<input type="checkbox"/> Borderline Personality	<input type="checkbox"/> Neuropsychology/Brain Injury
<input type="checkbox"/> Career counseling/Testing	<input type="checkbox"/> Panic/Phobia
<input type="checkbox"/> Children's Problems	<input type="checkbox"/> Play Therapy
<input type="checkbox"/> Child custody	<input type="checkbox"/> Post Traumatic Stress
<input type="checkbox"/> Cognitive Behavioral Therapy (CBT)	<input type="checkbox"/> Psychodynamic Therapy
<input type="checkbox"/> Dialectical Behavior Therapy (DBT)	<input type="checkbox"/> qEEG/neurofeedback
<input type="checkbox"/> Depression	<input type="checkbox"/> School Problems
<input type="checkbox"/> Dissociative Disorders	<input type="checkbox"/> Sexual Problems
<input type="checkbox"/> Eating Disorder/Weight	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Eye Movement Desensitization and Reprocessing (EMDR)	<input type="checkbox"/> Sliding Scale Fee
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Smoking Cessation
<input type="checkbox"/> Forensic Evaluations	<input type="checkbox"/> Spanish Speaking
<input type="checkbox"/> Gambling	<input type="checkbox"/> Spiritual Issues
<input type="checkbox"/> Lesbian/Gay/Bisexual/Transgender (LGBT)	<input type="checkbox"/> Substance Abuse/Alcohol
<input type="checkbox"/> Grief	<input type="checkbox"/> Testing/Evaluation/Assessment
<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Worker's compensation

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

_____	_____
_____	_____
_____	_____
_____	_____