



**California Psychological Association's
Colleagues Assistance and Support Program (CLASP)
*Cultivating and Sustaining Wellness and Self Care***

Toll Free I&R Line: 1-888-262-8293



Website: <http://www.cpaclasp.org>

**CPA CLASP Provider Application
Appendix A
(Please print clearly or type all information)**

Date: _____

Name: _____

Home Address: _____

Business Address: _____

Home Telephone: _____ **Business Telephone:** _____

E-Mail Address: _____ **Website:** _____

Doctorate

Granted From: _____

School Location: _____ **Year Received Doctorate:** _____

California License Number: _____ **Year Granted:** _____

CPA Member Since: _____ **Chapter Name:** _____ **Chapter Member Since:** _____

Employment Private Practice: _____

Please list dates of private practice

Employer: _____

Please list dates of employment

How did you learn about becoming a CPA CLASP Provider? _____

Would you like your name, office address, phone number, and eventually specialties posted on the CLASP Website under find a provider? Yes ___ No

Please enclose the Specialty Practice Addendum, Appendix B and C as well as a copy of your CE record and proof of insurance.

Specialty Practice Addendum

Psychotherapy Consulting Supervision Workshops/Presentations
 Coach for CA Psychology Licensing Exam Writing Mentor Researcher Statistical Analysis
 Psychological Assessments Neuropsychological Assessments BOP Referral for Practice Monitoring
 Usual Fee: _____. Do you offer a sliding scale? YES NO

Please check the presenting issues and specialties that you treat as well as the theoretical orientations that you use:

Presenting Issues	Specialties	Orientation/Practice
<input type="checkbox"/> adjustment disorders	<input type="checkbox"/> abuse, adult (sexual, physical)	<input type="checkbox"/> behavioral
<input type="checkbox"/> anxiety disorders	<input type="checkbox"/> abuse, child (sexual, physical)	<input type="checkbox"/> cognitive
<input type="checkbox"/> attention-deficit disorder	<input type="checkbox"/> anger	<input type="checkbox"/> cognitive-behavioral
<input type="checkbox"/> dementia/cognitive disorder	<input type="checkbox"/> ACA/codependency	<input type="checkbox"/> Control Mastery
<input type="checkbox"/> depression/mood disorders	<input type="checkbox"/> burn out	<input type="checkbox"/> DBT
<input type="checkbox"/> dissociative disorders	<input type="checkbox"/> chronic fatigue	<input type="checkbox"/> eclectic
<input type="checkbox"/> disorders of inf., childhood, or adoles.	<input type="checkbox"/> chronic illness/disability	<input type="checkbox"/> EMDR
	<input type="checkbox"/> chronic pain	
<input type="checkbox"/> eating disorders	<input type="checkbox"/> Coaching for CA Licensing Exam	<input type="checkbox"/> existential/humanistic
<input type="checkbox"/> gender identity issues	<input type="checkbox"/> custody/mediation	<input type="checkbox"/> Gestalt
<input type="checkbox"/> impulse control disorders	<input type="checkbox"/> death/dying	<input type="checkbox"/> Insight Oriented
<input type="checkbox"/> obsessive-compulsive disorder	<input type="checkbox"/> desire and sexuality	<input type="checkbox"/> interpersonal
<input type="checkbox"/> paraphilias	<input type="checkbox"/> divorce/separation	<input type="checkbox"/> Jungian
		<input type="checkbox"/> narrative
<input type="checkbox"/> personality disorders	<input type="checkbox"/> domestic violence	<input type="checkbox"/> Mindful Meditation
<input type="checkbox"/> phobias	<input type="checkbox"/> financial pressures	<input type="checkbox"/> Object Relations
<input type="checkbox"/> psychotic disorders	<input type="checkbox"/> infertility/childlessness	<input type="checkbox"/> psychoanalytic
<input type="checkbox"/> PTSD	<input type="checkbox"/> gay/lesbian	<input type="checkbox"/> psychodynamic
<input type="checkbox"/> Relationship issues	<input type="checkbox"/> geriatric	<input type="checkbox"/> Self Psychology
<input type="checkbox"/> sexual dysfunctions/pain	<input type="checkbox"/> grief/bereavement	<input type="checkbox"/> Solution Focus Therapy
<input type="checkbox"/> sleep disorders	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Somatic Psychotherapies
<input type="checkbox"/> somatoform disorders	<input type="checkbox"/> learning disabilities	<input type="checkbox"/> systems
	<input type="checkbox"/> men's issues	<input type="checkbox"/> other (<i>Specify:</i>) _____
<input type="checkbox"/> substance-related disorders	<input type="checkbox"/> Office Safety Issues	
<input type="checkbox"/> other (<i>Specify:</i>) _____	<input type="checkbox"/> parenting	
	<input type="checkbox"/> physical illness/disability	
	<input type="checkbox"/> practice management	
	<input type="checkbox"/> psychological/neuropsych assessment	
	<input type="checkbox"/> relationship/marriage	
	<input type="checkbox"/> sexual compulsivity	
	<input type="checkbox"/> spiritual/religious	
	<input type="checkbox"/> stress	
	<input type="checkbox"/> Wellness/Prevention	
	<input type="checkbox"/> women's issues	
	<input type="checkbox"/> other (<i>Specify:</i>) _____	

Use back if needed to list workshops and presentations

Workshops and Presentations you could offered that relate to CLASP Issues around; Please Specify: (i.e., "Self Care," Resiliency," "Stress Reduction", "Mindful Meditation," "Financial Well-being," "Developing Professional Willing," Balancing Professional Well-being," "Starting a Practice," "Closing a Practice," Relationship Issues for Psychologists and the Impact on our Holistic Well-Being," etc...)

Appendix B

**CONTRACT FOR PARTICIPATION
IN THE CLASP INFORMATION AND REFERRAL SERVICE
AND HOLD HARMLESS CLAUSE**

I acknowledge by my signature here that I have read and agree to comply with the *Policy and Procedures Statement* for the California Psychological Association's Colleague Assistance and Support Program (CLASP) and the CLASP Information and Referral Service.

This contract will remain in effect for the current service year, which runs from January 1 through December 31 of the same year. In addition, I agree to hold harmless and indemnify the California Psychological Association and member chapter Boards of Directors, the CLASP Executive Committee, and CLASP Information and Referral (I&R) Service providers from any liability they may incur as a result of my acts and omissions regarding the I&R Service.

If, at any time during the service year, I wish to revoke this agreement, I understand I must submit a written notice to the Chairperson of the CLASP Executive Committee, California Psychological Association, 3835 North Freeway Blvd, Ste 240, Sacramento, CA 95834-1955, stating the date I intend to terminate my participation on the CLASP I&R Service.

Signature of CLASP I & R Service Provider Applicant

Date signed

Printed name

Member Chapter:

Form 98-01

Appendix C

**ETHICS STATEMENT
FOR THE CPA CLASP COMMITTEE
INFORMATION AND REFERRAL SERVICE**

If, as a CLASP I&R Service provider, I am charged with any wrong-doing through an accusation* filed with any state or national ethics committee or the State of California Board of Psychology (BOP), I agree to notify the Chairperson, CLASP Executive Committee, California Psychological Association, 3835 North Freeway Blvd, Ste 240, Sacramento, CA 95834-1955, and to be automatically withdrawn from the active CLASP Information and Referral (I&R) Service provider list and placed on inactive status. I also agree to remain on inactive status throughout the entire ethics committee and/or BOP process.

In the event that an ethics committee or BOP recommends any remediation or sanction, I will remain on inactive status until such time that no remediation or sanctions remain. If the accusation is withdrawn, dropped, or otherwise dispensed with, resulting in no action against me, I will automatically regain active CLASP I&R Service provider status.

I understand that, should I come under investigation or be sanctioned, or required to fulfill conditions of remediation, the CLASP Executive Committee Chairperson will be required to provide written notification to CLASP I&R Service providers and to the other members of the CLASP Executive Committee of such actions. In this way, they will know not to make referrals to me, until such time that the matter is resolved, as described in the paragraph above.

I agree with, and shall abide by, the above Ethics Statement.

Signature of CLASP I & R Service Provider Applicant

Date signed

Printed name

Member Chapter

** Accusation, as used in the above statement indicates a "charge" that is beyond the complaint state. To actually be "accused" as used in the above statement, therefore, implies a serious charge. This serious charge becomes an "accusation" when it becomes a legal document issued by the attorney general and is available for public inspection. A complaint, on the other hand, occurs when a consumer writes or calls an Ethics Committee or the Board of Psychology and presents a dispute against a psychologist. Many of the "complaints" received by these committees are not acted upon and do not become an "accusation."*

Form 98-02

Becoming part of the CPA's CLASP Information and Referral Resource List

How to become an CLASP I&R provider

Sign and return application packet to:

Patricia VanWoerkom
Director, CPA Administration
Director, MCEP Accrediting Agency
1231 I St. , Suite 204
Sacramento, CA 95814

(916) 286-7979, ext 101
pvanwoerkom@cpapsych.org

- Please include the following elements in your packet:
 - a. A completed CLASP I&R provider application (Appendix A) and specialty practice addendum,
 - b. A signed Contract for Participation (Appendix B),
 - c. A signed Ethics Statement (Appendix C),
 - d. A copy of current license,
 - e. A copy of insurance face sheet, and
 - f. A copy of your C.V.
 - g. A copy of your most recent Continuing Education course work. If you are unable to locate your EC Forms please ask **Patricia VanWoerkom** to locate them for you given she has access being the Director, MCEP Accrediting Agency.

Thank you,

Dani Beckerman, Psy.D.

CPA CLASP Chair

dani_beckerman@yahoo.com

831-426-4735

CPA CLASP EC Members

Dani Beckerman, Psy.D., Chair ~ 831-426-4735 ~ dani_beckerman@yahoo.com

Diane Bridgeman, Ph.D. ~ 831 420-1109 ~ dianebridgeman@mac.com

Shannon Casey-Cannon, Ph.D. ~ 650 766-4752 ~ scannon@stanfordalumni.org

Joanne Crawford, Ph.D. ~ 510 658-3396 ~ jcrawfordphd@sbcglobal.net

Yash Manchanda, Ph.D. ~ 909-444-7448 ~ yashtlhoa@hotmail.com