

# 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:

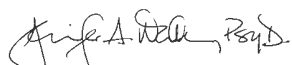
**Charlene von Ohlen, PhD  
572 Route 303  
Blauvelt, NY 10913**

You may pay your dues on the **Membership** page of our website: [www.RocklandPsychSociety.org](http://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](mailto: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**

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

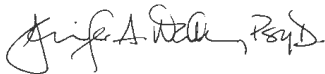
Checks should be made out to:

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](http://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](mailto:rocklandcountypsych@gmail.com). Type "RCPS Member" on the subject line and type your name in the text box.

# Ψ ROCKLAND COUNTY PSYCHOLOGICAL SOCIETY Ψ

## 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.**

<b>Psychotherapy</b>	<b>Psychological Testing</b>	<b>Educational Testing</b>	<b>Vocational Testing</b>
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**