

HUDSON VALLEY PSYCHOLOGICAL ASSOCIATION
MEMBER DATABASE FORM

REQUIRED OF ALL NEW VOTING MEMBERS

TIMELY RETURN REQUIRED TO REMAIN ON THE LISTSERV AND WEBSITE:

FAILURE TO COMPLETE AND RETURN THIS FORM, W/APPLICABLE DOCUMENTATION, BEFORE NOVEMBER 1ST WILL INITIATE THE PROCESS TO REMOVE YOUR NAME FROM THE LISTSERV AND WEBSITE.

INSTRUCTIONS: Please make sure your answers are complete and legible.

___ PRINT AND COMPLETE ALL 8 PAGES OF THIS DOCUMENT

___ SIGN THE WEBSITE ATTESTATION ON THE LAST PAGE

___ ATTACH COPY OF YOUR CURRENT NYS LICENSE REGISTRATION

MAIL TO:

**HVPA MEMBER DATABASE
P.O. BOX 1222
Poughkeepsie, NY 12602-1222**

Contacts for additional information

--about the Website: Ellen Waggener 845 473-5173 ewaggener@hvc.rr.com

REMINDER: The information provided by you on the attached form will NOT be verified by HVPA. The APA Code of Ethics states that any public statements or advertisements made by a psychologist should not be "false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated." Any significant changes to the information provided hereto, that may arise in the future, should be reported immediately to the HVPA's Membership Chair or to the Executive Board.

Today's Date: _____

HVPA Member Since: _____

APPLICANT NAME:
Please Print

_____ , _____
 first middle last degree

CURRENT NYS PSYCHOLOGIST LICENSE? YES NO
 LICENSE NUMBER: _____ Expiration Date: _____

**ALL MEMBERS REQUIRED TO
 ATTACH COPY OF CURRENT LICENSE REGISTRATION
 TO THIS DOCUMENT**

PERSONAL CONTACT INFORMATION – For HVPA Use/Distribution ONLY-	
Home Address	_____ _____ _____ ZIP _____
Personal Phone: () _____	Personal Fax: () _____
Personal Email:	

MEMBERSHIP CATEGORY AND DUES

CHECK YOUR CURRENT HVPA MEMBERSHIP CATEGORY:

<input type="checkbox"/> STANDARD MEMBERSHIP:	\$ 75.00
<input type="checkbox"/> EARLY CAREER (Licensed < 5 Years)	\$ 37.50
<input type="checkbox"/> I am DUES EXEMPT (Licensed and over age 70)	\$ 0.00
<input type="checkbox"/> INTERNS OR NON-LICENSED/NON-VOTING	\$ 37.50

The first three categories are VOTING MEMBERS:
HVPA's Voting Members are psychologists who hold a doctorate and are currently licensed to practice psychology in New York State

<p>DEFINE TREATMENT POPULATION</p>	<p>Ages that you DO treat: _____</p> <p>Ages that you DO NOT treat: _____</p>
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PLEASE LIST ANY TOPICS ABOUT WHICH YOU WOULD

<p>• LIKE TO PRESENT AT AN HVPA-sponsored EVENT/PROGRAM:</p> <p style="text-align: right;">Amount of Program Time Preferred: _____</p>
<p>• LIKE TO LEARN MORE THROUGH AN HVPA-sponsored EVENT/PROGRAM:</p> <p style="text-align: right;">Amount of Program Time Preferred: _____</p>
<p>• BE INTERESTED IN PROVIDING CONSULTATION OR TRAINING FOR SOME OTHER COMMUNITY GROUP/ORGANIZATION:</p>

<p>HOW WILL YOU HELP HVPA EDUCATE THE LARGER COMMUNITY AND ADVANCE THE FIELD OF PROFESSIONAL PSYCHOLOGY?</p> <p>CHECK ALL THAT APPLY:</p>	
<p><input type="checkbox"/> Present at an HVPA Program</p> <p><input type="checkbox"/> Assist the Program Committee</p> <p><input type="checkbox"/> Present to Community Groups</p> <p><input type="checkbox"/> Take Messages off the HVPA Answering Machine</p> <p><input type="checkbox"/> Run for an Office >>> Which Office(s) ? _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Assist the Communications Committee</p> <p><input type="checkbox"/> Assist the Membership Committee</p> <p><input type="checkbox"/> Assist with Legislative Advocacy</p> <p>>>>MONTHS PREFERRED: _____</p> <p>>>> In Which Program Year can you serve? _____</p>

BUSINESS/PRACTICE INFORMATION

For Sharing with the Public

PRIMARY BUSINESS/PRACTICE

SECONDARY BUSINESS/PRACTICE

ZIP _____

Wheelchair Accessible? Yes No

Phone: () _____

Fax : () _____

Type of Practice/Organization: _____

Email: _____

Website:

ZIP _____

Wheelchair Accessible? Yes No

Phone: () _____

Fax : () _____

Type of Practice/Organization: _____

Email: _____

Website:

Additional position or location
 you would like to include:

EDUCATION, TRAINING AND OTHER PROFESSIONAL MEMBERSHIPS

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PRIMARY DOCTORAL LEVEL TRAINING	School: _____ Location: _____ Degree: ___ PhD ___ PsyD ___ Other: _____ Month/Year Received: _____
OTHER GRADUATE LEVEL TRAINING	School: _____ Location: _____ Degree: ___ PhD ___ PsyD ___ Other: _____ Month/Year Received: _____
POST-GRADUATE and OTHER SPECIALIZED TRAINING	School/Organization: _____ Location: _____ Dates: _____ Certificates Received (if any): _____ Month/Year: _____ Details if needed:
OTHER POST-GRADUATE/ SPECIALIZED	School/Organization: _____ Location: _____ Dates: _____ Certificates Received (if any): _____ Month/Year: _____ Details if needed:
BOARD CERTIFICATION	_____ _____ _____
PROFESSIONAL MEMBERSHIPS Check all that apply	___ APA ___ NYSPA ___ Other: _____ ___ Other: _____ ___ Other: _____

INSURANCE ACCEPTED

-- Check to the Left for All that apply--

AETNA	CDPHP	CIGNA
DISABILITY/SSD		
EMPIRE BC-BS	EMPIRE PLAN-Value Options	FIRST HEALTH
GHI-Value Options	HEALTHNET	HUDSON HEALTH PLAN
MAGELLAN	MEDICAID	MEDICARE
MHN	MULTI-PLAN	
MVP-Medicaid	MVP-Value Options	
NYS Empire Plan	NYS Medicaid	NYS Workers Compensation
OXFORD	POMCO	QUANTUM
TRICARE	UNITED BEHVIORAL HLTH	UNITED HEALTHCARE
WELLCARE		
OTHER:	OTHER:	OTHER:
OTHER:	OTHER:	OTHER:

EVALUATION and ASSESSMENT EXPERTISE

-- Check to the Left for All that apply--

Child ADD/ADHD	Child Autism Spectrum/PDD	Child Behavioral Analysis
Child Brain Injury	Child Learning Disability	
Child Neuropsychological	Child Psychiatric (Medication)	Child Psychological
Child Psycho-Educational		
Adult ADD/ADHD	Adult Autism Spectrum/PDD	Adult Behavioral Analysis
Adult Brain Injury	Adult Learning Disability	
Adult Neuropsychological	Adult Psychiatric (Medication)	Adult Psychological
Adult Psycho-Educational	PRE/POST-PARTUM	BARIATRIC SURGERY
ALCOHOL/SUBSTANCE ABUSE	DWI	CHILD CUSTODY EVALUATION
FORENSIC FOR FAMILY COURT	FORENSIC FOR CIVIL COURT	FORENSIC FOR CRIMINAL COURT
THERAPEUTIC ASSESSM	FOSTER CARE DIAGNOST	
POLICE OFFICER DUTY	TEMPORARY DISABILITY	PERMANENT DISABILITY
WORKERS' COMP	JURY SELECTION	SEX OFFENDER RISK
OTHER:	OTHER:	

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SPECIALIZED POPULATIONS AND CONDITIONS

-- Check to the Left for All that apply--

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ADD/ADHD – ADULT	ADD/ADHD- CHILD	ADDICTION/DRUG ABUSE
ADOLESCENTS	ADOPTION	ALCOHOLISM/ABUSE
ALZHEIMERS	ANGER MANAGEMENT	ANXIETY/PANIC DISORDER
ATTACHMENT	ASPERGERS/PDD	AUTISM SPECTRUM
BIPOLAR/MANIC- DEPRESSIVE DISORDER	BORDERLINE PERSONALITY DISORDER	CHEMICAL DEPENDENCY
CHILDREN and PRETEEN	CHRONIC MEDICAL PROB	CHRONIC PAIN
CODEPENDENCE	COLLABORATIVE DIVORCE	CO-PARENTING
COUPLES	DEATH AND DYING	DEBTING/OVERSPENDING
DEPRESSION/MOOD DISORDER	DEPENDENT RELATIVE	DIVORCE
DISSOCIATIVE DISORDER	DOMESTIC VIOLENCE	DYSLEXIA
DYSMORPHIA	EAP/WORKPLACE	EARLY CHILDHOOD
EATING DISORDER	FAMILY THERAPY	FERTILITY/FAMILY PLANNING
GAMBLING	GAY/LESBIAN	GENDER ISSUES
GRIEF & LOSS	HEALTH PSYCHOLOGY	LIFE TRANSITIONS
MARRIAGE/COUPLES	MENTAL RETARDATION/ Developmental Disability	MIND/BODY
OCD-Obsessive Compulsive Disorder	PARENT COORDINATION	PARENTING
PHOBIAS	POST/PRE- PARTUM DEPRESSION	PTSD-Post Traumatic Stress Disorder
REACTIVE ATTACHMENT DISORDER	RETIREMENT	
SCHIZOPHRENIA	SEX ADDICTION	SEXUAL DYSFUNCTION
SEX OFFENDERS	SEXUAL ABUSE SURVIVORS	SOLDIERS/MILITARYFAMILIES
SPIRITUALITY	SPORT PSYCHOLOGY	TRANSGENDER
TBI-Traumatic Brain Injury	TRAUMA	WEIGHT MANAGEMENT
OTHER:	OTHER:	OTHER:

ALSO: PLEASE CIRCLE UP TO FIVE AREAS LISTED ABOVE
THAT BEST DESCRIBE YOUR CURRENT AREA(S) of SPECIALIZATION

TREATMENT APPROACHES AND TECHNIQUES

-- Check to the Left for All that apply--

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AIT- ADVANCED INTEGRATIVE THERAPY	BEHAVIOR MODIFICATION	BIO-ENERGETIC
BIO-FEEDBACK		BRAIN MAPPING
CBT-COGNITIVE BEHAVIORAL	COGNITIVE TRAINING	COACHING
COLLABORATIVE DIVORCE	COUPLES/MARRIAGE COUNSELING	DBT- Dialectical Behavioral Therapy
EFT-Emotional Freedom Technique	EMDR- Eye Movement Desensitization & Reprocessing	EXISTENTIAL-PHENOMENOLOGICAL
FAMILY SYSTEMS	FAMILY THERAPY	GESTALT
GROUP DYNAMICS	GROUP THERAPY	HYPNOSIS
INDIVIDUAL PSYCHOTHERAPY	INTERPERSONAL	JOURNALING/GUIDED WRITING
MEDIATION	MEDITATION	NARRATIVE
NEUROFEEDBACK	NEURO-PSYCHOLOGICAL	NEURO-STIMULATION
OBJECT RELATIONS	PASTORAL	PERSON-CENTERED
PLAY THERAPY	PSYCHODRAMA	PSYCHODYNAMIC
PSYCHOANALYSIS	REALITY/CHOICE THERAPY	SEX THERAPY
SE- SOMATIC EXPERIENCE	SOCIAL SKILLS TRAINING	SOLUTION-FOCUSED
SUPERVISED VISITATION	THERAPEUTIC VISITATION	TWELVE STEP
OTHER:		

GENERAL ATTESTATIONS

Which email address do you prefer to use for HVPA-Related Business? _____

With the EXCEPTION OF YOUR PERSONAL CONTACT INFORMATION do you give your permission to HVPA to.....

-
- **USE all other information provided to REFER CLIENTS WHO CALL THE HVPA PHONE LINE in search of a psychologist?** YES NO
 - **Explanation (if needed):**
 -
 - **INCLUDE you on the HVPA LISTSERV?** YES NO
 - **Explanation (if needed):**
 -
-

NOTE: Members unable or unwilling to participate fully via internet, and require communications via "snail-mail," are subject to a surcharge equivalent to one-half of the standard annual dues.

WEBSITE ATTESTATION

To be listed on the Seeking Help search feature, **YOU MUST AFFIRM THE FOLLOWING, IN WRITING:**

I, _____, understand the following HVPA Website policy statement:

“... Information about a listed psychologist was provided and verified by the individual member, at the time it was posted to this website. The data provided was not verified by HVPA. It will often take up to 60 days to post a correction to the website after submission by a member: users are urged to verify all information provided (office location and other contact information, license status, types of insurance accepted) before a scheduled appointment. The Code of Ethics of the American Psychological Association (APA) states that any public statements made by a psychologist should not be "...false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated." Listed members are expected to immediately report any significant changes to the information presented herein, to HVPA's Membership Chair, who will then forward needed changes to the person or committee responsible for website updates.”

I further acknowledge that I am responsible for immediately informing the HVPA Membership Chair about any changes in my contact/practice information as listed on the HVPA Website and included in the HVPA member application form.

Signature

Date