

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



# Philadelphia Society of Clinical Psychologists

## GENERAL MEMBERSHIP APPLICATION

ALL INFORMATION MUST BE TYPED OR PRINTED

Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Primary Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Title of Position: \_\_\_\_\_ Date Started: \_\_\_\_\_

Duties: \_\_\_\_\_

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)

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 new member dues payment of \$93.75 (check made payable to PSCP) to:**

Dr. Naomi Reiskind, Membership Chair  
PSCP  
601 Summit Avenue, 3rd Floor  
Jenkintown, PA 19046

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

**Please join us as we further the field of psychology and serve the Greater Philadelphia community!**