

Northeast Counties Association of Psychologists  
{NCAP}

## NCAP Membership Application and Dues Renewal Form

### What do NCAP members receive for their dues?

1. **INCLUSION in NCAP Online Membership Directory**, which includes information about your professional practice.
2. **NETWORKING** opportunities: meet your colleagues in friendly, educational settings, and let others know about you and your professional practice.
3. **FREE EDUCATIONAL PROGRAMS** and opportunities: learn about developments in the field of psychology and clinical practice. Refreshments are included.
4. **CONTINUING EDUCATION CREDITS** available at low cost for members (CE credits are required for licensing).
5. **AFFILIATION WITH NJPA and APA**: NCAP is an affiliate of NJPA and is represented on the Executive Board of NJPA. Learn about what is happening on the state level, and make your voice heard.
6. **PARTICIPATION AS A VOLUNTEER** WITH NCAP'S Board of Directors or NCAP Committees.
7. **EARLY CAREER (ECP) MEMBERSHIP** reduced fee (5 years post licensure).
8. **STUDENT MEMBERSHIP** is available.

**Membership Fee** - Regular Member - \$50 ECP Member - \$30 Student Member - \$10

All doctoral student members are required to submit communication on letterhead from your Department Chair, stating that you are in good standing and indicating the degree you are pursuing.

Please mail completed form with check or money order, made payable to **Northeast Counties Association of Psychologists (NCAP)**, to:

Northeast Counties Association of Psychologists  
c/o Linda B. Glazer, Psy.D.  
82 North Summit Street  
Tenafly, NJ 07670

## MEMBERSHIP INFORMATION

### Instructions for Renewing and New Members:

Please check the accuracy of your listing in our Provider Directory on the NCAP website if you are a renewing member. Check accuracy at: [www.northeastnjpsychassoc.org](http://www.northeastnjpsychassoc.org)

The information on the website is correct \_\_\_\_\_

I consent to have my professional information listed. \_\_\_\_\_

**If the information is correct, renewing members need only answer the questions with asterisk\* below. Make sure to sign Consent to Publish information on page 3.**

If you are a new member, please answer all questions.

(All information listed here, except home information, will be posted in the NCAP membership directory and posted on the website if you are a licensed psychologist.

Name:\* \_\_\_\_\_

Highest Academic Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Granting Institution: \_\_\_\_\_

Home Mailing Address (Including Zip Code): \_\_\_\_\_

Main Office Address (Including Zip Code): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail:\* \_\_\_\_\_

Send Mail to: \_\_\_\_\_ Home \_\_\_\_\_ Office

Present Position: \_\_\_\_\_ Employer: \_\_\_\_\_

Affiliation(s) w/academic institutions: \_\_\_\_\_ Position: \_\_\_\_\_

Have you held prior membership in NCAP (BCPA/BCALP) \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a current member of\* \_\_\_\_\_ American Psychological Association  
 \_\_\_\_\_ New Jersey Psychological Association

Please note: NJPA membership is required to serve on the NCAP Board and to Chair a Board Committee.

Are you a licensed psychologist?

\_\_\_\_\_ Yes, I am licensed in the following states (license no.):

\_\_\_\_\_ No, I am a permit holder in the following states:

\_\_\_\_\_ No, I am a student

\_\_\_\_\_ No, Other

### DIRECTORY INFORMATION

List your primary areas of specialization, if applicable, from the following list: addiction, eating disorders, forensics, health, assessment, groups, other

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Indicate patient populations (check all that apply):

<input type="checkbox"/> Preschool	<input type="checkbox"/> Children
<input type="checkbox"/> Adolescents	<input type="checkbox"/> Adults
<input type="checkbox"/> Geriatric	<input type="checkbox"/> Couples
<input type="checkbox"/> Families	

Therapeutic Orientation:  Cognitive-Behavioral  Psychodynamic

Other: \_\_\_\_\_

Foreign language or sign language proficiency: \_\_\_\_\_

*Note: You have sufficient fluency to conduct treatment using this language*

List managed care and insurance companies you accept:

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Do you accept?  Medicaid  Medicare

Do you offer services on a sliding scale?  Do you provide home visits?

Is your office wheelchair accessible?

Do you have a website?  If yes, what is web address? \_\_\_\_\_

### CONSENT FOR USE OF NAME/PICTURE FOR NCAP

I hereby agree for NCAP to publish my professional information (i.e., practice location, practice specialty) on the website as well as photographs/electronic media taken at NCAP meetings and events.

I agree, please include my information

I don't agree, please do not use my name or information on the NCAP website

Signature of NCAP Member \_\_\_\_\_

**INFORMATION REGARDING NCAP PARTICIPATION**

I would be interested in joining the following NCAP committees :

- |       |                      |       |                              |
|-------|----------------------|-------|------------------------------|
| _____ | Bylaws Committee     | _____ | Membership Committee         |
| _____ | Nominating Committee | _____ | Program Committee            |
| _____ | Technology Committee | _____ | Community Outreach Committee |

Suggested topics for future NCAP Meetings: \_\_\_\_\_

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I would be interested in doing a presentation at a NCAP meeting in the following area(s):

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