



Application for Membership: (Indicate Membership Category and Academy on back page)

Last Name	First	Middle Initial	Highest Degree
			(_____)
Business Address			Telephone
			(_____)
Home Address		County _____	Telephone
			(_____)
Prefer Mail be Sent to: <input type="checkbox"/> Business <input type="checkbox"/> Home			Fax
Email Address: _____			

Education: (List most recent schools/degrees)

Institution	Dates attended	Major Degree	Date

Employment: (Begin with present. Include practicum, internship, etc.)

Job Title	Organization	City/State	Months/Years

VA Licenses/Certificates: (Identify licensing board) Number _____ Date Acquired _____

Membership in Professional Organizations: (Circle) APA APS Other: _____

Has your license, certification or membership in any professional psychological organization ever been suspended, on probation or revoked? Yes No

To the best of my knowledge the information above is correct and I subscribe to the purpose of the VACP: "to advance psychology as a science and profession and as a means of promoting human welfare by the encouragement of psychology in all its branches in the broadest and most liberal manner by the promotion of research in psychology and the improvement of research methods and conditions; by the improvement of the qualifications and usefulness of psychologists through high standards of professional ethics, conduct, education and achievement; by the increase and diffusion of psychological knowledge through meetings, professional contacts, reports, papers, discussions and publications.- by the advocacy of public policy to promote these objectives thereby to advance scientific interests and inquiry, and the application of research findings to the promotion of the public welfare."

Applicant's Signature	Date
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VACP is the voice of clinical psychology within the Commonwealth. Its members are licensed clinical psychologists trained to deliver mental health services in a variety of settings. The purpose of the Academy is the advancement of Clinical Psychology as a science, as a profession, and as a means of promoting public welfare. VACP has played a critical role in securing and maintaining its members' rights to engage in independent practice and the public's right to receive high quality mental health care.

Please complete and sign the Ethics Certification below.

ETHICS CERTIFICATION: Have you:

- _____ Ever been convicted of a felony?
- _____ Been found by a civil court to have committed malpractice or any other professional activity-related tort?
- _____ Had any professional license or non-governmental organization's (e.g. ABPP) certification or diploma surrendered, suspended or restricted for any ethical code violation?
- _____ Had membership in a professional or scientific society revoked, suspended or restricted
- _____ Been dismissed or forced to resign from any position as a result of allegations of unethical or unsuitable behavior?
- _____ Made any false statement in application for membership or for renewal of membership in VACP or any of its constituent academies?
- _____ Failed to notify VACP within three months of its occurrence, of any of the above situations and/or of significant events leading toward adjudication or settlement of any ethics-related issue?

If you answered "Yes" to any of the above items, please attach a full explanatory statement describing the event, relevant circumstances, and current status of the issue(s), for review by the VACP Ethics Committee.

Applicant's Signature _____

_____ Date

VACP Contact Information:

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MEMBERSHIP DUES

_____ **\$ 150* Virginia Academy of Clinical Psychologists (First year membership includes \$75 discount; subsequent years are \$225)**

_____ **\$ 25* VACP Student Member**

_____ **\$(VACP has Regional Academies, you may voluntarily wish to join a local group)**

- _____ \$ 50 Northern Virginia Academy of Clinical Psychologists
- _____ \$ 5 NVACP Student Members
- _____ \$ 30 Richmond Academy of Clinical Psychologists
- _____ \$ 10 RACP Student
- _____ \$ 40 Tidewater Academy of Clinical Psychologists
- _____ \$ 25 TACP Resident in Training
- _____ \$ 5 TACP Student/intern

_____ **\$ 75* VACP Affiliate Member (Resident in Training, or Clinical Psychologist licensure in progress)**

_____ **TOTAL (make check payable to Virginia Academy of Clinical Psychologists)**

*11.6% of VACP Dues are used for legislative advocacy and are not deductible for federal income tax purposes
It is suggested that you consult your tax advisor concerning the deductibility of your dues. Dues are not tax deductible as a charitable expense but may be deductible as a business related expense.