

## 2020 Membership Application/Renewal

THE MECKLENBURG PSYCHOLOGICAL ASSOCIATION CONSTITUTION ARTICLE II. MEMBERSHIP: Membership shall be open to those who are able to verify membership in APA, NCPA, NCSPA, NASP or be able to verify that they are a permanent or temporary Licensed Psychologist, or a permanent or temporary Licensed Psychological Associate or Certified School Psychologist.

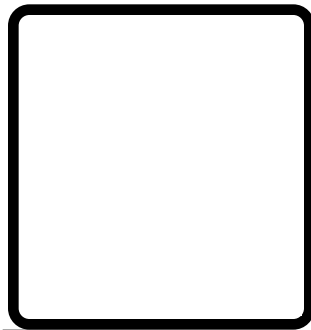
**New Applicants:** In order to process this application, it must be accompanied by verification of one of the above, and the applicant should enclose a check for \$35.00 for annual membership dues, along with completing this form and the 2018 Membership Directory Form. There is an additional fee of \$15.00 for initial listing on MPA Website.

**Renewals:** Please remit \$35.00 for annual dues prior to 4/1/2020 include late fee after 6/1/2020. Please complete and sign/date.

<b>Demographic Data</b>		Name _____		<input type="checkbox"/> Ph.D. <input type="checkbox"/> M.A. <input type="checkbox"/> Ed.D. <input type="checkbox"/> Ed.S. <input type="checkbox"/> Psy.D. <input type="checkbox"/> M.S. <input type="checkbox"/> M.Ed. <input type="checkbox"/> Other...	
<b>Work Address (to be included in directory)</b>		<b>Preferred Mailing address - if different from work address</b>			
Company: _____		_____			
Street address: _____		_____			
City, State, Zip: _____		_____			
Work Phone: _____		_____			
Fax #: _____		_____			
Web site: _____		_____			
E-mail Public: _____		Will be used for MPA Website/ MPA Directory/Referral Lists			
Listserv E-mail: _____		<input type="checkbox"/> All <input type="checkbox"/> Digest <input type="checkbox"/> Abridged <input type="checkbox"/> No email <input type="checkbox"/> Decline			
E-mail Private: _____		Will be used for announcements & e-mail from MPA			
<b>State Licensure Level/Certification:</b>		<input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Licensed Psychological Associate <input type="checkbox"/> Certification - School Psychologist <input type="checkbox"/> Other_		License # _____ State <input type="checkbox"/> NC <input type="checkbox"/> SC Initial License Date _____	
<b>Affiliations</b>		<input type="checkbox"/> APA member <input type="checkbox"/> NCSPA member <input type="checkbox"/> National register of Health Care Providers Member <input type="checkbox"/> NCPA member <input type="checkbox"/> NASP member <input type="checkbox"/> ABPP Diplomate: area _____			
<b>Mentoring Program:</b>		The MPA Mentoring Program is open to MPA members who are recently licensed and/or new to Charlotte (both within 7 years). We meet as a group every other month (except during the summer) at the Mentor's office location. <b>To be added or remain on the Mentoring Program e-mail, please check one:</b>			
<b>Participant:</b>		<input type="checkbox"/> Early Career Psychologist (ECP - 7 years or less post license) <input type="checkbox"/> New to Charlotte Psychologist (NCP - 7 years or less in Charlotte)			
<b>Volunteer:</b>		<input type="checkbox"/> Serve as a Mentor (15+ years experience)			
<b>Volunteer Opportunities</b>		Please check any you are interested in volunteering for: <input type="checkbox"/> Social & Programming Committee <input type="checkbox"/> Mentoring Program <input type="checkbox"/> Community Relations & Diversity Committee <input type="checkbox"/> Survey Development/Google Doc Committee <input type="checkbox"/> Continuing Education Committee <input type="checkbox"/> Technology Committee			
<b>Other Opportunities</b>		<input type="checkbox"/> I have office space I would like to list <input type="checkbox"/> I would like to be included in the listing of Supervisors <input type="checkbox"/> I would like to participate in a peer supervision/study group		You will be contacted for additional information.	
<b>2018 Dues/Fee's:</b>		<b>Enclosed are yearly dues and optional website listing fees (if you are already listed on the website there is no fee unless you renew after non-renewers are removed on 6/1/2020)</b>			
		<b>Dues</b> <input type="checkbox"/> 35.00 Membership Dues <input type="checkbox"/> 15.00 Initial Website Listing Fee (Do not pay if you are already on the website) <input type="checkbox"/> 0.00 Decline listing on the wesite <input type="checkbox"/> 10.00 Late renewal fee after 6/1/2020 <input type="checkbox"/> 0.00 Retired <input type="checkbox"/> 0.00 Already paid			
Note: _____					
Signature: _____ Date: _____					

For Office Use Only: Check Date: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Check #: \_\_\_\_\_  
☐ website   ☐ photo   ☐ welcome e-mail   ☐ confirmed e-mail   ☐ listserv

# MPA - 2020 Directory Information



Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 PUBLIC-mail : \_\_\_\_\_  
 Website: \_\_\_\_\_

## Check your listing carefully!

Please only include information you want printed in the public directory!

If you do not want your e-mail address or other information printed - please mark through it.

## Specialties: (Mark no more than 20)

- ☐ Adoption
- ☐ ADHD
- ☐ Anger Management
- ☐ Anxiety
- ☐ Autism Spectrum Disorders
- ☐ Bipolar Disorder
- ☐ Body Image Disturbance
- ☐ Borderline Personality Disorder
- ☐ Career / Vocational
- ☐ Child/Adolescent Behavioral Issues
- ☐ Chronic Illness
- ☐ Chronic Pain
- ☐ Coaching
- ☐ Couples Therapy
- ☐ Dementia
- ☐ Depression
- ☐ Developmental Disabilities
- ☐ Dissociative Disorders
- ☐ Divorce / Separation
- ☐ Eating Disorders
- ☐ Family Therapy
- ☐ Gambling
- ☐ Gay / Lesbian / Bisexual Issues
- ☐ Geriatric
- ☐ Grief and Loss
- ☐ Industrial / Organizational
- ☐ Learning Disabilities/Academic Issues
- ☐ Life Transitions
- ☐ Men's Issues
- ☐ Multicultural / Diversity Issues
- ☐ Neuropsychological
- ☐ Obesity / Weight Management
- ☐ OCD
- ☐ Parenting Coordination
- ☐ Parenting Issues
- ☐ Pastoral/Christian/Faith Based
- ☐ Personal Empowerment
- ☐ Post Traumatic Stress Disorder
- ☐ Relationship Issues
- ☐ Schizophrenia
- ☐ Self - Injury
- ☐ Sexual Abuse / Trauma
- ☐ Sexual Dysfunction
- ☐ Sleep/Insomnia CBT-I
- ☐ Smoking Cessation
- ☐ Sports Psychology
- ☐ Substance Abuse
- ☐ Testing/Assessment
- ☐ Transgender
- ☐ Trichotillomania
- ☐ Women's Issues
- ☐ Work - Life Balance Issues
- ☐ Other: \_\_\_\_\_

## Assessment/Evaluations:

- ☐ Cognitive/IQ
- ☐ Educational/Achievement Testing
- ☐ Academically Gifted
- ☐ Early Admission to Kindergarten
- ☐ Developmental Disabilities
- ☐ Learning Disability
- ☐ Aspergers/Autism
- ☐ Auditory Processing Problems
- ☐ ADHD-Adult
- ☐ ADHD-Child/Adolescent
- ☐ Neuropsychological
- ☐ Diagnostic/Personality Assessment
- ☐ Psychosocial/Adaptive Behavior
- ☐ Behavioral Assessments
- ☐ Adoption
- ☐ Custody Evaluations
- ☐ Infertility Consultation
- ☐ Pre-Marital Assessment
- ☐ Bariatric Surgery Preoperative Eval.
- ☐ Egg Donorship
- ☐ Intrathecal Pump
- ☐ Pre-Transplant Evaluation
- ☐ Spinal Cord Stimulator
- ☐ Sex Reassignment
- ☐ Chronic Pain
- ☐ Career Testing
- ☐ Fitness for Duty
- ☐ Selection/Hiring
- ☐ Disability Evaluations
- ☐ Competency/Guardianship
- ☐ Forensic
- ☐ Other: \_\_\_\_\_

## Treatment Modality:

- ☐ Individual ☐ Family
- ☐ Couples ☐ Group

## Populations Served:

- ☐ Preschoolers ☐ Adults
- ☐ Children ☐ Seniors (over 64)
- ☐ Adolescents

## Languages:

- ☐ Arabic ☐ German ☐ Polish
- ☐ French ☐ Spanish
- ☐ Farsi/Persian ☐ Am Sign Language

## Treatment Orientation:

- ☐ Applied Behavior Analysis
- ☐ ACT (Acceptance & Commitment)
- ☐ Adlerian
- ☐ Behavioral
- ☐ Cognitive Behavioral Therapy (CBT)
- ☐ Dialectical Behavior Therapy (DBT)
- ☐ Developmental
- ☐ Eclectic/Integrative
- ☐ EMDR
- ☐ Emotionally Focused Therapy
- ☐ Existential Humanistic
- ☐ Family Systems
- ☐ Gestalt
- ☐ Holistic Approach
- ☐ Hypnotherapy
- ☐ Imago
- ☐ Interpersonal
- ☐ Mindfulness Based Therapy
- ☐ Motivational Interviewing
- ☐ Narrative Therapy
- ☐ Play Therapy
- ☐ Psychoanalytic
- ☐ Psychodynamic
- ☐ Rational-Emotive
- ☐ Solution Focused/Solution Oriented
- ☐ Other: \_\_\_\_\_

## Additional Hours

- ☐ Evening ☐ Saturday ☐ Sunday

## Insurance Accepted:

- ☐ None
- ☐ Accepts Out Of Network Benefits
- ☐ Aetna
- ☐ BC/BS
- ☐ BC/BS Blue Value
- ☐ BC/BS State Employee Plan
- ☐ BC/BS Federal Plan
- ☐ CBHA
- ☐ Cigna
- ☐ Medcost
- ☐ Medicare
- ☐ Medicaid
- ☐ Magellan
- ☐ MHN
- ☐ NC Health Choice
- ☐ Primary Physicians Care
- ☐ TriCare
- ☐ United Beh. Health
- ☐ Value Options
- ☐ Wellpath
- ☐ Other: \_\_\_\_\_