

New member **Renewal**

CONTACT INFORMATION

Title Dr. Ms. Mr. Name _____

Mailing Address _____

Postal Code _____

Phone (W) _____ (H) _____ Cell/Other _____

Fax _____ E- Mail _____

MEMBERSHIP STATUS

Category 1 – Member: I hold a graduate degree in psychology acceptable to APNS or am currently on the Register of Psychologists or Candidate Register of Psychologists of the NS Board of Examiners in Psychology (or equivalent Provincial/State Licensing Board). Psychologists on the Candidate Register are eligible for an introductory plan - \$140 in their 1st year, \$170 in their 2nd year, to the full \$200 in their 3rd year of membership

- Registered Psychologist \$200
- Candidate Register (1st yr) \$140
- Candidate Register (2nd yr) \$170
- Candidate Register (3rd yr) \$200

NSBEP Registration Number: _____

Category 2 - Retired/Inactive Member: I am eligible for APNS membership as described under Category 1; however, I have retired or have taken a leave of absence from the profession of psychology. **Retired / Inactive \$50**

Category 3 - Student Member: I am enrolled full-time in an academic institution and employed less than 50% of the year (internships & practica exempt). **Graduate/Undergrad Student \$30**

Category 4 - In Absentia: I am a Member residing outside of Nova Scotia for at least one year who maintains membership and receives the *Nova Scotia Psychologist* and other APNS mailings but forgoes voting and office holding rights. I include a postage surcharge of \$15 (for US address) or \$20 (for address outside Canada or US).

In Absentia \$50 **Postal Fee** **\$15/\$20 (US/Intl.)**

METHOD OF PAYMENT*

The APNS membership year is from September 1 to August 31. If you are renewing your membership, please add a late fee charge of \$15 for dues submitted after September 30th.

- Cheque, payable to the *Association of Psychologists of Nova Scotia*
- Visa/ MasterCard Number _____ Exp: (M/Y) _____

Signature: _____

Dues: \$ _____ Late Fee: \$ _____ Total Paid : \$ _____

*Please note your receipt and membership card will be sent to you by e-mail.

MEMBER DECLARATION

As an applicant to the Association of Psychologists of Nova Scotia, I attest that my professional activities are consistent with the Canadian Code of Ethics of Psychologists.* I further attest that my membership in a professional organization or my registration with a state or provincial licensing board has never been suspended.** I acknowledge that the APNS Executive may directly confirm my registration status with the Nova Scotia Board of Examiners in Psychology (this does not apply to students) and that the Association may require further documentation to support my application.

**Will be mailed to the applicant upon request. **Applicants who cannot attest to this criterion must supply a letter outlining circumstances.*

Date: _____

Signature: _____

MAILING INFORMATION

Please complete, sign & send this with your payment to:

APNS, Suite 417, 1657 Barrington St., Halifax, NS B3J 2A1
P: (902) 422-9183 F: 902-462-9801 E: apns@apns.ca

APNS' newsletter *The Nova Scotia Psychologist* is going electronic. Please select your choice of delivery:

- I want to continue to receive my newsletter through Canada Post
- I want my newsletter emailed to me in pdf format. Please use my email above or : _____
- Please advise me by email when NSP is available on the website: Please use my email above or : _____

MEMBER SURVEY

Please complete the following survey. The information collected in Section 1 will be used for statistical purposes to identify areas of practice, interest or activities of our members. Only aggregate data is shared when an external request for such information is received. Section 2 gives you the opportunity to volunteer for APNS or share your expertise with your fellow professionals.

- I HAVE PREVIOUSLY COMPLETED THIS SURVEY AND NO INFORMATION HAS CHANGED
 I HAVE PREVIOUSLY COMPLETED THIS SURVEY AND HAVE INDICATED CHANGES BELOW

SECTION I

MEMBERSHIP PROFILE

1. Highest psychology degree obtained _____

2. Geographical area of work _____

3. Language:

Are you comfortable providing your services in French? Yes No

Would you like to be included in the *Directory of French Speaking Health Care Providers in NS?*

Yes No

If you are already in the Directory, please verify your information at <http://www.gov.ns.ca/health/frhpc>

I offer services in a language(s) other than English or French (specify) _____

4. Work Setting (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Mental Health Centre |
| <input type="checkbox"/> School System | <input type="checkbox"/> University |
| <input type="checkbox"/> Industry / Orgs | <input type="checkbox"/> Community Agency |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Military |
| <input type="checkbox"/> Private Practice (ft) | <input type="checkbox"/> Private Practice pt |
| <input type="checkbox"/> Other _____ | |

5. Primary Practice Area (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Health Psychology |
| <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> School Psychology |
| <input type="checkbox"/> I/O Psychology | <input type="checkbox"/> Research/Teaching |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Forensic |
| <input type="checkbox"/> Rehabilitation | |
| <input type="checkbox"/> Other _____ | |

6. Primary Client/Patient Population (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Adolescent |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Adults over 65 |
| <input type="checkbox"/> Couples | <input type="checkbox"/> Families |
| <input type="checkbox"/> Organizations | |
| <input type="checkbox"/> Other _____ | |

SECTION II

MEMBERSHIP ACTIVITIES

Please indicate the Association activities in which you are interested in participating.

1. APNS Committees/Reps. Select 1 or more. Please rate 1st 2nd 3rd etc preference.

- | | |
|---|---|
| <input type="checkbox"/> Executive | <input type="checkbox"/> Publications/ Communications |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Archivist |
| <input type="checkbox"/> Early Career Psych* | <input type="checkbox"/> Regional Rep |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> APA Reps (contact office for list) |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Elections |
| <input type="checkbox"/> Post-Trauma | |

2. Appointment to the NSBEP

I am interested in serving on the Board of Examiners.
NSBEP Registration # _____

Only fully registered Psychologists who have supervised at least two candidates are eligible to serve on the Board.

3. APNS Interest Groups. APNS facilitates the formation of interaction among members with common interests. These are not formal committees but consist of communications through an e-mail List Serv or through informal discussions. Formation of a group will depend on getting a sufficient number interested in the same topic.

I would like to participate in an Interest Group on:

e.g. Child / Developmental), Rural, Testing, Ethics, etc.)

4. Peer Counselling - To provide a link with psychologists willing to offer confidential support to members who would like to talk with a colleague about a particular personal or professional situation. This is not meant to provide psychological counselling, intervention

I am willing to serve as a peer counsellor to APNS members on a pro bono basis

5. Ethical Consultation - This information assists members in finding psychologists who wish to offer informal ethical consultation therapy or supervision; nor is it intended to provide advice regarding ethical decision-making or advice on legal or disciplinary matters. (A form will be sent to you to collect more information.)

I am willing to serve as an ethical consultant to APNS members on a *pro bono* basis.

6. Public Speaking

I am interested in responding to requests from the **media** to speak on these psychology-related areas/topics:

I am interested in responding to requests from **community groups** to speak on these psychology-related topics:

Same as media (above) or indicate below:

I am interested in offering presentations to **fellow psychologists** regarding these professional issues:

Other Comments: _____