

# 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: **April 1, 2016**

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.**

| <u>Psychotherapy</u> | <u>Psychological Testing</u> | <u>Educational Testing</u> | <u>Vocational Testing</u> |
|----------------------|------------------------------|----------------------------|---------------------------|
| 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**