|  |  |  |
| --- | --- | --- |
| C:\Users\nerve\OneDrive\Documents\MOCPA\Trident Images\blue and yellow trident with waves 3.png | **MOCPA****monmouth/ocean county****psychological association** |  |

**MOCPA MEMBERSHIP APPLICATION/RENEWAL**

**For renewals, indicate your name, membership level, and any changes to last year’s form,**

**leaving blank any items that remain the same.**

**Name:**

**Degrees/Certifications:**

**Are you an NJPA member?** **[ ]  Yes** **[ ]  No**

**NJ Psychologist License #:**

**Other License Type and #:**

**NJ Psychologist Temporary Permit #:**

**Other Permit Type and #:**

**Other Certification Type and #:**

**Accredited Degree Granting Institution:**

**Graduation Year:**

**MEMBERSHIP CLASSIFICATION**

**[ ]  Full ($50)** Licensed doctoral-level psychologists who are NJPA members and either work or reside in Monmouth or Ocean County

**[ ]  Associate ($40) L**icensed doctoral-level psychologists who are not NJPA members OR licensed doctoral-level psychologists who do not work or reside in Monmouth or Ocean County

[ ]  **Emeritus ($30)** Those fully retired from the profession of psychology

**[ ]  Affiliate ($20)** Licensed or license-eligible professionals who hold at least a master’s degree in a psychologically related field from an accredited institution

**[ ]  Student ($10)** Graduate students in a psychologically related academic program from an accredited institution

**HOME**

**Home Address:**

**Home County:**

**Personal Phone:**

**Personal Email:**

**Publish home/personal info in internal directory available only to MOCPA members:** **[ ]  Yes** **[ ]  No**

**\*Home/personal information will NOT be published in the online directory available to the public via the MOCPA website.\***

**WORK**

**Work Title #1:**

**Work Setting #1**

**[ ]  Private Practice:**

**[ ]  College or University:**

**[ ]  K-12 School:**

**[ ]  Hospital or Psychiatric Inpatient Facility:**

**[ ]  Nursing or Assisted Living Facility:**

**[ ]  Substance Abuse Setting:**

**[ ]  Community Clinic or Other Outpatient Setting:**

**[ ]  Forensic or Legal Setting:**

**[ ]  Government or Military Setting:**

**[ ]  Corporate Setting:**

**Work Address #1:**

**Work County #1:**

**Work Phone #1:**

**Work Email #1:**

**Work Website #1:**

**Work Title #2:**

**Work Setting #2**

**[ ]  Private Practice:**

**[ ]  College or University:**

**[ ]  K-12 School:**

**[ ]  Hospital or Psychiatric Inpatient Facility:**

**[ ]  Nursing or Assisted Living Facility:**

**[ ]  Substance Abuse Setting:**

**[ ]  Community Clinic or Other Outpatient Setting:**

**[ ]  Forensic or Legal Setting:**

**[ ]  Government or Military Setting:**

**[ ]  Corporate Setting:**

**Work Address #2:**

**Work County #2:**

**Work Phone #2:**

**Work Email #2:**

**Work Website #2:**

**\*Work information WILL be published in the online directory available to the public via the MOCPA website.\***

**THEORETICAL ORIENTATION(S)**

**[ ]  Psychodynamic/Psychoanalytic**

**[ ]  Cognitive/Behavioral**

**[ ]  Humanistic/Existential**

**[ ]  Eclectic/Integrative**

**[ ]  Systems**

**[ ]  Other:**

**POPULATIONS**

**[ ]  Infants and Toddlers**

**[ ]  Children**

**[ ]  Adolescents**

**[ ]  Young Adults**

**[ ]  Midlife Adults**

**[ ]  Older Adults**

**MODALITIES**

**[ ]  Individual**

**[ ]  Couple**

**[ ]  Family**

**[ ]  Group**

**[ ]  Organizational**

**Specializations and/or Interests:**

**Languages other than English:**

**INTEREST IN PROVIDING SUPERVISION/CONSULTATION**

**[ ]  Graduate Student Supervision**

**[ ]  Postgraduate Licensure Supervision**

**[ ]  Peer Consultation Group**

**PROFESSIONAL CONDUCT**

**Have you ever committed an indictable offense/felony?** **[ ]  Yes** **[ ]  No**

**Has your license/certification ever been suspended or revoked?** **[ ]  Yes** **[ ]  No**

**Do you have any pending legal or ethical matters related to your professional**

**conduct?** **[ ]  Yes** **[ ]  No**

**If you responded “yes” to any of these questions, please explain the circumstances:**

**INSTRUCTIONS**

**Please submit this application along with the appropriate dues payment in order to be considered for membership.**

**Students must be from accredited institutions and also furnish either a school transcript or a letter from the department chair on letterhead with an original signature verifying school enrollment in good standing.**

**Applications, transcripts, and letters should be e-mailed to MOCPA at** **mocpa.njpa@aol.com****, and dues payments should be made online through the MOCPA website’s Membership page at**

[**www.mocpa-njpa.org/membership**](http://www.mocpa-njpa.org/membership) **(scroll all the way down the Membership page to the end for payment options).**

**Membership dues are deductible as business expenses.**