

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 for members who are licensed psychologists**, 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 Executive Board 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 your 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

The current information on the website is correct. Yes No

Member exclusive listserv is now available. Do you want your email address included?
Yes No

Please review page 3 for consent to use professional information/name/picture.

If the information is correct, renewing members need only answer the questions with asterisk* below. All members are expected to review Consent to Publish Information (Professional information, picture) for NCAP and sign 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

Are you a current member of*. _____ New Jersey Psychological Association

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

Are you interested in learning more about being on the NCAP executive board? _____

Are you a licensed psychologist?

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

_____ No, I am a permit holder in the following state/s: _____

_____ No, I am a student.

_____ No, _____ other

DIRECTORY INFORMATION

For Licensed Psychologists

List your primary areas of specialization, if applicable, from the following list:

- | | | |
|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Forensics | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Health | <input type="checkbox"/> Groups |
| <input type="checkbox"/> Woman's issues | <input type="checkbox"/> Other | |

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:

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 the 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 NCAP website.

_____ I hereby agree for NCAP to publish photographs of me taken at meetings and events to be published on the NCAP website and social media sites (i.e. Facebook).

Signature of NCAP Member. _____

INFORMATION REGARDING NCAP PARTICIPATION

I would be interested in joining the following NCAP committees:

- | | |
|---|---|
| <input type="checkbox"/> Bylaws Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> Program Committee |
| <input type="checkbox"/> Technology Committee | <input type="checkbox"/> Community Outreach Committee |

Suggested Topics for future NCAP meetings: _____

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

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Payable to Northeast Counties Association of Psychologists (NCAP), to:

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E-mail: drlindabglazer@gmail.com