

New member <input type="checkbox"/>	Renewal <input type="checkbox"/>
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CONTACT INFORMATION (Please print clearly)

Title: Dr. Ms. Mr. Name _____

Mailing Address _____

Postal Code _____ Face Book /Twitter Acct: _____

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

Fax _____ E- Mail _____

MEMBERSHIP STATUS

Category 1: Full 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 - \$165 in their 1st year, \$195 in their 2nd year, to the full \$225 in their 3rd year of membership

- Registered Psychologist \$225
- Candidate Register (1st yr) \$165
- Candidate Register (2nd yr) \$195
- Candidate Register (3rd yr) \$225
- Non-Registered Psychologist \$225

*Contact apns@apns.ca

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 - \$65**

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 - \$40**

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.

In Absentia - \$65

METHOD OF PAYMENT* (Please print clearly)

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 *Association of Psychologists of Nova Scotia* or E-transfer to apns@apns.ca
- 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.

*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 645, 5991 Spring Garden Rd., Halifax, NS B3H 1Y6
P: (902) 422-9183 F: 902-462-9801 E: apns@apns.ca

APNS has an agreement with APA in which we share member mailing addresses, work phone, and work email. APA requires us to provide this information in order for them to identify joint APNS/APA members for voting in the election of the APNS Representative on the APA Council of Representatives. If you wish to be excluded from this please check the box below.

Please do not share contact information with APA.

APNS members receive the quarterly newsletter as a downloadable link. They also receive a monthly E-mail Update and occasional emails with notifications, events and CE opportunities. If you wish to unsubscribe from receiving these e-mails or to update your e-mail preferences, please contact apns@apns.ca

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*?

<http://novascotia.ca/dhw/repertoire-sante/>

- Yes No

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

4. Diversity in the profession of Psychology

Are you a member of a diverse cultural community? If so, what? _____

5. Work Setting (Check all that apply)

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

5. Primary Practice Area (Check all that apply)

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

7. Other psychological-related organizations to which you belong

- CPA APA 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"/> Cultural Diversity |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Nominations | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Post-Disaster | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Early Career Group |

2. **APNS Interest Groups.** APNS facilitates the formation of interaction among members with common interests. These are not formal committees but consist of communications facilitated through APNS. Formation will depend on getting a sufficient number interested.

I would like to participate in an Interest Group on:

e.g. Child / Adolescent Interest), Rural, Testing, Ethics, etc.)

3. 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:

In addition to committees, APNS needs volunteers to assist us in providing pro bono services for its members. If you check any of the following, APNS will send you a form to collect more information on your experience. For more information of any of these please contact apns@apns.ca

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** – To assist members in finding psychologists who wish to offer **informal** ethical consultation therapy or supervision; it is **not** intended to provide advice regarding ethical decision-making or advice on legal or disciplinary matters.

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

6. Case Consultation Network

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

7. Diversity Peer Support Network

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

Other Comments: _____