

PHILADELPHIA SOCIETY OF CLINICAL PSYCHOLOGISTS
302 Cottman St. 2nd Floor
Jenkintown, PA 19046
Phone: (215) 885-2562 FAX: (215) 885-1797

GENERAL MEMBERSHIP APPLICATION

ALL INFORMATION MUST BE TYPED OR PRINTED

1. Name: _____ 2. Date of Birth: _____
2. Home Address: _____
City: _____ State: _____ Zip: _____ Tel. No.: _____
3. Primary Place of Employment: _____
Address: _____
City: _____ State: _____ Zip: _____ Tel. No.: _____
FAX: _____ E-Mail: _____
Title of Position: _____ Date Started: _____
Duties: _____
4. Highest Degree Attained (circle: Ph.D., Psy.D., Ed.D.) Subject Area: _____
Institution Granting Degree: _____ Date: _____
Was your graduate program APA approved at the time you graduated? Yes No (Please check one)
5. Have you ever been called to answer professional or ethical charges before a Committee on Ethics of any professional organization, state licensing board or a court of law? _____ Yes _____ No (Please check one)
If you have answered yes, please give details on a separate sheet.
6. Are you licensed? _____ Yes _____ No (Please check one)
If yes, was this at the _____ Master's Level? _____ Doctoral Level? (Please check one)
*If licensed, please submit a copy of your current license (standard license size, not wallet size)
License: State: _____ Number: _____ ABPP Diplomate: _____ Area: _____
7. Are you in Private Practice? _____ Yes _____ No
8. I hereby authorize the membership Chairperson to contact any person or institution listed in this application to verify this information. I certify that the information given by me in support of this application is true and correct.

Signature _____ Date _____

Please Note: There are two categories of General Membership. To apply under Category A you must have received your *license at the Doctoral Level*. If you are not licensed or were licensed on the *basis of your Master's Degree*, you must apply under Category B. All applicants please submit the General Application. If you are applying under Category B, Part II of the application will be sent to you upon our receipt of this General Application.

Were you referred by a current member of PSCP? Yes No If so, please provide name of member: _____

Please send this form including discounted first year dues payment of \$93.75 (check made payable to PSCP) to:

Dr. Christine Waanders, Membership Chair
PSCP
302 Cottman St., 2nd Floor
Jenkintown, PA 19046