

**COLLIN COUNTY PSYCHOLOGICAL
ASSOCIATION MEMBERSHIP
APPLICATION
June 2010-May 2011**

Members of the Collin County Psychological Association shall be professionals or students who reside in, are employed in, or have an interest in the practice of psychology in North Texas. They shall have an interest in the advancement of psychology as a science and as a profession, and practice within and adhere to the Ethical Principles of Psychologists.

NAME: _____

Mail Preference: () Home () Office () Office-2

HOME ADDRESS: _____

City: _____ Zip: _____

Phone: _____

OFFICE 1: _____

City: _____ Zip: _____

Phone: _____

OFFICE 2: _____

City: _____ Zip: _____

Phone: _____

Fax number _____

E-mail address _____

(For Newsletter & meeting notification)

PROFESSIONAL POSITION/AFFILIATION

HIGHEST DEGREE EARNED _____

Date Degree Earned _____

University/College _____

CURRENT CERTIFICATION/LICENSURE

() Licensed Psychologist # _____

() Certified Psychologist # _____

() Psychological Associate # _____

() Health Service Provider # _____

OTHER MENTAL HEALTH CERTIFICATION/
LICENSURE _____

BELONG TO TPA AS : () Member

() Fellow

() Associate

() Student

() Non-Member

ALL APPLICANTS MUST COMPLETE THE FOLLOWING QUESTIONS. IF RESPONSE IS YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE ATTACH A DETAILED EXPLANATION.

Has your license to practice ever been suspended, revoked, or limited by a state licensing board?

() Yes () No

Have you ever been convicted of a felony?

() Yes () No

Have you ever been found guilty of unethical or unprofessional conduct by a local, state, or national ethics committee, professional organization or licensing board?

() yes () no

Have you ever been guilty of malpractice?

() yes () no

MEMBERSHIP CATEGORIES: (Please check One.)

() TPA/CCPA MEMBER: Requires a doctoral degree in psychology conferred by an accredited graduate school or certification/licensure as a Psychologist by TSBEP, Current Member of TPA

Dues FREE 1ST YEAR, RENEWAL: \$50 _____

() MEMBERSHIP: Requires a doctoral degree in psychology conferred by an accredited graduate school or certification/licensure as a Psychologist by TSBEP

Dues \$90 _____, RENEWAL: \$90 _____

() ASSOCIATE: Requires a master's degree in psychology from an accredited graduate school or TSBEP certification as a Psychological Associate.

Dues \$25 _____ Renewal \$25 _____

() AFFILIATE: For those persons interested in the advancement of psychology in the local community: requires executive committee approval.

Dues \$25 _____ Renewal \$25 _____

() STUDENT AFFILIATE: Requires current enrollment in a graduate or undergraduate program in an accredited college or university leading to a degree in psychology.

(Please have faculty member sign below.)

Dues \$15 _____ Renewal \$15 _____

University/College

Faculty Signature

TOTAL AMOUNT ENCLOSED : \$ _____

Make check payable to CCPA and mail to:

CCPA, 600 W. Campbell Rd. Ste. 5,
Richardson, TX 75080

SIGNATURE _____

Date _____

Willing to do Pro Bono ? Yes _____ No _____

FOR LISTING ON CCPA REFERRAL WEB SITE

PLEASE COMPLETE THE BACK SIDE!

PsychSelect Psychologist Information Form
VISIT CCPA AT: www.psychselect.com/ccpa

Last First MI

DATE OF BIRTH (mm/dd/yy) must have: / /

WEB ADDRESS (URL)*: _____ EMAIL: _____

Circle all applicable practice descriptors:

Attention problem / ADHD	Gambling	Sliding scale fees
Anger management	Gay / Lesbian issues	Smoking cessation
Anxiety / Stress	Group therapy	Spanish speaking
Biofeedback	Hypnosis	Spiritual / Religious
Bipolar / Schizophrenia	Industrial Consulting	Substance abuse/Alcohol
Borderline Personality	Learning disability	Testing / Evaluation
Career counseling /testing	Marriage / Relationship	Worker's Compensation
Children's problems	Medical problems / Pain	<i>Enter any specialties not listed</i>
Child custody	Neuropsychology/Brain inj.	<i>above on the line below, separated</i>
Depression / Grief	Obsessions / OCD	<i>by commas. Include variants, e.g.</i>
Dissociative disorder / MPD	Panic / Phobia	<i>"Geriatrics, Aging, Seniors"</i>
Eating disorder / weight	Post Traumatic Stress	<i>Maximum length is 60 characters,</i>
Family problems	R.E.T. / Cognitive therapy	<i>including commas. School problems</i>
Forensic / Legal Testimony	Sexual issues	

Circle each PPO or other health plan to which you belong:

Acorn	Harris Health Plan	ProNet
Aetna	Health Systems Internat'l	Prudential
Affordable	Healthsource	Safeguard Health Plans
Alliance	HMO Blue	Scott and White
Allied Behavioral	Humana	Seton Health
AMD	Human Affairs Int'l (HAI)	Southwest Health Sys.
America Healthcare Partners	IBM-PPC	Time Insurance
American Airlines	Kaiser	Unicare
American Health Network	Mail Carriers / Postal	United Health
America's Health Plan	Managed Care, Inc	USA Health Net
AMIL	Managed Health Network	US Behavioral Health (USBH)
Anthem	MCC Behavioral Care	UT Southwestern
Baylor Employees	Medco	Value Behavioral Health
Beechstreet	Med Corp.	Victim's Compensation Fund
Behavioral Health	Medicaid	Wellpoint Health
Behavior Management Assoc.	Medicare	Zenith
Blue Cross/Blue Shield	Med View	Write in any additional health
CAPP Care	Mega Life & Health	plans that were not listed above.
Cascade	Merit Behavioral	Use initials if appropriate, and
Champus	MetHealth	separate with commas.
Cigna Health Plan	Metra Health	Example: "Acme, PDNC, UHC"
CMG Health	Motorola	
CNR Health	Multiplan	
Community First	NYL Care	
Conservacare	Occupational Health	
Ethix	One Health Plan	
Exclusive Healthcare	Pacificare	
FHC Options	Par Plan	
FHP of Texas	PCA Health Plans	
First Mental Health	Plan 21	
Foundation Health	PBHC	
Great West Life	Principle Health	
Green Oaks PAHO	Private Health Care Sys. (PHCS)	
Green Spring	Preferred Mental Health Mgmt.	
Guardian	Preferred Health Network	