

**Arkansas School Psychology Association, Inc.**

**Membership Form**

July 1, 2020 to June 30, 2021

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
- \* Directory of membership
- \* Legislative lobbying for the profession

**Your contact information for the ASPA Membership Directory:**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Membership category: (check only one)**

( ) Regular (\$50) - A voting member who meets at least one of the following:

- 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 (\$25) – A non-voting student member who:

- a. 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
- b. does not fulfill one of the requirements for regular membership

( ) Retired/Inactive (\$25) – A voting member who:

- has previously had regular membership status but is now retired from employment in the delivery of school psychology services

**Check all professional credentials that you currently hold:**

- |   |   |
|---|---|
| <input type="checkbox"/> AR School Psychology Specialist    | <input type="checkbox"/> NASP Member                              |
| <input type="checkbox"/> AR Educational Examiner            | <input type="checkbox"/> Nationally Certified School Psychologist |
| <input type="checkbox"/> AR Licensed Psychological Examiner | <input type="checkbox"/> AR Licensed Psychologist                 |
| <input type="checkbox"/> AR Licensed Professional Counselor | <input type="checkbox"/> School Psychology student                |
| <input type="checkbox"/> Other? _____                       |   |

**Statement of 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.

Signature

Date

**For students only:**

- a. I am currently enrolled as a school psychology graduate student at:

\_\_\_\_\_

- b. I expect to graduate from my program in: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

- c. The following is the signature of my faculty advisor.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Kindly mail this completed form WITH appropriate dues to:**

*Arkansas School Psychology Association  
P.O. Box 1118  
Conway, AR 72033*