



APPLICATION FOR MEMBERSHIP

Please check the box for the type of membership for which you are applying. If you have any questions regarding the membership categories or regarding the proper completion of this application, please call the office of the Delaware Psychological Association at (302) 475-1574.

- Full Member – Full Members of the association shall be persons who are interested in the advancement of psychology as a science and as a profession and who have received a doctoral degree from a program primarily psychological in content, conferred by an accredited educational institution.
- Out-of-State Member - Psychologists who reside in another state and who do not work or maintain a clinical practice in the State of Delaware, but who wish to maintain an affiliation with DPA, may become Out-of-State Members provided that they are members in good standing of their home state’s psychological association.
- Associate Member – Associate Members of the association shall be persons who are mental health professionals, who are not eligible to become Full or Student Members, including, but not limited to psychology assistants, masters-level school psychologists, licensed clinical social workers, licensed mental health counselors and psychiatric nurses.
- Affiliate Member – Affiliate Members of the Association shall be persons with an interest in psychology who are not eligible for Full, Associate, Out-of-State, or Student memberships.
- Student Member – Student Members of the Association shall be persons who are undergraduate or graduate students in psychology, educational psychology, an area that is psychological in nature, or psychology interns.

Sponsorship Requirements

- Applicants for Full Member must provide two completed sponsorship forms (attached) in support of their applications unless the applicant is a licensed psychologist, is a full member of APA (American Psychological Association), a full member of APS (Association for Psychological Science), is listed in the National Register of Health Services Providers in Psychology, holds the ASPPB Certificate of Professional Qualification, or is a Diplomate of the American Board of Professional Psychology.
- Applicants for Associate Member or Affiliate Member must provide two completed sponsorship forms in support of their application.
- Applicants for Out-of-State Member or Student Member do not need to provide sponsorship forms.

1. Name _____ Date of Birth _____
(last) (first) (middle initial)

2. Preferred Title Mr. ____ Mrs. ____ Ms. ____ Dr. ____ Degree _____

3. E-Mail _____ Fax () _____

4. Home Address _____
(street)
_____ Home Phone () _____
(city) (state) (zip)

5. Present position/Name of Practice, Agency or employer _____

6. Office or School Address (if student) _____
(street address)
_____ Office Phone () _____
(city) (state) (zip)

7. Preferred mailing address (check one): ____ Home ____ Office

8. Are you a licensed psychologist? ____ YES State(s): _____ ____ NO

9. Member of APA? ____ YES Member No. _____ ____ NO

Circle current category: Member Fellow Student Associate other

10. Member of APS? ____ YES Member No. _____ ____ NO

Circle current category: Member Postdoc Student other

11. Check any of the following credentials you hold and provide credential/diploma number:

National Register of Health Service Providers in Psychology. No. _____
Year Awarded: _____

Certificate of Professional Qualification (CPQ) from ASPPB. No. _____
Year Awarded: _____

Diploma issued by American Board of Professional Psychology. No. _____
Year Awarded: _____

12. Academic History

University	Degree	Completion Date	Major

If you are a student, please provide the name and contact information of an academic reference:

MEMBERSHIP INFORMATION AND ETHICS ATTESTATION FORM

13. Affiliation Category (or Career Interest if student) (check all that apply):

- Academic (psychologists working mainly in university or research setting)
- Clinical – non private practice
- Clinical - _____ Full time private practice _____ Part time private practice
- Hospital
- Public Service (psychologists working mainly in federal, state, or local service agencies)
- School
- Other _____

14. Ethical Allegations or Violations:

1. Are you currently under investigation or is any action pending against you for an ethics, moral, or legal complaint? _____ YES _____ NO
2. Have you ever been found guilty of an ethics or moral violation? _____ YES _____ NO
3. Have you ever been convicted of a felony? _____ YES _____ NO
4. Are you currently a defendant in a malpractice suit? _____ YES _____ NO
5. Have you ever been found liable for malpractice? _____ YES _____ NO

6. Have you ever relinquished professional responsibility, resigned from a position, or been fired while an ethics, moral, or legal complaint was pending against you? YES NO
7. Have you ever resigned from a professional organization or surrendered a license while an ethics, moral, or legal complaint was pending against you? YES NO
8. Have you ever had a professional license denied, restricted, suspended, or revoked? YES NO
9. Have you ever had membership in a professional organization denied or terminated? YES NO

If you answered “Yes” to any of the above questions, please provide explanations and further details in an attached letter.

I certify that the information I have provided to the Delaware Psychological Association (DPA) is true, correct and complete. I understand that DPA reserves the right to verify any and all information that I provide and that if I misrepresent my credentials or refuse to provide documentation at a later time if asked, I understand that my membership will be terminated. I agree to hold harmless and indemnify DPA and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. I further certify that I will follow the ethical guidelines of the American Psychological Association.

Applicant’s signature: _____ Date: _____

Return to: Delaware Psychological Association
 c/o Mary Marceluk
 P.O. Box 718
 Claymont, DE 19703
 302-475-1574

Please do not send payment with your application. Upon acceptance for membership you will receive a welcoming letter and information package from DPA. This package will include an invoice for prorated dues for the balance for the current year based on the number of full months remaining in the year following the month of your acceptance as a member.

Upon acceptance your email and preferred phone number will only be available to members, your name of practice/agency/employer and office address will be available to the public via the Find A Psychologist tool.

DPA SPONSORSHIP FORM

The applicant should complete his/her name on this form, circle the appropriate membership category applied for, and send the form to the required sponsors for completion.

The sponsor is requested to return the completed form to:

Delaware Psychological Association
Membership Committee
Post Office Box 718
Claymont, DE 19703
(302) 475-1574

Name of Applicant

_____ (last) (first) (middle)

Membership category applied for: (circle one): MEMBER ASSOCIATE AFFILIATE

SPONSOR COMMENTS:

How long have you known the applicant? _____

What has been your professional relationship with the applicant? _____

Do you endorse this applicant for membership in the Delaware Psychological Association in the category indicated? Yes No (circle one)

Comment briefly regarding the applicant's competency and ethical standards in professional activities. (Additional comments may be made on the back of this page or in a letter.)

Sponsor's Background: For Highest Degree: Field _____

Degree: _____ Date: _____ Academic Institution _____

DPA Sponsorship Form

To your knowledge has the applicant been involved in any of the situations noted below related to possible ethical violations or allegations?

- a. Is he/she currently under investigation or is any action pending against him/her for an ethics, moral, or legal complaint? YES NO
- b. Has he/she ever been found guilty of an ethics or moral violation? YES NO
- c. Has he/she ever been convicted of a felony? YES NO
- d. Is he/she currently a defendant in a malpractice suit? YES NO
- e. Has he/she ever been found liable for malpractice? YES NO
- f. Has he/she ever relinquished professional responsibility, resigned from a position, or been fired while an ethics, moral, or legal complaint was pending against him/her? YES NO
- g. Has he/she ever resigned from a professional organization or surrendered a license while an ethics, moral, or legal complaint was pending against him/her? YES NO
- h. Has he/she ever had a professional license denied, restricted, suspended, or revoked? YES NO
- i. Has he/she ever had membership in a professional organization denied or terminated? YES NO

Please attach details for any affirmative answers.

States in which you are a Licensed Psychologist _____

Check all that apply: DPA Member___ APA Member___ APA Assoc.___ APA Fellow___

Signature of Sponsor

Type/Print Name of Sponsor

Position

Address

Phone

Date