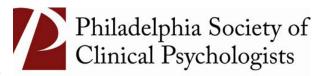
601 Summit Avenue, 3rd Floor Jenkintown, PA 19046 Phone: (215) 885-2562 FAX: (215) 885-1797 www.PhiladelphiaPsychology.org

PSCP

601 Summit Avenue, 3rd Floor

Jenkintown, PA 19046



GENERAL MEMBERSHIP APPLICATION

ALL INFORMATION MUST BE TYPED OR PRINTED

Name:			2. Date of Birth:		
Home Addre	ss:				
City:		State:	Zip:	Tel. No.:	
Primary Plac	e of Employment:				
Add	ress:				
City:		State:	Zip:	Tel. No.:	
FAX:			E-Mail:		
Title of F	Position:			Date Started:	
Duties: _					
Highest Deg	ree Attained (circle:	Ph.D., Psy.D., Ed.D.) S	ubject Area:		
Institutio	on Granting Degree:			Date:	
Was you	r graduate program	APA approved at the t	ime you graduated?	Yes No (Please check one)	
Have you eve	er been called to ans	swer professional or et	thical charges before	e a Committee on Ethics of any professional	
_	_	board or a court of lav ease give details on a		No (Please check one)	
6. Are you	licensed?	Yes No (F	Please check one)		
If yes, wa	as this at the	Master's Level? _	Doctoral Lev	vel? (Please check one)	
*If licens	sed, please submit a	a copy of your current I	license (standard lice	ense size, not wallet size)	
License:	State:	Number:	ABPP	Diplomate: Area:	
7. Are you	in Private Practice?	Yes	No		
				or institution listed in this application to verify of this application is true and correct.	
Signature				Date	
at the Docto Category B. A	ral Level. If you are All applicants please	not licensed or were li	censed on the <i>basis</i> pplication. If you are	der Category A you must have received your <i>lic</i> of your Master's Degree, you must apply unde applying under Category B, Part II of the applic	er
Were you ref	erred by a current m	nember of PSCP? Ye	es No If so, pleas	se provide name of member:	
	this form including on Naomi Reiskind, Me		er dues payment of	\$93.75 (check made payable to PSCP) to:	

Membership period is June 1st-May 31. Standard annual dues for General Members is \$125.