

Essex-Union County Association of Psychologists (EUCAP)

2010-2012 Membership Application/Renewal

Any information included on page 1 of this application may be printed in hardcopy, email and website versions of EUCAP's Membership Directory, unless otherwise specified.

Name: _____ email: _____

Office Address: _____ County _____

Office Phone: _____ Office Fax: _____

Website: _____

Secondary Office Address: _____ County: _____

Secondary Office Phone: _____ Secondary Office Fax: _____

Cell Phone: _____ (OK to print in the directory? Yes _____ No _____)

Email: _____ (OK to print in the directory? Yes _____ No _____)

Degree, School and Year Graduated: _____

New Jersey License/Permit (circle one) Number _____ Year Granted _____

Other state License/Year: _____ ABPP: Specialty/Year: _____

Other relevant training: _____

NJPA Membership? _____ Year joined: _____ APA Membership? _____ Year joined: _____

How did you learn about EUCAP? _____

Populations Served: Please check all that apply:

Under 5 _____ 6-12 _____ 13-17 _____ Adult _____ Geriatric _____

Modalities: Please check all that apply:

Individual _____ Couples _____ Families _____ Groups _____

Services Offered: You may list up to seven (7) areas of service to be included in the Membership Directory (e.g., diagnostic tests, parent counseling, EMDR, eating disorders, trauma, supervision):

Orientation: Please check all that apply and rank your selections (1,2,3...)

___ Cognitive/Behavioral ___ Existential
___ Psychodynamic ___ Systems
___ Interpersonal ___ Eclectic
___ Psychoanalytic ___ Other (please specify) _____

Foreign Language Fluency: _____

Notification preference:

Please note that all correspondence will be by email and our web site unless you explicitly request that it be sent by regular mail:

_____ I prefer to receive all EUCAP correspondence via hard copy at this address:

EUCAP Committees:

EUCAP relies on the active involvement of its members and strives to be responsive to members' needs. More information about current committees (e.g., Membership, Advocacy, Peer Support, Colleague-to-Colleague) can be found at our website.

_____ I would be interested in finding out more about EUCAP committees
_____ I would consider joining (or forming) a committee in the following area _____

Please note: As an affiliate of NJPA, NJPA covers our liability in disseminating our Membership Directory. In order to be included in the hard copy, email and website versions of Membership Directory, one must be a member of NJPA and must have submitted proof of insurance.

Please provide the name of your professional liability insurance company:

Are you aware of any legal, ethical, or administrative actions in the past or currently pending against you in any state or jurisdiction in which you have engaged in the practice of psychology? _____
If Yes, please provide details:

DUES:

_____ **Full Member:** Licensed Psychologists who are NJPA Members (**\$80 for 2 years**)
_____ **Affiliate Member:** Master's Level Psychologists and Graduate Students (**\$40 for 2 years**)

Note: Applications made more than 6 months into the 2 year dues cycle can pay a reduced amount as follows:

- Applications filed July 2010 – December 2010 pay \$60 Full/\$30 Affiliate
- Applications filed January 2011 – June 2011 pay \$40 Full/\$20 Affiliate
- Applications filed July 2011 – December 2011 pay \$20 Full/\$10 Affiliate

One copy of the EUCAP Membership Directory is included in your dues payment. To order additional copies of the EUCAP Membership Directory, please check here and add \$7.50 for each additional Directory ordered. _____

Know Your Colleague: (Optional)

New members are invited to submit a 200-250 word statement about their practice that will be sent via email to all EUCAP members and will eventually be highlighted on the EUCAP website for a period of time. Know Your Colleague statements should be emailed directly to Jeff Singer at drsinger@morrispsych.com.

Please return completed application and dues payment to:

**Essex-Union County Association of Psychologists (EUCAP)
Emily Wildman, Psy.D.
45 River Road, Suite 6
Summit, NJ 07901**

**Questions can be directed to Dr. Wildman via phone or email:
908-522-6610 drewildman@gmail.com**