



# Kansas Psychological Association

## 2012 Application/Renewal for Membership



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Office Street Address: \_\_\_\_\_

Office City: \_\_\_\_\_ Office State: \_\_\_\_\_ Office Zip: \_\_\_\_\_

**In order to help us determine congressional and state voting districts, we are asking that you provide us with your home address. Please be assured that this information will not be shared with anyone or published in any form by KPA.**

Home Street Address: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State: \_\_\_\_\_ Home Zip: \_\_\_\_\_

I prefer to receive my USPS mail at (choose one):  Home  Office

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Current Professional Employment: \_\_\_\_\_

KS Licensure Type: \_\_\_\_\_ License Number: \_\_\_\_\_

- Ethnicity
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian-American or Pacific Islander | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Chicano/Mexican-American          | <input type="checkbox"/> Puerto Rican                       | <input type="checkbox"/> Other Hispanic/Latino  |
| <input type="checkbox"/> White/Caucasian                   | <input type="checkbox"/> Other (Specify)                    |   |

### Membership Dues Categories

- Full Member** Annual Dues: **\$300**: Persons shall have a minimum of a doctoral degree in psychology or in an area primarily psychological in content. Full Members shall be entitled to all the rights and privileges of the Association including voting, holding elective office or appointive office.
- NEW Full Member** Annual Dues: **\$150**: If you are new to KPA, your first year of dues is discounted to \$150. Persons shall have a minimum of a doctoral degree in psychology or in an area primarily psychological in content. Full Members shall be entitled to all the rights and privileges of the Association including voting, holding elective office or appointive office. ECP discounts do not apply.
- Prelic Member** Annual Dues: **\$100**: Persons who are 1-2 years postgraduate, working toward permanent license
- Associate Member** Annual Dues: **\$90**: Persons with a minimum of a Master's degree in psychology or a field primarily psychological in nature, who do not meet the requirements for Full Member or Student member. Associate Members may serve on committees, but may not vote, or hold elective or appointive office. Associate Members shall achieve voting privileges after five consecutive years as an Associate Member.
- NEW Associate Member** Annual Dues: **\$45**: If you are an Association Member who is new to KPA, your first year of dues is discounted to \$45.
- Emeritus Member** Annual Dues: **\$25**: Persons who are retired and/or permanently disabled, who have been a member of the Association in good standing for the previous five (5) years. Those persons shall retain all the rights and privileges of their previous membership category.
- Student Member** Annual Dues: **\$15**: Persons working toward a graduate or undergraduate degree in a program primarily psychological in content at a college or university. Student Members may serve as voting members of committees. They may not hold elective or appointive office, except to serve as the Student Representative to the Board of Governors.
  - University & Program in which you are enrolled: \_\_\_\_\_
  - Degree you are seeking: \_\_\_\_\_
  - Anticipated graduation date: \_\_\_\_\_
  - Will you be enrolled on January 1, 2012?  yes  no

\$ \_\_\_\_\_ **Total Dues**

## Available Discounts

● **Early renewal discount**

\$ - \_\_\_\_\_ Renew by **January 15, 2012** = **-\$15**

\$ - \_\_\_\_\_ Renew by **February 1, 2012** = **-\$10**

● **Early career discount (Only valid if registered above as a Full Member)**

Year you received your Doctoral Degree	2011 ECP1	2010 ECP2	2009 ECP3	2008 ECP4	2007 ECP5
Amount of Discount	\$200	\$175	\$150	\$100	\$50

\$ - \_\_\_\_\_ enter early career discount

● **5+ Member Institution Discount**

If 5 or more psychologists from your institution renew as a group, you may deduct \$50 each – All applications/renewals must be faxed/mailed together:

\$- _____ <b>Total Discounts</b>
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Name of Institution: \_\_\_\_\_

\$ - \_\_\_\_\_ 5+ member discount

### Voluntary Additional Contribution(s) / Dues:

\$ \_\_\_\_\_ Contribution to the Political Action Committee- Association for the Advancement of Psychology in Kansas (*Political Action Committee contributions are not tax deductible*)

\$ \_\_\_\_\_ **Missouri Psychological Association Reciprocal Member** Annual Dues: \$20.00 for 1-2 years postgraduate OR \$40 2+ years postgraduate: Persons who reside in Kansas, but hold membership in the Missouri State Psychological Association in addition to their KPA membership. Reciprocal members are entitled to receive the MOPA newsletter, membership directory, web access, listserv access, discounts on CE events equivalent to full-member discounts, and the opportunity to serve as members of MOPA committees.

\$ _____ <b>Grand Total</b>
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**Do you have any questions or concerns about which you would like a Board of Governors member to contact you? If so, please briefly describe the subject matter and we will be in touch soon.**

\_\_\_\_\_

### Payment Options

- Check made payable to KPA       I authorize KPA to charge my Visa or MasterCard in the amount noted in total
- I wish to be charged in 4 equal quarterly payments

Name as it appears on card: \_\_\_\_\_

Account number: \_\_\_\_\_ Security code: \_\_\_\_\_ Exp date: \_\_\_\_\_  
(Last 3 digits on signature panel)      (mm/yy)

Billing address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax to:** (800) 784-9034 or **Mail to:** KPA, P.O. Box 1448, Cedar Park, TX. 78630

**Questions:** Email [admin@kspsych.org](mailto:admin@kspsych.org) or call (866) 860-7313

**Kansas Psychological Association Doctor Locator Service:** This section is to be completed only by Licensed Practitioners who wish to participate in KPA's Locator Service. **Choose your TOP SIX general specialty areas to best reflect your professional services. (if more than six are chosen, only the first six will be listed in your profile) Only your office contact information will be divulged when searched.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ACOA                                   | <input type="checkbox"/> Dissociative Identity Disorder | <input type="checkbox"/> Panic                            |
| <input type="checkbox"/> ADD/ADHD                               | <input type="checkbox"/> Divorce/Relationships          | <input type="checkbox"/> Parenting                        |
| <input type="checkbox"/> Aging/Gerontology                      | <input type="checkbox"/> Domestic Violence              | <input type="checkbox"/> Personality Disorders/Borderline |
| <input type="checkbox"/> AIDS                                   | <input type="checkbox"/> Eating Disorders               | <input type="checkbox"/> PTSD/Trauma/Abuse                |
| <input type="checkbox"/> Addictions/Alcohol/Substance Abuse     | <input type="checkbox"/> Elder Care                     | <input type="checkbox"/> Physical Disability              |
| <input type="checkbox"/> Anxiety                                | <input type="checkbox"/> Forensic Psychology            | <input type="checkbox"/> Phobias                          |
| <input type="checkbox"/> Anger Management/Impulse Control       | <input type="checkbox"/> Gambling                       | <input type="checkbox"/> Postpartum Issues                |
| <input type="checkbox"/> Assault/Rape                           | <input type="checkbox"/> Gay/Lesbian/Bisexual           | <input type="checkbox"/> Schizophrenia                    |
| <input type="checkbox"/> Autism/Asperger's                      | <input type="checkbox"/> Gender Identity/Transgender    | <input type="checkbox"/> Serious Mental Illness           |
| <input type="checkbox"/> Body Dysmorphic Disorder               | <input type="checkbox"/> Grief and Loss                 | <input type="checkbox"/> Sexual Problems                  |
| <input type="checkbox"/> Bipolar/Mania                          | <input type="checkbox"/> Hoarding                       | <input type="checkbox"/> Sleep Disorders                  |
| <input type="checkbox"/> Career/Vocational                      | <input type="checkbox"/> Impulse Control Disorders      | <input type="checkbox"/> Smoking Cessation                |
| <input type="checkbox"/> Child/Adolescent Behavior              | <input type="checkbox"/> Learning Disabilities          | <input type="checkbox"/> Spiritual Issues                 |
| <input type="checkbox"/> Child Custody Evaluation               | <input type="checkbox"/> Medical/Health Psychology      | <input type="checkbox"/> Sports Psychology                |
| <input type="checkbox"/> Chronic Illness                        | <input type="checkbox"/> Men's Issues                   | <input type="checkbox"/> Stress Management                |
| <input type="checkbox"/> Consultation/Industrial-Organizational | <input type="checkbox"/> Mid-Life Transitions           | <input type="checkbox"/> Substance Abuse                  |
| <input type="checkbox"/> Crisis Intervention                    | <input type="checkbox"/> Multicultural Issues           | <input type="checkbox"/> Weight Control                   |
| <input type="checkbox"/> Deaf/Hearing Impaired                  | <input type="checkbox"/> Neuropsychology                | <input type="checkbox"/> Women's Issues                   |
| <input type="checkbox"/> Dementia/Memory                        | <input type="checkbox"/> Obsessive-Compulsive Dis.      | Other _____   |
| <input type="checkbox"/> Depression/Mood                        | <input type="checkbox"/> Organizational Development     |   |
| <input type="checkbox"/> Developmental/Mental Retardation       | <input type="checkbox"/> Pain Management                |   |

**Closest Major City (choose one):**

- |                                     |                                      |                                     |                                  |
|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Dodge City | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Manhattan  | <input type="checkbox"/> Topeka  |
| <input type="checkbox"/> Emporia    | <input type="checkbox"/> Lawrence    | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Wichita |
| <input type="checkbox"/> Hays       | <input type="checkbox"/> Liberal     | <input type="checkbox"/> Salina     |                                  |

**Languages (Proficient in) (Choose all that apply):**

- |  |                                     |                                     |                               |
|--|-------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> American Indian     | <input type="checkbox"/> French     | <input type="checkbox"/> Russian    | Other _____                   |
| <input type="checkbox"/> American Sign Lang. | <input type="checkbox"/> German     | <input type="checkbox"/> Samoan     | <b>Translation Available:</b> |
| <input type="checkbox"/> Arabic              | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Somali     | Yes/No                        |
| <input type="checkbox"/> Asian               | <input type="checkbox"/> Korean     | <input type="checkbox"/> Spanish    |                               |
| <input type="checkbox"/> Chinese             | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Vietnamese |                               |
| <input type="checkbox"/> English             | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yiddish    |                               |

**Insurances Accepted: (Choose all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aetna                  | <input type="checkbox"/> Medicaid                 | <input type="checkbox"/> United Behavioral Health |
| <input type="checkbox"/> Blue Cross Blue Shield | <input type="checkbox"/> Medicare -Adults         | <input type="checkbox"/> Value Options            |
| <input type="checkbox"/> Cigna                  | <input type="checkbox"/> Medicare – Children      | Other _____                                       |
| <input type="checkbox"/> Coventry               | <input type="checkbox"/> Preferred Health Network |   |
| <input type="checkbox"/> Humana                 | <input type="checkbox"/> Tricare                  |   |

**Client Ages Served: (Choose all that apply)**

- Infants (0-2)     Children (3-12)     Adolescents (13-17)     Adults (18-64)     Adults (65+)

**Do you accept: (Choose all that apply)**

- Health Maintenance Organization     Preferred Provider Organization     Point Of Service / Fee for Service     Sliding Scale

**EVALUATIONS: (Choose all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Educational/ADHD/Learning Disabilities | <input type="checkbox"/> Transplant/Gastric Bypass | <input type="checkbox"/> Neuropsychological |
| <input type="checkbox"/> Forensic/Legal                         | <input type="checkbox"/> Worker's Compensation     | <input type="checkbox"/> Psychological      |

**I certify that I am licensed and in good standing with the Behavioral Science Regulatory Board in the state of Kansas. I certify that I am qualified and competent in the specialty areas that I have indicated below. I have a current professional malpractice insurance policy and I will maintain liability coverage throughout the membership year.**

**Signature:** \_\_\_\_\_