

AMERICAN ACADEMY OF PSYCHOTHERAPISTS

APPLICATION FOR MEMBERSHIP

Membership Chair: Gordon Cohen, PsyD
3000 Connecticut Av NW #400
Washington DC 20008
202.328.2035 gcohen@affirmativepsych.com

How to complete this application

1. Review the standards for membership below and check the category of membership for which you are applying. By checking, you affirm that you meet all requirements described.
 - Full member:**
 - has a doctoral or professional degree in psychiatry, clinical or counseling psychology, social work, pastoral counseling, marriage and family therapy, counseling, or nursing;
 - meets requirements for relevant licensure or certification authorizing independent practice of psychotherapy;
 - has specific training in psychotherapy;
 - has had at least 100 hours of individual clinical supervision; (validated by state licensing board with a 100 hour supervision requirement, otherwise verified by previous supervisors).
 - has had at least 100 hours of individual psychotherapy;
 - has at least one year of post-graduate clinical experience if doctoral level, two years for others (or the equivalent in part-time experience)
 - Associate member:**
 - meets all of the above requirements except for either 100 hours of supervision and/or 100 hours of therapy
 - agrees to work with an Academy member mentor
 - may be an associate member for no more than two years
 - Post-graduate affiliate:**
 - has completed a relevant professional degree
 - is currently practicing psychotherapy under supervision
 - has recommendations from at least three faculty members, supervisors, and/or Academy members
 - agrees to work with an Academy member mentor
 - may be a post-grad affiliate for no more than four years

Student affiliate:

- is currently enrolled in a relevant graduate degree program-
- has recommendations from at least two faculty members, supervisors, and/or Academy members
- agrees to work with an Academy member mentor

2. Fill out information requested on following pages.
3. Send a blank **reference request form** (included here; you may make more copies as needed) to each person you wish to recommend you. Circle the type of membership and reference you are applying for. Ask your references to mail their responses directly to the AAP Membership Chair. You are responsible for making sure your references reach the Chair in a timely manner. As noted on the form, references must include their discipline and license number.
4. A minimum of five (5) references are required: from therapist/s documenting therapy hours; supervisors and colleagues (at least one of each); and AAP members. **Note:** your therapists must confirm that you have at least 100 hours of personal psychotherapy. Students may have faculty recommend them (and just two references are required).
5. Have your graduate institution mail a transcript or proof of graduation directly to the AAP Membership Chair if you are applying for Post Graduate affiliate or Student affiliate membership. Transcript is not necessary for Associate or Full member applications with a valid state license.
6. With your application, include a copy of your professional license.

GENERAL INFORMATION

Name_____ DOB_____sex____

Email address_____

Business address_____

City/state/zip_____phone_____

Home address_____

City/state/zip_____phone_____

- Total years of post-graduate clinical experience_____
- discipline_____
- license/state*_____license #_____

(*Note: If the governmental jurisdiction in which you practice does not require licensing or certification for the independent practice of psychotherapy, please contact the Membership Chair before submitting application.

- If an academy member is recommending you, who is it? _____
- How did you hear about AAP? _____
- Have you previously applied for membership? Y/N (If yes, explain on separate sheet.)
- Are you an associate member, post-graduate affiliate, or student affiliate? Y/N If so, when did you join and who is your academy mentor? _____ (If you are an associate member, complete only relevant sections documenting hours.)

EDUCATION (UNDERGRADUATE, GRADUATE)

Institution/city	dates attended	major field	degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____S

INTERNSHIPS, RESIDENCIES, TRAINEESHIPS, ETC.

Institution/agency	dates	type of work performed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAID EXPERIENCE TO DATE

Institution/agency/private practice	dates	hrs/wk	type of work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL PSYCHOTHERAPY

Please list therapists chronologically and include COMPLETE current address. If therapist is deceased or genuinely cannot be located, please provide an alternative way for us to confirm your hours.

Name/Degree _____ Dates _____

Address _____

City/State/Zip _____

Theoretic Orientation _____ AAP member? Y/N

Total hours spent in: Individual Therapy _____ Group Therapy _____

Name/Degree _____ Dates _____

Address _____

City/State/Zip _____

Theoretic Orientation _____ AAP member? Y/N

Total hours spent in: Individual Therapy _____ Group Therapy _____

Name/Degree _____ Dates _____

Address _____

City/State/Zip _____

Theoretic Orientation _____ AAP member? Y/N

Total hours spent in: Individual Therapy _____ Group Therapy _____

REFERENCES

Please list the names and addresses of supervisors and colleagues whom you have asked to provide recommendations.

Name/degree _____

Address _____

city/state/zip _____

Theoretic orientation _____ AAP member? Y/N

Name/degree _____
Address _____
city/state/zip _____
Theoretic orientation _____ AAP member? Y/N

Name/degree _____
Address _____
city/state/zip _____
Theoretic orientation _____ AAP member? Y/N

Name/degree _____
Address _____
city/state/zip _____
Theoretic orientation _____ AAP member? Y/N

Name/degree _____
Address _____
city/state/zip _____
Theoretic orientation _____ AAP member? Y/N

Name/degree _____
Address _____
city/state/zip _____
Theoretic orientation _____ AAP member? Y/N

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 answer "Yes" to any of these questions, please explain below:

Please mail this completed application to the Membership Chair with:

- a nonrefundable application fee of \$50--check payable to the American Academy of Psychotherapists;
- a photocopy of your current professional license;
- an official copy of your graduate school transcript showing completion of degree (you may have your institution mail directly to Membership Chair);
- other pertinent information you wish to include.

We suggest keeping a copy for yourself.

By signing and submitting this application, I assert that all the information provided is true to the best of my knowledge. I hereby give permission to all supervisors, therapists, and references listed to release confidential information about me (specifically hours spent in therapy). I give the Membership Chair permission to contact all of these references and understand that their responses will be reviewed only by AAP members serving on the academy's Membership Committee and Executive Committee and Council.

printed full name and degree

signature

date

Thank you for applying to the American Academy of Psychotherapists. Please keep in mind that the Membership Committee is all volunteers. I will process your application as quickly as possible, but it's reasonable to expect the process will take several months to complete. I appreciate your patience and look forward to communicating with you soon.

*Gordon Cohen, PsyD
Membership Chair*