**Arkansas School Psychology Association, Inc.**

# Membership Form

**July 1, 2016 June 30, 2017**

|  |  |
| --- | --- |
| NAME: |  |

MEMBERSHIP STATUS: *(see next page for explanation)*

 **( ) Regular ( ) Student ( ) Retired/Inactive**

**Please only include information that you want to be available in the ASPA membership directory:**

Contact Address:

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| --- | --- |
| Phone: |  |
|  |  |  |  |  |
| Fax: |  |
|  |  |  |  |  |
| E-mail: |  |

**Check all appropriate categories:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Arkansas Educational Examiner |  |  | Arkansas Licensed School Psychology Specialist |
|  | Arkansas Licensed Professional Counselor |  |  | National Association of School Psychologists Member |
|  | Arkansas Licensed Psychological Examiner |  |  | Nationally Certified School Psychologist |
|  | Arkansas Licensed Psychologist |  |  | Student *(see below)* |
|  | Other: |  |

**FOR STUDENTS ONLY:**

|  |  |
| --- | --- |
| A. I am currently enrolled as a graduate student at: |  |
|  | *(Institution’s Name)* |
| B. Give estimated date you will receive your degree: |  |  |  |  |
|  *(Month) (Year)* |
| C.  |  |  |  |  |
|  *(Signature of Faculty Advisor)* | *(Date)* |  |

**AFFIRMATION:**

I verify that the information above is true and accurate, and that I meet the eligibility requirements for the membership category checked. I further affirm that I will abide by NASP’s Principles for Professional Ethics and agree to submit to NASP’s procedures for adjudicating alleged violations of same.

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 Signature Date

**Return renewal form WITH appropriate dues and graduate student verification (*if necessary)* to:**

**ASPA, c/o Joan Simon**

**ASPA**

**P.O. Box 1118**

**Conway, AR 72033**

## E-mail: jsimon@uca.edu

**Arkansas School Psychology Association, Inc.**

The Arkansas School Psychology Association (ASPA) is a professional organization interested in serving the mental health and educational needs of all children and youth through advancing the standards for delivery of psychological services in Arkansas schools and promoting the professional identity of persons delivering those services. ASPA is an affiliate of the National Association of School Psychologists (NASP).

**ASPA Provides:**

**\*** Biannual professional conferences with NASP CPDs available

**\*** ASPA newsletter published twice annually

**\*** Directory of membership

**\*** Legislative lobbying for the profession

**Membership Classifications:**

**\* Regular –** voting status, one who is:

(a) engaged in the delivery of school psychological services and whose title is School                                  Psychology Specialist, Psychological Examiner, or Educational Examiner; or

(b) trained as a school psychologist, but currently functions as a consultant or supervisor                   of psychological services; or

(c) primarily engaged in the training of school psychologists at a college or university; or

(d) certified by NASP as a Nationally Certified School Psychologist; or

(e) licensed to practice psychology in Arkansas and whose primary professional interest is school psychology

**\* Student –** non-voting status, one who spends one-half time or more (at least six semester hours) in a program which will lead to certification as a School Psychology Specialist, or the fulfillment of one or more of the requirements for regular membership

**\* Retired/Inactive** – voting status, one who previously had regular membership status but is now retired from employment in the delivery of school psychological services as defined above

(*see Regular membership criteria*)

**To Join:**

**\* Regular –** complete this application and send **$50.00** dues

**\* Student –** complete this application including verification of current enrollment and send **$25.00** dues

**\* Retired/ Inactive** – complete this application and send **$25.00** dues

**Send Form and Dues To:**

**ASPA**

**c/o Joan Simon**

**P.O. Box 1118**

**Conway, AR 72033**

## E-mail: jsimon@uca.edu