

IAPA DIRECTORY APPLICATION

An IAPA Benefit

This service will be provided to IAPA members free of charge as a part of the IAPA benefits for year 2006-2007 (Jan. 06-Dec. 07)

Information Sheet

(Please Print or Type)

Name _____ Highest Degree _____

Licensed as _____ License # _____

Registered as _____ Registration # _____

Supervisor's Name _____ Supervisors # _____

Primary Office Address _____

City _____ State _____ Zip _____

Primary Office Phone Number _____ Fax Number _____

E-mail Address _____

Personal Professional Website _____

PRACTICE INFORMATION

Please submit a copy of your Professional license or Registration along with the following information filled out completely to the IAPA office. Only currently licensed members or those Registered with the appropriate Board and Licensed Supervisor's Information will have this Practice information published in the directory.

Primary Professional Work: (Check all that apply)

- Clinical Academic Consulting Administrative
 Self-Employed Private Practice

Employer/Agency/Dept. _____ Position/Title _____

Practice Information: (Check all that apply)

Ages of clients:

- Young Children (5 & under) Children (6-12) Adolescents (13-17)
 Adults (18-64) Senior Adults (65 & over)

Treatment Types: (Check all that apply)

- Individual Couples/Marital Group Family

List your other languages & cultural skills/proficiency:

Clinical Areas of Emphasis (Select no more that **SIX** from the following. These specialties will be used for the referral list):

ACA/Codependency, Adjustment Disorders, Attention Deficit Disorders, Anxiety Disorders, Autism, Blended Families, Chemical Dependence/Substance Abuse, Child Custody, Chronic Illness, Chronically Mentally Ill, Couple/Relationship Problems, Divorce, Domestic Violence, Eating Disorders, Ethnic/Cultural, Forensics, Gay/Lesbian, Gender/Identity, Geropsychology, Grief/Bereavement, HIV/AIDS, Incest/Rape/Adult Sexual Abuse, Industrial/organizational, Learning Disabilities, Media Psychology, Mood Disorders, Neuropsychology, Obsessive Compulsive Disorders, Parenting, Perpetrators of Crime, Personality Disorders, Persons with Disabilities, Phobias, Post Traumatic Stress Disorder, Schizophrenia, Self Esteem/Personal Growth, Sexual Dysfunctions, Sleep Disorders, Terminal Illness, Victims of Crime & Violence

List below the maximum of 6 selections from the Clinical Areas of Emphasis list in the order in which you wish to have them appear:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. Other: _____
(Add or chose from the above list)

Methods for Treatment (Select no more than **FIVE** from the following list):

Anger Management, Assertiveness, Assessment, Biofeedback, Career Counseling, Child Therapy/Play Therapy, Cognitive Behavioral Therapy, Corporate Coaching, Couples Therapy, Crisis Intervention, Divorce Mediation, Educational Therapy, EMDR, Family Therapy, Group Therapy, Humanistic, Hypnosis/Hynotherapy, Industrial/Organizational, Pain Management, Psychoanalysis, Psychodynamic Therapy, Sex Therapy

List below the maximum of five selections from the Methods for Treatment list in the order in which you wish to have them appear:

1. _____ 2. _____ 3. _____
4. _____ 5. Other: _____
(Add or chose from the above list)

Please identify your Theoretical Orientation: _____

Have you at any time been convicted of a felony, sanctioned by any professional ethics body, licensing board, or other regulatory body or by any professional or scientific organization?

Yes No If **yes**, please provide explanation and attach it to the application.

I, _____, agree to hold harmless, indemnify and defend IAPA, its administrators, officers, directors, and employees from any and all litigation costs, attorney fees, claims, judgements, liability and damages, resulting from services I have rendered to users of this directory. By submitting this form, I affirm that the statement are true and that the form does not include a statement or claim that is false, fraudulent, misleading, or deceptive in violation of the APA Code of Ethics. A statement is false, fraudulent, misleading, or deceptive if it (a) contains a material misrepresentation of fact; (b) fails to state any material fact necessary to make a statement, in light of all circumstances, not misleading; or (c) is intended to or is likely to create an unjustified expectation or false impression. IAPA reserves the right to edit or delete any information. I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Signature

Date

(The above statements were adapted from LACPA.)

Please complete, sign and date this application and mail it with a copy of your license, certification, and professional degree to the below stated address. Thank you for joining IAPA.

IAPA
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