



NIGERIAN ASSOCIATION OF CLINICAL PSYCHOLOGISTS

(Founded 1979)

Practicing License Application Form

FORM B (For full members only)

(Please attach your payment teller)

Affix a
Recent
Colour
Passport
Photo

Surname

First Name

Other Names

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Title (Mr, Mrs, Miss, Ms, Dr., Prof.)

Date of Birth (Day/Month/Year)

Nationality

State (if Nigerian)

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Name of Organisation/Business

Address of Organisation/Business

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Telephone Number(s)

E-mail Address

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Job Title

NACP Registration Number

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Details of Workshop Attended/Year

Certificate

NOTE: In support of this Licensing application, please attach evidence of any conferences/workshops which you have attended. (It is mandatory that members attend at least two NACP approved workshops/trainings bi-annually.)

PAYMENT

(*Practicing Licence and annual dues N10,000 (Renewable annually N10,000) - Fill form B)

Cash/Cheque Number: _____ Date of Payment: _____

Payment Account: ACCOUNT NAME: Nigerian Association of Clinical Psychologists
ACCOUNT NUMBER: 1005435589 | BANK NAME: KEYSTONE BANK

For more information regarding your Membership or your Practicing Licence application: Contact the Membership Committee:

Prof. Helen O. Osinowo (President): 08079226338, Prof. Akinawo (Vice President): 08059430203,
Dr. Harry Obi-Nwosu (Vice President): 08037089870, Dr. Chia (Vice President): 08065338087,
Dr. Gbemi Olukolade (National Secretary): 08036701284 [E-mail:nacpsecretariat@gmail.com](mailto:nacpsecretariat@gmail.com)
Mr. Shimakaa Torlumum (Vice Secretary): 08063899921, Dr. Grace Awopetu (Treasurer): 07031535566,
Mr. Joseph Tyover Kiva (P.R.O.): 08067779257

Signature of applicant _____/Date: _____