

IOWA PSYCHOLOGICAL ASSOCIATION MEMBERSHIP APPLICATION 2010

GENERAL INFORMATION

Name _____ Date of Birth _____ Highest Degree _____
Specialty _____ Granting University _____ Year _____
Employer _____ Position _____
Work Address _____ City _____ State: _____ Zip _____ Phone: _____
Home Address _____ City _____ State: _____ Zip _____ Phone: _____
Email _____ Fax _____ Social Security Number: _____

National Association Membership:

- APA HSP
 NASP National Register

APA Membership Status:

- FULL MEMBER ASSOCIATE
 FELLOW STUDENT

Iowa Licensed Psychologist: Yes No License Number _____ Exp. _____ Year Issued _____

IPA member mostly responsible for recruiting you, if any _____

Languages you are fluent in other than English _____ Red Cross Trained Yes No

IPA MEMBERSHIP CATEGORIES

Check category for which you are applying. You must apply for the highest level for which you are eligible. See Fee Schedule .

- Full Members** have voting privileges and are eligible to hold office. First-year full member applicants receiving their doctoral degree or licensure in **2009 (or since)** will at the time of application be extended a 1 year complimentary membership. Qualifications for membership are:
- Iowa Licensure as a psychologist, **or**
 - Doctoral Degree based in part on a psychological dissertation or other evidence of proficiency in psychological scholarship from a program primarily psychological in content and conferred by a graduate or professional school that is regionally accredited. **or**
 - Eligibility for Full Membership status in the American Psychological Association
- Associate Members** are those applicants who meet one of the following qualifications:
- Two years of graduate work in psychology completed in an accredited graduate school., **or**
 - Master's degree in psychology from an accredited graduate school plus a year of professional work that is psychological in nature, **or**
 - Eligibility for Associate Member status in APA, and/or member status in NASP, **or**
 - Former Full Member of IPA who has moved out of state and is no longer receiving any income from the practice of psychology in Iowa
- Student Affiliate Members** may not vote or hold office, but have all other rights and privileges of membership, including serving on committees. Qualifications are:
- Enrollment in a training program in psychology, **and**
 - No earnings from applied psychological activities, except stipends and awards provided by the degree program.

APPLICATION FEE SCHEDULE

(No pro-ration of dues but coupons issued for subsequent year's dues to members joining between July 1 and September 1. New members joining after September 1 will be current through December 31 of the following year.)

MEMBER STATUS	APPLICATION FEE
Full Member	\$235.00
Full Member Earning license or Doctoral Degree in 2009 (or since)	Waived
Associate Member	\$100.00
Student Affiliate Member	\$40.00

If you are an APA, or NASP member in the category for which you are applying or licensed as psychologist in Iowa, you may stop here. However, please provide your signature and date of application at bottom.

EDUCATION

Undergraduate	College/University	Dates Attended	Major	Degree
Graduate	College/University	Dates Attended	Major	Degree
Professional Work	Place	Dates Worked	Location	Phone

ENDORSEMENTS

Applicants for any membership status must list two psychologists, one of whom is an IPA member, who knows the applicant and his/her current work.

Name (please print)	Address	Phone	IPA Member?
1.			
2.			

Faculty Endorsement (Needed for Student applicant-)

My signature verifies that I, a faculty member in the _____ Department at (school)

_____, certify that the applicant is a registered student in that department.

Signature _____ Address _____

Phone _____ Email _____

I hereby apply for membership in the Iowa Psychological Association.

I attest to the fact that I have not at any time been convicted of a felony, sanctioned by any professional ethics body, licensing board, or other regulatory body or scientific organization.

I agree to advise the Executive Council of the Iowa Psychological Association by certified or registered mail at the time of IPA membership application or within thirty days of the occurrence, of any reportable events described in the above attestation of the Iowa Psychological Association membership application. I understand that directly reporting of disciplinary action by licensing boards, professional organizations or other authorities to same does not alleviate me from the responsibility of reporting disciplinary matters directly to the Executive Council of the Iowa Psychological Association.

In making this application, I subscribe to and will support the objectives of the Iowa Psychological Association and the American Psychological Association, as set forth in the Iowa Psychological Association's Constitution and By-Laws and the American Psychological Association's Bylaws, Ethical Principles of Psychologists and Code of Conduct.

I affirm that the statements made in this application correctly represent my qualifications for election, and understand that if they do not, my application may be voided. Copies of the above-cited documents will be made available to me upon request. I certify that the foregoing is true and correct under penalty of perjury under the laws of the State of Iowa.

Date _____ Signature _____

Membership applications should be returned to :

IPA Membership Committee
48428 290th Ave.
Rolfé, IA 50581
Phone 712-848-3595 Mobile 712-358-1621 Fax 712-848-3892
Email: ipa@iowatelecom.net

Applications require clearance by the IPA Membership Committee and final approval by the Executive Council. For your application to be considered, **please include a check for one year's dues.** Thank You!