



# Monterey Bay Psychological Association

A Chapter of the California Psychological Association

## Membership Application 2012

**NOTE**  
The information below will be included on our web site:  
[www.mbpsych.org](http://www.mbpsych.org)  
unless you inform us in writing to the contrary.

Referred by MBPA Member \_\_\_\_\_

*The purpose of the Monterey Bay Chapter of the CPA is to advance psychology as a science and as a profession as well as a means of promoting human welfare by the encouragement of psychology in the State of California and more specifically in the counties of Monterey, San Benito and Santa Cruz. The goals of the Monterey Bay Psychological Association are consistent with those of CPA.*

**NAME** (First / MI / Last / Degree) \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**PRIMARY OFFICE ADDRESS** \_\_\_\_\_

**PRIMARY MAILING ADDRESS** (If different) \_\_\_\_\_

**PRIMARY PHONE** (\_\_\_\_\_) \_\_\_\_\_ **ALT. CONTACT PHONE** (For internal MBPA purposes only) (\_\_\_\_\_) \_\_\_\_\_

**PRIMARY FAX** (\_\_\_\_\_) \_\_\_\_\_ **E-MAIL ADDRESS (\*Required for internal use only\*)** \_\_\_\_\_

**WEB SITE** \_\_\_\_\_

**SECOND OFFICE ADDRESS** \_\_\_\_\_ **SECOND OFFICE PHONE** (\_\_\_\_\_) \_\_\_\_\_

**MEMBER:**  CPA  APA  WPA  CAMFT  AAMFT  AMERICAN PSYCHIATRIC ASSOC.  Other: \_\_\_\_\_

**MBPA MEMBERSHIP REQUIREMENTS** (Members must participate at the highest level for which they are qualified):

**MEMBER** - \$85.00 per year if CPA member; \$90.00 if not a CPA member

Doctorate in:  Psychology  Other \_\_\_\_\_

Practice Focus:  Clinical  Academic  Research  Other \_\_\_\_\_

Diplomat Affiliations:  ABPP  ABEPH  Other: \_\_\_\_\_ Area \_\_\_\_\_

DEGREE	YEAR	COLLEGE/UNIVERSITY	DEGREE IN	LICENSE / CREDENTIAL NUMBER (Please attach copy of license or that of your supervisor)

**ASSOCIATE/AFFILIATE** - \$50.00 per year

Master's Degree in:  Psychology  Equiv. (area) \_\_\_\_\_

**OR**

Category I:  LCSW  LMFT  LPT  MD  Other (Description) \_\_\_\_\_

Category II:  California High School Teacher of Psychology (Institution) \_\_\_\_\_

DEGREE	YEAR	COLLEGE/UNIVERSITY	DEGREE IN	LICENSE / CREDENTIAL NUMBER (Please attach copy of license)

**NON-PRACTICING** (Retired / Full-Time Post Docs/Graduate Students) - \$25.00 per year

DEGREE	YEAR	COLLEGE/UNIVERSITY	DEGREE IN	LICENSE / CREDENTIAL NUMBER (Please attach copy of license)

**ENDORSEMENT:** (Names of 2 members of APA, CPA, or MBPA, their license numbers, and **obtain signature** of each endorser)

APA CPA MBPA (circle) \_\_\_\_\_

APA CPA MBPA (circle) \_\_\_\_\_

**Have you ever been investigated for any ethical violations?**  Yes  No (If so, attach a page explaining such)

**PROFESSION ETHICS DECLARATION:** I have read and abide by the Code of Ethics of the California Psychological Association (identical to the Code of Ethics of the American Psychological Association). I certify the above is true to the best of my knowledge. By signing this I give my permission for MBPA to contact the Psychological Examining Committee (PEC) or the Board of Medical Quality Assurance to discuss applicant's credentials and current ethical standing

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR LICENSE AND YOUR CHECK, MADE OUT TO: MBPA**

**SEND TO:** Fern Selzer, Ph.D., 519 Capitola Ave., Suite C, Capitola, CA 95010 ~ (831) 475-9091

Applicant's Name \_\_\_\_\_

## ADDITIONAL MEMBER INFORMATION

### Primary Client Populations

Please select all that apply

- Children under 12
- Adolescents 13-18
- Young Adults
- Adults
- Elderly/Geriatric

### Treatment Modalities

Please select all that apply

- Individual Therapy
- Family Therapy
- Couples Therapy
- Group Therapy
- Psychological Assessment

### Theoretical Orientation

Please select up to three:

- |  |   |
|--|---|
| <input type="checkbox"/> Brief Therapy               | <input type="checkbox"/> Neuro-Linguistic Programming       |
| <input type="checkbox"/> Cognitive                   | <input type="checkbox"/> Object Relations                   |
| <input type="checkbox"/> Cognitive Behavioral        | <input type="checkbox"/> Pragmatic                          |
| <input type="checkbox"/> Developmental Psychotherapy | <input type="checkbox"/> Psychoanalytic                     |
| <input type="checkbox"/> Eclectic (Many Therapies)   | <input type="checkbox"/> Psychodynamic                      |
| <input type="checkbox"/> Family Systems              | <input type="checkbox"/> Reichian                           |
| <input type="checkbox"/> Gestalt                     | <input type="checkbox"/> Self- Psychology                   |
| <input type="checkbox"/> Humanistic/Existential      | <input type="checkbox"/> Solution Focused Therapy           |
| <input type="checkbox"/> Interpersonal               | <input type="checkbox"/> Somatic                            |
| <input type="checkbox"/> Intersubjective             | <input type="checkbox"/> Strategic                          |
| <input type="checkbox"/> Jungian                     | <input type="checkbox"/> Transactional Analysis/ Redecision |
| <input type="checkbox"/> Narrative                   |   |

### Areas of Clinical Focus

Please select up to 10 areas of specialization and indicate any special credentialing in the area:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Addictions                                 | <input type="checkbox"/> Eating Disorders                       | <input type="checkbox"/> Neuropsychological Assessment (all ages) |
| <input type="checkbox"/> ADD/ADHD                                   | <input type="checkbox"/> EMDR                                   | <input type="checkbox"/> Obsessions/Compulsions                   |
| <input type="checkbox"/> Anger Management                           | <input type="checkbox"/> Employment Issues                      | <input type="checkbox"/> Organizational/Industrial Consulting     |
| <input type="checkbox"/> Anxiety Disorders & Phobias                | <input type="checkbox"/> Ethnicity/Multi-Cultural Relationships | <input type="checkbox"/> Parenting                                |
| <input type="checkbox"/> Art/Movement/Psychodrama                   | <input type="checkbox"/> Expert Witness                         | <input type="checkbox"/> Personality Disorders                    |
| <input type="checkbox"/> Behavioral Medicine                        | <input type="checkbox"/> Families in Crisis                     | <input type="checkbox"/> Persons with Disabilities                |
| <input type="checkbox"/> Biofeedback                                | <input type="checkbox"/> Family Therapy                         | <input type="checkbox"/> Play Therapy                             |
| <input type="checkbox"/> Chemical Dependency                        | <input type="checkbox"/> Financial Issues                       | <input type="checkbox"/> Post Traumatic Stress Disorder           |
| <input type="checkbox"/> Chronic Pain/Pain Management               | <input type="checkbox"/> Forensics                              | <input type="checkbox"/> Psycho-Education                         |
| <input type="checkbox"/> Chronic Illness                            | <input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender       | <input type="checkbox"/> Psychological Assessment                 |
| <input type="checkbox"/> Chronically Mentally III                   | <input type="checkbox"/> Geriatrics/Gerontology                 | <input type="checkbox"/> Relationships/Interpersonal              |
| <input type="checkbox"/> Coaching                                   | <input type="checkbox"/> Grief and loss                         | <input type="checkbox"/> Religious/Spiritual Orientation          |
| <input type="checkbox"/> Co-Dependency/Adult Children of Alcoholics | <input type="checkbox"/> Hypnosis                               | <input type="checkbox"/> Sand Tray                                |
| <input type="checkbox"/> College Students/College Counseling        | <input type="checkbox"/> Issues of Abuse                        | <input type="checkbox"/> School Issues                            |
| <input type="checkbox"/> Communications                             | <input type="checkbox"/> Issues of Abuse (Offenders)            | <input type="checkbox"/> Self Esteem/Personal Growth              |
| <input type="checkbox"/> Consultation                               | <input type="checkbox"/> Learning Disabilities                  | <input type="checkbox"/> Sexual Dysfunction/Compulsivity          |
| <input type="checkbox"/> Couple/Marital                             | <input type="checkbox"/> Life Threatening Illness               | <input type="checkbox"/> Sleep Disorders                          |
| <input type="checkbox"/> Crisis Counseling                          | <input type="checkbox"/> Life Transitions                       | <input type="checkbox"/> Sports Psychology                        |
| <input type="checkbox"/> Critical Incident Stress Debriefing        | <input type="checkbox"/> Men's Issues                           | <input type="checkbox"/> Step/Blended Families                    |
| <input type="checkbox"/> Custody Evaluations                        | <input type="checkbox"/> Neurofeedback                          | <input type="checkbox"/> Stress                                   |
| <input type="checkbox"/> Depression                                 | <input type="checkbox"/> Neuropsychological Assessment (3-12)   | <input type="checkbox"/> Supervision                              |
| <input type="checkbox"/> Developmental Disorders                    | <input type="checkbox"/> Neuropsychological Assessment (13-18)  | <input type="checkbox"/> Teaching                                 |
| <input type="checkbox"/> Diabetes                                   | <input type="checkbox"/> Neuropsychological Assessment (adult)  | <input type="checkbox"/> Terminal Illness                         |
| <input type="checkbox"/> Dissociative Disorders                     |   | <input type="checkbox"/> Women's Issues                           |
| <input type="checkbox"/> Divorce/Mediation                          |   | <input type="checkbox"/> Worker's Compensation                    |
| <input type="checkbox"/> Domestic Violence                          |   | <input type="checkbox"/> Workshops/Trainings                      |

CERTIFICATIONS / ADVANCED TRAINING CREDENTIALS: \_\_\_\_\_

LANGUAGE PROFICIENCY: \_\_\_\_\_

DO YOU ACCEPT INSURANCE?  Yes  No    **MEDI-CAL?**  Yes  No    **MEDICARE?**  Yes  No    **VICTIM WITNESS?**

Which insurance panels are you on? \_\_\_\_\_

#### OFFICE USE ONLY

APP REC'D \_\_\_\_\_ NOTIFY MEMBER \_\_\_\_\_ PD AMT \_\_\_\_\_ CK NO \_\_\_\_\_ WELCOME PKG \_\_\_\_\_