

Ψ ROCKLAND COUNTY PSYCHOLOGICAL SOCIETY Ψ

2018 Dues Statement and Ballot

Dear RCPS Member:

Please find enclosed your Proposed Slate of Officers for 2018 and 2019, your Statement of Dues, and your Ballot. The RCPS Executive Board has set **Dues for 2018** at **\$50**. Additionally, we are pleased to offer the following significant **discounts**:

**Members of NYSPA or Regional Professional Organizations (e.g., WCPA)
who *Do Not* Reside in Rockland County may join for \$10**

Student Membership: \$10

Retiree Membership: \$25

Renew now to be sure that you don't miss out on our **full schedule** this year, including our upcoming workshop with Russell H. Tobe, MD, Director of the Outpatient Research Department (OPRD) at the Nathan S. Kline Institute for Psychiatric Research (NKI): **Autism Spectrum Disorders: Research at Nathan Kline Institute into Diagnosis and Treatment** (Date and Venue TBA shortly). Also look out for such presentation topics as, **The Grieving Process from Diagnosis Through Palliative Care and Bereavement; Techniques in Family Therapy; Town Hall for Mental Health Providers: Discussions of Professional Development, CE Credits, and Legal Issues; The Psychology of Addiction; Dialectical Behavioral Treatment (DBT), and FREE Networking Events**. In order to provide additional opportunities for networking and professional development, we are making a **Call for Presentation Proposals**. Please let us know on your Directory Information Form of presentations that you are able to offer.

Other Professional Activities

We would like to once again offer the possibility of joining a **Peer Supervision** group as well as a **Professional Book Group**. Please indicate your interest on your Dues Statement and Ballot.

Form of Payment: Check by Mail or Pay Online

Please return your **Dues Statement and Ballot** and your **Directory Information Form** along with a check in the appropriate amount. Checks should be **made payable to Rockland County Psychological Society (RCPS)** and mailed to:

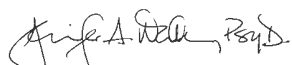
**Charlene von Ohlen, PhD
572 Route 303
Blauvelt, NY 10913**

You may pay your dues on the **Membership** page of our website: www.RocklandPsychSociety.org. On the right side of the page, you will find a section for **Renewing Members**. The **"Add to Cart"** button goes to PayPal, where you can use your own PayPal account and the bank/card information remains confidential to us, or you can pay by credit card directly to our PayPal account.

A hard copy of these documents will be mailed to you shortly. If you do NOT need one mailed, please let us know at rocklandcountypsych@gmail.com.

We look forward to sharing with you another year of professional growth. Wishing all the best to you and your families.

Sincerely,



Jennifer Walker, Psy.D. and Rita Perlin, Ph.D., Co-Presidents (2016-17)

Proposed Slate of Officers

January 2018 – December 2019

Co-Presidents:	Rita Perlin Marsha Safran
Executive Vice President:	Alan Hack
Treasurer:	Stephen Levy
Co-Secretaries:	Charlene von Ohlen Janice Bergman
Clinical Division Chairperson:	David Drassner
School Division Chairperson:	Tracey Polizzi
Past President:	Jennifer Walker
NYPSA Representative (2018-2020)	Jennifer Walker
NYPSA Representative Alternates (2018-2020)	Tracey Polizzi Rita Perlin
Members of the Board of Directors-at-Large:	Lyle Becourtney Kristina Wong-Thies

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2018 Dues Statement and Ballot

Professional Membership	\$50.00
Retired Professional Membership	\$25.00
Student Membership	\$10.00
Add-on Membership (to State or Regional Organization)	\$10.00

Please return the bottom of this Statement, along with your completed Directory Information Form, and a check for the amount appropriate for you.

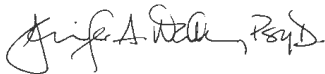
Checks should be made out to:

Rockland County Psychological Society (RCPS) and mailed to:

Charlene von Ohlen, PhD
572 Route 303
Blauvelt, NY 10913

You may also pay your Dues on the **Membership** page of our website: www.RocklandPsychSociety.org.

Thank you,



Jennifer Walker, Psy.D. and Rita Perlin, Ph.D., Co-Presidents 2016-17

Name: _____

Date: _____

Dues Amount: (check one)

Method of Payment: (circle one)

<input type="checkbox"/> Professional Membership	\$50.00	Check Enclosed / Online
<input type="checkbox"/> Retired Professional Membership	\$25.00	Check Enclosed / Online
<input type="checkbox"/> Student Membership	\$10.00	Check Enclosed / Online
<input type="checkbox"/> Add-On Membership: _____	\$10.00	Check Enclosed / Online
Name of Outside Organization		

Approval of Slate of Officers: Yes: _____ No: _____

Interested in Peer Supervision Group: _____ Availability: _____

Interested in Book Group: _____ Availability: _____

Please note: If you have not been receiving email from RCPS, please send us an email at rocklandcountypsych@gmail.com. Type "RCPS Member" on the subject line and type your name in the text box.

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Membership Directory Information Form

Please **TYPE** or **PRINT** all information as you would like your listing to read.

DEADLINE: **February 15, 2018**

Name _____ Highest Degree _____

Please indicate with a [√] address to which RCPS mail should be sent.

Please indicate with an [X] address(es) to be listed in Membership Directory, including apartment or suite number.

Please indicate with an [+] if address has changed in the past 12 months, or is new to RCPS.

[] Home Address _____ Home Telephone () _____

[] Office Address _____ Office Telephone () _____ Fax #: _____

Website: _____ E-mail: _____

[] Office Address _____ Office Telephone () _____

Psychologist License # _____ State _____

School Psychologist Certification # _____ State _____

Diplomate, ABPP: Clinical ___ Counseling ___ Group ___ School ___ Hypnosis ___ Neuropsychology ___

SCHOOL PSYCHOLOGISTS: Please list your School: _____

District/Address _____ Tel #: _____

Major Field (Please note: This section is intended for psychologists & students **in academic & teaching settings**. Limit 3 fields)

Clinical Neuropsych _____	Experimental Psych _____	Psychology of Women _____
Clinical Psychology _____	Forensic Psych _____	Psychopharmacology _____
Community Psych _____	Industrial/Organizational _____	Rehabilitation Psych _____
Counseling Psych _____	Medical Psych _____	School Psych _____
Developmental Psych _____	Personality Psych _____	Social Psych _____
Educational Psych _____	Physiological Psych _____	Other (specify) _____
Environmental Psych _____	Professional Psych _____	

Professional Setting (check as many as apply):

Independent Practice _____	Correctional Facility _____	University/College _____
Industry _____	Hospital _____	Social Agency _____
Developmental Ctr _____	Clinic _____	Medical _____
Psychiatric Center _____	School _____	Other (specify) _____

If in Independent Practice, please check all that apply below. **You must give license # above.**

Psychotherapy	Psychological Testing	Educational Testing	Vocational Testing
Children _____	Children _____	Children _____	Children _____
Adolescents _____	Adolescents _____	Adolescents _____	Adolescents _____
Adults _____	Adults _____	Adults _____	Adults _____
Family _____			
Couple _____			
Group _____			

State specialty practice (e.g., behavior therapy, biofeedback, psychoanalysis, etc.) **only if you are in independent practice.**
(Maximum three specialties)

Do you accept Medicaid? _____ Other Insurance Accepted: _____

Language Fluencies: _____

Are you a member of APA: _____ NYSPA _____ NYASP _____ Others _____

Presentations Interested in Offering: _____

Return this form to: Charlene von Ohlen, PhD, 572 Route 303 Blauvelt, NY 10913



ROCKLAND COUNTY PSYCHOLOGICAL SOCIETY, INC.



APPLICATION FOR MEMBERSHIP

Name In Full _____ Married () Single ()

() Home Address _____
_____ Tel: _____

() Work Address _____
_____ Tel. _____

****Please check address to which RCPS mail should be sent.**

ACADEMIC TRAINING

INSTITUTION DEGREE OR DIPLOMA MAJOR SUBJECT

PROFESSIONAL CREDENTIALS (e.g. certificate, license, diploma, etc.)

****Note: Please include license number**

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT (please describe duties) _____

PLEASE INCLUDE A CURRENT COPY OF YOUR RESUME

PROFESSIONAL MEMBERSHIPS (List all professional societies & associations)

DECLARATION: I hereby give Rockland County Psychological Society, Inc. permission to verify any information related to my application for membership in the organization.

Date

Signature