



MOCPA MEMBERSHIP APPLICATION/RENEWAL

For renewals, indicate your name, membership level, and any changes to last year's form, leaving blank any items that remain the same.

Name:

Degrees/Certifications:

Are you an NJPA member? Yes No

NJ Psychologist License #:

Other License Type and #:

NJ Psychologist Temporary Permit #:

Other Permit Type and #:

Other Certification Type and #:

Accredited Degree Granting Institution:

Graduation Year:

MEMBERSHIP CLASSIFICATION

- Full (\$50)** Licensed doctoral-level psychologists who are NJPA members and either work or reside in Monmouth or Ocean County
- Associate (\$40)** Licensed doctoral-level psychologists who are not NJPA members OR licensed doctoral-level psychologists who do not work or reside in Monmouth or Ocean County
- Emeritus (\$30)** Those fully retired from the profession of psychology
- Affiliate (\$20)** Licensed or license-eligible professionals who hold at least a master's degree in a psychologically related field from an accredited institution
- Student (\$10)** Graduate students in a psychologically related academic program from an accredited institution

HOME

Home Address:

Home County:

Personal Phone:

Personal Email:

Publish home/personal info in internal directory available only to MOCPA members: Yes No

Home/personal information will NOT be published in the online directory available to the public via the MOCPA website.

WORK

Work Title #1:

Work Setting #1

- Private Practice:
- College or University:
- K-12 School:
- Hospital or Psychiatric Inpatient Facility:
- Nursing or Assisted Living Facility:
- Substance Abuse Setting:
- Community Clinic or Other Outpatient Setting:
- Forensic or Legal Setting:
- Government or Military Setting:
- Corporate Setting:

Work Address #1:

Work County #1:

Work Phone #1:

Work Email #1:

Work Website #1:

Work Title #2:

Work Setting #2

- Private Practice:
- College or University:
- K-12 School:
- Hospital or Psychiatric Inpatient Facility:
- Nursing or Assisted Living Facility:
- Substance Abuse Setting:
- Community Clinic or Other Outpatient Setting:
- Forensic or Legal Setting:
- Government or Military Setting:
- Corporate Setting:

Work Address #2:

Work County #2:

Work Phone #2:

Work Email #2:

Work Website #2:

Work information WILL be published in the online directory available to the public via the MOCPA website.

THEORETICAL ORIENTATION(S)

- Psychodynamic/Psychoanalytic
 - Cognitive/Behavioral
 - Humanistic/Existential
 - Eclectic/Integrative
 - Systems
 - Other:
-

POPULATIONS

- Infants and Toddlers
 - Children
 - Adolescents
 - Young Adults
 - Midlife Adults
 - Older Adults
-

MODALITIES

- Individual
 - Couple
 - Family
 - Group
 - Organizational
-

Specializations and/or Interests:

Languages other than English:

INTEREST IN PROVIDING SUPERVISION/CONSULTATION

- Graduate Student Supervision
 - Postgraduate Licensure Supervision
 - Peer Consultation Group
-

PROFESSIONAL CONDUCT

Have you ever committed an indictable offense/felony? Yes No

Has your license/certification ever been suspended or revoked? Yes No

Do you have any pending legal or ethical matters related to your professional conduct? Yes No

If you responded "yes" to any of these questions, please explain the circumstances:

INSTRUCTIONS

Please submit this application along with the appropriate dues payment in order to be considered for membership.

Students must be from accredited institutions and also furnish either a school transcript or a letter from the department chair on letterhead with an original signature verifying school enrollment in good standing.

Applications, transcripts, and letters should be e-mailed to MOCPA at mocpa.njpa@aol.com, and dues payments should be made online through the MOCPA website's Membership page at www.mocpa-njpa.org/membership (scroll all the way down the Membership page to the end for payment options).

Membership dues are deductible as business expenses.