

2012 NPA Membership Form

The following is the information NPA currently has on file for you. This information was provided by HHS files. Please **CROSS OUT AND CORRECT** any outdated or incorrect information, and **FILL IN BLANK AREAS** on this form. Both sections B and C (Home AND Business contact info) must be completed. ONLY the contact information you indicate in section D will be published in the Directory. NOTE: an **EMAIL ADDRESS IS ESSENTIAL** in order to receive NPA communications and Newsletter! Return with your NPA Membership Dues to NPA, P. O. Box 6785, Lincoln, NE 68506-6785 or fax toll free to 877-355-9234. Thank You!

A First Name _____ Last Name _____ Middle Initial _____

B Home Contact Information

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Home Cell _____

Home Email _____

C Business Contact Information

Place of Employment _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

Business Email _____

D Which address do you want: Home Business
 Published in the NPA Directory?
 To receive NPA Mailings at?

E Your affiliation with NPA is considered part of the public record. The provided contact information will be listed in the NPA Membership Directory. **If you want *only your name* in the directory, please check here:**

F Degree _____ Year of Degree _____

G License # (if applicable): _____

H APA Full Member APA Affiliate Member

I Professional Settings where you work (all that apply)

Private Practice Residential or Group Home Facility
 Academic Other
 Outpatient
 Hospital _____
 Full-Time Student

J Professional Activities (all that apply)

Psychotherapy Supervision
 Assessment Administration
 Teaching Student
 Research

K Professional Ethics Declaration.

1. Have you ever been found guilty of an ethics violation by any professional organization, society, regulatory board or institution?
 _____ Yes _____ No

2. Have you ever been convicted of a felony? _____ Yes _____ No
 If yes to either, please explain: _____

I agree to uphold and abide by the ethical principles of psychologists of the American Psychological Association.

Signature _____ Dated this _____ day of _____, 20_____

Pay by November 14, 2011 and receive a \$20 discount on your membership dues!

L Membership Category*

Active Member	\$210	Payment: Check # _____ or Credit Card: Visa Mastercard
Early Career Psychologist	\$100	
Full-Time Academician	\$130	\$ _____
Affiliate	\$80	
Student Associates	\$35	Amount _____ Card Number _____ Expiration Date _____ Card Verification # _____
Life Member/Emeritus	\$0	
<u>Optional Program</u>		
Psychology Defense Fund†	\$100	

*See Next Page for descriptions
 †Contributors to the Psychological Defense Fund will receive a commemorative lapel pin.

Name on card (please print) _____ Cardholder Signature _____

PLEASE COMPLETE BACK SIDE.

M Membership Categories

Active Member:

1. Individuals with a doctoral degree in psychology and are licensed in Nebraska or other state.
2. Must actively engage in the practice, research, teaching of psychology.

Early Career Psychologists: Individuals who are provisionally licensed, OR individuals who have been independently licensed for less than 2 years.

Academician: Individuals with a doctoral degree in psychology and primary professional activity is faculty of an education institution.

Affiliate:

Individuals who are interested in the work of NPA, but don't meet the qualifications for the earlier categories; for example,

1. Clinicians registered as Associate Psychologists with HHSS Regulation and Licensure, or
2. Clinicians licensed as Mental Health Practitioners

Student Associates: Individuals who are undergraduate, graduate, or postdoctoral students majoring in psychology.

Life Member/Emeritus Status: Past Full Member now retired from full-time practice as a psychologist.

N Divisions/Committees/Issues Please indicate which you would be willing to assist in any capacity and an NPA member will contact you.

- Legislative & Regulatory Ethics Newsletter Academic Affairs Disaster Response
 Continuing Ed Programs Membership Professional Affairs Prescription Privileges

Additional Membership Directory Information

O Check up to 15 Areas of Practice Interest that apply:

- | | | |
|---|--|--|
| <input type="radio"/> Abuse/Neglect | <input type="radio"/> Dissociative Disorders | <input type="radio"/> Pain Management |
| <input type="radio"/> ADD/ADHD/Hyperactivity | <input type="radio"/> Domestic Violence: Perpetrators | <input type="radio"/> Personal Injury |
| <input type="radio"/> Addictive Behaviors | <input type="radio"/> Domestic Violence: Victims | <input type="radio"/> Personality Disorders |
| <input type="radio"/> Adolescent Issues | <input type="radio"/> Dual Diagnosis | <input type="radio"/> Physical Disabilities & Illness |
| <input type="radio"/> Adoption/Foster Care | <input type="radio"/> Eating Disorders | <input type="radio"/> Post Traumatic Stress Disorders/ Violence/Trauma |
| <input type="radio"/> Adult Survivors | <input type="radio"/> EMDR | <input type="radio"/> Psycho-educational Evaluation |
| <input type="radio"/> Aging/Alzheimer's Disease/Dementia | <input type="radio"/> Employee Assistance | <input type="radio"/> Psychological Testing |
| <input type="radio"/> AIDS/HIV | <input type="radio"/> Ethnic Minorities/Cultural Issues | <input type="radio"/> Psycho-pharmacology |
| <input type="radio"/> Anger Management | <input type="radio"/> Family Issues/Therapy | <input type="radio"/> Rehabilitation |
| <input type="radio"/> Anxiety/Phobia/Panic/OCD | <input type="radio"/> Forensic Evaluation | <input type="radio"/> School Problems/Educational Assessment |
| <input type="radio"/> Autism/Pervasive Developmental Disorders | <input type="radio"/> Gambling | <input type="radio"/> Self Esteem/Self Concept |
| <input type="radio"/> Bilingual (Spanish/English) | <input type="radio"/> Gay/Lesbian/Bisexual Issues | <input type="radio"/> Severe Mental Illness |
| <input type="radio"/> Biofeedback | <input type="radio"/> Gender Identity | <input type="radio"/> Sexual Abuse |
| <input type="radio"/> Brain Injury/Organic Brain Syndromes | <input type="radio"/> Geriatrics | <input type="radio"/> Sexual Disorders |
| <input type="radio"/> Career Assessment & Counseling | <input type="radio"/> Giftedness | <input type="radio"/> Sleep Disorders |
| <input type="radio"/> Child/Pediatric Psychology | <input type="radio"/> Group Therapy | <input type="radio"/> Smoking Cessation |
| <input type="radio"/> Chronic Illness | <input type="radio"/> Health Psychology Issues | <input type="radio"/> Social Skills Development |
| <input type="radio"/> Co-Dependency Issues | <input type="radio"/> Impaired Professionals | <input type="radio"/> Spirituality/Religious Issues |
| <input type="radio"/> Corporate Coaching/Consultation | <input type="radio"/> Impulse Disorders | <input type="radio"/> Sports Psychology |
| <input type="radio"/> Crisis Intervention | <input type="radio"/> Individual Psychotherapy | <input type="radio"/> Stress Management |
| <input type="radio"/> Custody Evaluations | <input type="radio"/> Industrial & Organizational Psychology | <input type="radio"/> Substance Abuse/Dependence |
| <input type="radio"/> Death and Dying/Grief | <input type="radio"/> Learning Disabilities | <input type="radio"/> Suicide: Evaluation/Intervention |
| <input type="radio"/> Depression/Affective Disorders | <input type="radio"/> Marital/Couples/Divorce | <input type="radio"/> Transitions/Life Changes |
| <input type="radio"/> Developmental Disabilities/Mental Retardation | <input type="radio"/> Memory Disorders | <input type="radio"/> Weight Loss |
| <input type="radio"/> Disability Determinations | <input type="radio"/> Men's Issues | <input type="radio"/> Wellness |
| <input type="radio"/> Disorders/Mood Disorders | <input type="radio"/> Neuropsychology | <input type="radio"/> Women's Issues |

Dues to the Nebraska Psychological Association are not deductible as a charitable contribution for tax purposes, but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense because the Association engages in lobbying activities. NPA estimates that 40% of dues are allocated to lobbying activities and are nondeductible. Contributions to the Psychology Defense Fund will not be used for lobbying and may be eligible for total deduction. If you have any questions, please contact the NPA Central Office, 402-475-0709.