



Kansas Psychological Association

2022 Application/Renewal for Membership



First Name: _____ Last Name: _____ Degree: _____

Office Street Address: _____

Office City: _____ Office State: _____ Office Zip: _____

In order to help us determine congressional and state voting districts, we are asking that you provide us with your home address. Please be assured that this information will not be shared with anyone or published in any form by KPA.

Home Street Address: _____

Home City: _____ Home State: _____ Home Zip: _____

I prefer to receive my USPS mail at (choose one): Home Office Email Address: _____

Telephone: Home: () _____ Office: () _____

Current Professional Employment: _____

KS Licensure Type(s): LP LAC LASW LBSW LCAC LSMFT LCP LCPC LMFT LMLP LMSW LCP LSCSW
License Number(s): _____

Membership Dues Categories

- Full Member** Annual Dues: **\$300**: Persons shall have a minimum of a doctoral degree in psychology or in an area primarily psychological in content. Full Members shall be entitled to all the rights and privileges of the Association including voting, holding elective office or appointive office.
- NEW Full Member** Annual Dues: **\$150**: If you are new to KPA, your first year of dues is discounted to \$150. Persons shall have a minimum of a doctoral degree in psychology or in an area primarily psychological in content. Full Members shall be entitled to all the rights and privileges of the Association including voting, holding elective office or appointive office. ECP discounts do not apply.
- Prelic Member** Annual Dues: **\$100**: Persons who are 1-2 years postgraduate, working toward permanent license
- Associate Member** Annual Dues: **\$90**: Persons with a minimum of a Master's degree in psychology or a field primarily psychological in nature, who do not meet the requirements for Full Member or Student member. Associate Members may serve on committees, but may not vote, or hold elective or appointive office. Associate Members shall achieve voting privileges after five consecutive years as an Associate Member.
- NEW Associate Member** Annual Dues: **\$45**: If you are an Association Member who is new to KPA, your first year of dues is discounted to \$45.
- Emeritus Member** Annual Dues: **\$25**: Persons who are retired and/or permanently disabled, who have been a member of the Association in good standing for the previous five (5) years. Those persons shall retain all the rights and privileges of their previous membership category.
- Student Member** Annual Dues: **\$15**: Persons working toward a graduate or undergraduate degree in a program primarily psychological in content at a college or university. Student Members may serve as voting members of committees. They may not hold elective or appointive office, except to serve as the Student Representative to the Board of Governors.
 - University & Program in which you are enrolled: _____
 - Degree you are seeking: _____ Anticipated graduation date: _____

\$ _____ **TOTAL DUES**

Kansas Psychological Association Doctor Locator Service: This section is to be completed only by Licensed Practitioners who wish to participate in KPA's Locator Service. **Choose your TOP SIX general specialty areas to best reflect your professional services.** (If more than six are chosen, only the first six will be listed in your profile. Only your office information will be shared.

- | | | |
|--|---|--|
| <input type="checkbox"/> ACOA | <input type="checkbox"/> Dissociative Identity Disorder | <input type="checkbox"/> Panic |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Divorce/Relationships | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Personality Disorders/ Borderline |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> PTSD/Trauma/Abuse |
| <input type="checkbox"/> Addictions/Alcohol/Substance Abuse | <input type="checkbox"/> Elder Care | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Forensic Psychology | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Anger Management/Impulse Control | <input type="checkbox"/> Gambling | <input type="checkbox"/> Postpartum Issues |
| <input type="checkbox"/> Assault/Rape | <input type="checkbox"/> Gay/Lesbian/Bisexual | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Autism/Asperger's | <input type="checkbox"/> Gender Identity/Transgender | <input type="checkbox"/> Serious Mental Illness |
| <input type="checkbox"/> Body Dysmorphic Disorder | <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Sexual Problems |
| <input type="checkbox"/> Bipolar/Mania | <input type="checkbox"/> Hoarding | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Career/Vocational | <input type="checkbox"/> Impulse Control Disorders | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Child/Adolescent Behavior | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Spiritual Issues |
| <input type="checkbox"/> Child Custody Evaluation | <input type="checkbox"/> Medical/Health Psychology | <input type="checkbox"/> Sports Psychology |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Consultation/ Industrial-Organization | <input type="checkbox"/> Mid-Life Transitions | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Multicultural Issues | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Dementia/Memory | <input type="checkbox"/> Obsessive-Compulsive Disorders | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Depression/Mood | <input type="checkbox"/> Organizational Development | |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Pain Management | |

Closest Major City (choose one):

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Dodge City | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Manhattan | <input type="checkbox"/> Topeka |
| <input type="checkbox"/> Emporia | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Wichita |
| <input type="checkbox"/> Hays | <input type="checkbox"/> Liberal | <input type="checkbox"/> Salina | |

Languages (Proficient In): (Choose all that apply)

- | | | | |
|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> American Sign Lang. | <input type="checkbox"/> German | <input type="checkbox"/> Samoan | <input type="checkbox"/> Translation Available: |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Somali | <input type="checkbox"/> Yes/No |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yiddish | |

Insurance Accepted: (Choose all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Medicaid | <input type="checkbox"/> United Behavioral Health |
| <input type="checkbox"/> Blue Cross/ Blue Shield | <input type="checkbox"/> Medicare-Adults | <input type="checkbox"/> Value Options |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> Medicare-Children | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coventry | <input type="checkbox"/> Preferred Health Network | |
| <input type="checkbox"/> Humana | <input type="checkbox"/> Tricare | |

Client Ages Served: (Choose all that apply)

- Infants (0-2) Children (3-12) Adolescents (13-17) Adults (18-64) Adults (65)

Do You Accept: (Choose all that apply)

- Health Maintenance Organization Preferred Provider Organization Point of Service/Fee for Service Sliding Scale

Evaluations: (Choose all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Educational//ADHD/Learning Disabilities | <input type="checkbox"/> Transplant/Gastric Bpass | <input type="checkbox"/> Neuropsychological |
| <input type="checkbox"/> Forensic/Legal | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Psychological |

I certify that I am a licensed psychologist in good standing with the Behavioral Science Regulatory Board in the state of Kansas. 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.

Signature: _____