

OTTAWA ACADEMY OF PSYCHOLOGY
Station 'E', P.O. Box 4251
Ottawa, ON K1S 5B3
TEL: 613-235-2529

MEMBERSHIP APPLICATION

Name: _____
Last First Title

College Registration: Permanent ___ Supervised Practice___ Psych. Associate___ Non-Registered ___

Non-registered psychologists and those not in clinical practice please specify affiliation(s):
University Faculty ___ Gov't___ Agency (specify) _____

College Registration Number and Date Registered: _____

E-mail Address (not for publication)_____

Office/Work Address_____

Home Address (not for publication)_____

Preferred means of contact: E-mail___ Office Address___ Home Address___

Telephone: Office _____ Home (not for publication) _____

Cell. _____ Fax No. _____

Working Languages: English___ French___ Other (Please list)_____

Gender: Female___ Male___

Population seen: Child___ Adolescent___ Adult___ Geriatric___

Orientation: Cognitive/Behavioural___ Psychodynamic/Analytic___ Systemic/Strategic___ Existential/Humanistic___

Social/Community___ Integrated ___ Other (please specify)_____

Therapy: Individual___ Group___ Couples___ Family___

Office Hours: Days___ Evenings___ Weekends___ 24-hour Emergency___

Fees: Sliding Scale___ Third Party Accepted___ Some Pro Bono Accepted___

Do you wish to be included in the Academy Referral Service? Yes___ No___

AREAS OF PRACTICE: Please circle as appropriate.
(Non-practitioners please circle areas of research, teaching or employment)

Health/Medical

chronic illness
health psychology
pain management
biofeedback
eating disorders
physical disabilities
headache/migraines
smoking cessation
weight control

Gender/Sex

incest survivors
women's issues
sexual deviancy
sexual abuse
gay/lesbian issues
sexual dysfunction

General/Other

hypnosis
relaxation
relationship problems
parenting
forensic
spiritual/religion
custody/access
adoption

Continued over →

Affective Disorders

depression
anxiety disorders
phobias
anger management
stress management
panic disorder
obsessive-compulsive disorders

School/Work/Business

vocational/rehabilitation
leadership training
organizational issues
conflict resolution

Neuropsychology

assessment
head injury
learning disabilities
work accident
motor vehicle accident

Crisis/Recovery

PTSD
crisis-management
trauma/grief counselling

Addiction

substance abuse
relapse prevention
gambling
sexual addiction
internet addiction

Psycho-Legal

custody & access
psychodiagnosis
civic & criminal assessment
personal injury

Rehabilitation

disability

Testing

career assessment/counselling
psycho-educational testing
gifted
psychodiagnostic testing

Major Mental Illness

schizophrenia
bi-polar

Other: _____

DUES: The membership year is from January 1st to December 31st. Dues are **\$110.00** per calendar year. Please remit your cheque to the **Ottawa Academy of Psychology** at our address.

The Academy issues a certificate to members who request it. There is a charge of \$15.00 for this. Would you like a certificate? Yes___ No___ If yes, please add the cost to your cheque.

Our website address is: www.ottawa-psychologists.org. Please consult the site for news and information as well as our Directory of Members.

We are always looking for members who wish to be on the Executive. Would you like to be contacted about this? Yes___ No___

Signature: _____ **Date:** _____