

# CAPITAL AREA PSYCHOLOGICAL ASSOCIATION

## MEMBERSHIP FORM

Complete the form below to renew or sign up for membership in the Capital Area Psychological Association

2024 Membership Application

### MEMBER INFORMATION

First Name:  Last Name:  Degree:

Office Address:

Home Address:

Work Phone :  -  -  -  -

Email:

Webpage:

### PROFESSIONAL INFORMATION

Current Professional Position:

Current Licensing Information:  Psychologist  Provisional  Certified  Psychological Associate  Not Licensed

License Number:

Memberships in other professional associations:  American Psychological Association  Texas Psychological Association

Other:

### MEMBERSHIP CATEGORIES

- Full Member- \$95**  
Those who hold either Fellow or Member status in the American Psychological Association or the Texas Psychological Association, or those who possess licensure/certification as a Psychologist by the Texas State Board of Examiners of Psychologists
- Full Member: Semi-Retired- \$47.50**  
Available to members aged 66 and older having been active members for the previous ten years who are working less than 20 hours a week. Annual dues is 50% of the full annual dues.
- Full Member: Fully-Retired- \$23.75**  
Available to members aged 66 and older having been active members for the previous ten years who are no longer in practice. Annual fee is 25% of the annual dues.
- Full Member: Special Consideration**  
If you are experiencing extreme financial difficulties or hardships AND are renewing, you may request special consideration for a reduction or waiver in membership fee. This must be reviewed at least annually.
- Affiliate Member: \$40**  
Persons who have interests consonant with the purposes of the Association who do not otherwise qualify for membership. Applicants must (1) be actively engaged in professional activity in the community and (2) have a recommendation from a CAPA member explaining how the membership will profit by such an Affiliate's presence
- Student Member: \$10**  
Persons who are enrolled in an accredited college or university and who are pursuing an undergraduate or graduate degree in Psychology
- Life Member: Updating Information Only**

### PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

Has your license to practice ever been suspended, revoked or limited by a state licensing board?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever been found guilty of unethical or unprofessional conduct by a local, state, or national ethics committee, professional organization, or licensing board?  Yes  No

Have you ever been found guilty of malpractice?  Yes  No

# CAPITAL AREA PSYCHOLOGICAL ASSOCIATION

## INFORMATION & REFERRAL DIRECTORY

This section is to be completed ONLY by FULL MEMBERS who want to be listed in our information and referral service:

I certify that I am a licensed psychologist in good standing with the Texas State Board of Examiners of Psychologists. I certify that I am qualified and competent in the specialty areas that I have indicated below. I have a current professional malpractice insurance policy and I will maintain liability coverage throughout the membership year. I agree to abide by the Code of Ethics of the American Psychological Association and by the guidelines of the Texas State Board of Examiners of Psychologists.

### TREATMENT TECHNIQUES & APPROACHES

Please circle or put a check mark next to your top 4 treatment techniques and approaches:

Acceptance & Commitment Therapy (ACT)	Expressive Arts	Mindfulness-Based Cognitive Therapy (MBCT)	Psychodynamic Therapy
Alderian	EMDR	Mindfulness-Based Stress Reduction (MBSR)	Psychological Testing/Evaluation
Art Therapy	Family Systems	Motivational Interviewing	Psychotherapy
Attachment-Based	Family/Marital Therapy	Multicultural	Rational Emotive Behavioral (REBT)
Behavioral Therapy	Feminist	Music Therapy	Reality Therapy
Biofeedback	Freudian	Narrative	Relational Therapy
Child-Parent Psychotherapy (CPP)	Gestalt	Neurofeedback	Rogerian
Clinical Supervision	Gottman Method	Neuropsychological Testing	Sandtray
Cognitive Behavioral Therapy (CBT)	Group Therapy	Parent-Child Interaction (PCIT)	Somatic
Court Evaluations	Hypnotherapy	Person-Centered	Strengths-Based
Dance/Movement Therapy	Imago	Play Therapy	Systems
Dialectical Behavioral Therapy (DBT)	Interpersonal	Prolonged Exposure Therapy	Transpersonal
Disability Evaluation	Jungian	Psychoanalytic Therapy	Trauma-focused
Existential			

### SPECIALTY AREAS

Please circle or put a check mark next to your top 6 specialty areas:

Abandonment	Chronic Illness	Forensic Psychology	Peer Relationships	Teaching
Abuse Survivors	Chronic Pain	Gambling	Personality Disorders	Testing and Evaluation
ACOA	Chronic Relapse	Gender Identity	Phobias	Trauma
ADD/ADHD	College Mental Health	Grief/Loss	Postpartum Depression	Transgender Issues
Addiction	Compulsive Behavior	Group Therapy	Pregnancy/Prenatal/Postpartum	Traumatic Brain Injury
Adjustment Disorder	Consultation	HIV/AIDS	Prejudice/Discrimination	Weight Control
Adoption	Coping Skills	Hoarding	Process Addiction	Women's Issues
Aging	Couple's Counseling	Hypnosis	PTSD	
Alcohol Use	Crisis Intervention	Infertility	Racial Identity	
Anger Management	Cultural Adjustment	Intellectual Disability	Rehabilitation	
Anorexia	Deaf/Hearing Impaired	Internet Addiction	Relational Trauma	
Antisocial Personality Disorder	Depression	Learning Disabilities	Relationships	
Anxiety	Developmental Disorders	LGBTQIA+	Schizophrenia	
Attachment Issues	Disability Determination	Life Transitions	Seasonal Affective Disorder (SAD)	
Autism Spectrum Disorder	Disruptive Mood Dysregulation (DMDD)	Loneliness	Self-Esteem	
Avoidant Personality Disorder	Dissociation	Marital and Premarital	Self-Harming Behaviors	
Behavioral Issues	Dissociative Identity Disorder	Medical/Health Psychology	Sex Therapy	
Binge Eating Disorder	Divorce	Men's Issues	Sexual Abuse	
Bipolar Disorder	Domestic Abuse	Military/Veteran's Issues	Sexual Addiction	
Blended Families	Drug Abuse	Multicultural Concerns	Sleep Disorders	
Body Image Disorders	Dual Diagnosis	Narcissistic Personality Disorder	Smoking Cessation	
Borderline Personality Disorder	Eating Disorders	Neuropsychology	Social Anxiety	
Bulimia Nervosa	Elder Care	Obsessive Compulsive Disorder	Somatiform Disorders	
Cancer	Emotional Abuse	Oppositional Defiance	Spirituality/Religion	
Career Counseling	Exercise Addiction	Organizational Development	Sports Psychology	
Caregiver Issues	Family Conflict	Pain Management	Stress	
Child or Adolescent	Family Therapy	Panic Disorders	Substance Use	
Child Custody Evaluation	Fears/Phobias	Parenting	Suicidal Ideation	

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### Insurance Accepted

Please circle or put a check mark next to all accepted insurance plans:

- I do not currently accept insurance.
- Aetna     Beacon     Covenant Management     Medicaid     Optum     Smart HealthAscension
- Ambetter     Blue Cross Blue Shield     Humana     Medicare     Oscar     Tricare
- Anthem     Cigna     Magellan     Optima Health Plan     PHCS/Multiplan     United Healthcare
- Other: \_\_\_\_\_

### PRACTICE DETAILS & APPOINTMENT OPTIONS

I am currently seeing clients: (Check all that apply)

- In-Office     Virtual/Telehealth

I am currently offering the following types of appointments: (Check all that apply)

- Individual     Couples     Family     Group     Workshops/Classes     Colleague Consultation

I am currently seeing clients in the following age ranges: (Check all that apply)

- Children (Under 6)     Children (6-12)     Teenagers (12-18)     Young Adults (18-24)     Adults (24+)     Elders (64+)

My practice is located: (Check all that apply)

- Central     North     South     East     Northwest     Southwest     Northeast     Southeast     Round Rock
- Kyle/Buda     Pflugerville     Wimberley     Georgetown     Cedar Park     Leander     Other: \_\_\_\_\_

Languages Spoken Fluently: (Check all that apply)

- English     Spanish     French     ASL     Other: \_\_\_\_\_

### DONATE TO CAPA

I would like to make a voluntary contribution to the Capital Area Psychological Association to sustain CAPA programs and community charitable donations. I would like to make a donation in the amount of:

- \$10.00     \$15.00     \$20.00     \$25.00     \$50.00     \$75.00     \$100.00     Other: \$ \_\_\_\_\_

### ATTESTATION

I affirm that all of the information I have shown here is true. I agree to abide by the Code of Ethics of the American Psychological Association and by the guidelines of the Texas State Board of Examiners of Psychologists.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Checks and membership applications can be mailed to:  
Capital Area Psychological Association  
PO BOX 996, Boerne, TX 78006  
capitalareapsychassoc@gmail.com  
(512) 451-4983  
www.austinpsychologists.net