

Association of Practicing Psychologists, Montgomery-Prince George's Counties, Inc.

ANNUAL APPLICATION FOR MEMBERSHIP/RENEWAL (PLEASE PRINT)
Fall 2009

Full Name: _____ Degree: _____

E-mail: _____ (Please note: We must have your e-mail address for general communications and to e-mail you the annual directory of APP members.)

Membership Status Applying for:

Please check one: _____ New Member _____ Renewing Member

Please check one: _____ Full Member (must be licensed in Maryland and practice or reside in Montgomery or PG County). Maryland License Number _____
_____ Affiliate Member (psychologist with current licensure from MD, VA or DC who lives or practices in these jurisdictions)
State _____ License Number _____

Please Note: If you are NOT licensed in Maryland, you MUST enclose a photocopy of your current psychology license.

Home Address (CONFIDENTIAL TO APP ONLY):

(Street Address) (City) (State) (Zip)

County: _____ Home Phone: _____ FAX: _____

NOTE: If you are a Renewing Member you don't need to provide us with unchanged information. Review your profile in the APP Directory (which was emailed to you) or the APP website www.apponline.org then simply write 'No Change' or 'NC' where applicable.

Primary Office Location:

(Street Address) (City) (State) (Zip)

County: _____ Office Phone: _____ FAX: _____

Preferred Mailing Address: Home: _____ Office: _____

Do you want to be listed in the directory available to APP members Yes _____ No _____
If you want to be listed in the directory and/or the website, please fill out the Practice Description.

Practice Description:

Please give a brief description of your private practice. In your description you may wish to include information such as, 1) treatment modality/population served (e.g., psychotherapy for adults), 2) areas of specialization (e.g., eating disorders), 3) theoretical orientation and 4) anything else you want published in the Directory and APP website.. **Please Note: You are limited to 250 characters including punctuation and blanks. If your description exceeds the limit, it will be truncated at a logical point.**

Do you want to be included on the website available to the public? Yes _____ No _____
If yes, please fill out the following section.

**APPLICATION TO HAVE PRACTICE INFORMATION INCLUDED ON
APP WEBSITE-SEARCH FOR PSYCHOLOGISTS**

With your membership, you have the opportunity to have your private practice information included on the APP website, www.apponline.org. This service is free of charge to all Full and Associate APP members who have paid their annual dues in full. Although late applications for APP membership will be accepted, the website will be updated and corrected only three times annually (i.e., with this mailing, November, and February) to include new members and those requesting changes.

E-mail Available for publication: _____

Second Office Location (if applicable):

(Street Address) (City) (State) (Zip)

County: _____ Office Phone: _____ FAX: _____

Gender of Psychologist: _____ Female _____ Male

Fluency in languages other than English: _____

Areas of specialization (please check all that apply):

- | | |
|--|------------------------------------|
| _____ Preschoolers therapy/treatment | _____ Coaching |
| _____ Children therapy/treatment | _____ Hypnotherapy |
| _____ Adolescents therapy/treatment | _____ Child custody/forensic |
| _____ Young adults therapy/treatment | _____ Business consulting |
| _____ Adults therapy/treatment | _____ Mediation for divorce |
| _____ Couples therapy | _____ Mediation—other |
| _____ Family therapy | _____ Testing children/adolescents |
| _____ Group therapy-children/adolescents | _____ Testing adults |
| _____ Group therapy-adults | |

PAYMENT INFORMATION:

Annual APP Membership Dues (Fall, 2008): \$50

Please submit your completed application and a check made payable to Association of Practicing Psychologists to: Carolyn M. Huard, Ph.D.

**11291 Farmland Dr.
Rockville, MD 20852**