

# AMERICAN ACADEMY OF PSYCHOTHERAPISTS

Nelia H. Rivers, L.C.S.W. • Membership Chairperson  
736 Darlington Circle NE Atlanta Georgia 30305  
[neliarivers@gmail.com](mailto:neliarivers@gmail.com) • 404-261-8461

## Reactivation Form

**Please fill out this form and follow the steps which are numbered below.**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Email address \_\_\_\_\_  
Business address \_\_\_\_\_  
City/state/zip \_\_\_\_\_ phone \_\_\_\_\_  
Home address \_\_\_\_\_  
City/state/zip \_\_\_\_\_ phone \_\_\_\_\_  
• Year(s) of previous membership in AAP  
• discipline \_\_\_\_\_  
• license/state\* \_\_\_\_\_ license # \_\_\_\_\_

### DISCLOSURE

Has your license to practice ever been limited, restricted, suspended, voluntarily surrendered, revoked, or not renewed? Y/N

Have you ever been reprimanded by a state licensing agency? Y/N

Are there any actions pending with respect to your license? Y/N

Are you under investigation by any licensing or regulatory agency? Y/N

If you answered "Yes" to any of these questions, please attach your explanation.

### Steps to reactivation:

1. Please attach a copy of your current license.
2. Please attach proof of previous membership. This could be in the form of:
  - Certificate of membership
  - Cancelled checks in payment of dues
  - Various written communications from the Academy indicating membership
  - Validation of a current Academy member as to your prior membership
3. Please pay dues for the current year in addition to a reactivation fee of \$25.00. If you are reactivating before July 1<sup>st</sup>, you will pay the full dues amount. If you are reactivating on or after July 1<sup>st</sup>, you will pay 1/2 of the current year dues. Go to [www.aapweb.com](http://www.aapweb.com) for current membership categories & dues.

Fees should be mailed to:

American Academy of Psychotherapists  
1450 Western Avenue, Suite 101  
Albany, New York 12203