

New member

Renewal

CONTACT INFORMATION (Please print clearly)

Title: Dr. Ms. Mr. Mx. Name _____

Mailing Address _____

Postal Code _____ Face Book /Twitter Acct: _____

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

Fax _____ E- Mail _____

MEMBERSHIP STATUS

Category 1: Full Member: I am currently on the Register of Psychologists or Candidate Register of Psychologists of the NS Board of Examiners in Psychology.

Psychologists on the Candidate Register are eligible for an introductory discount, as listed below.

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

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 work.

- Retired or Inactive - \$65

Category 3: Student Member: I am enrolled full-time in an academic institution and employed less than 50% of the year; or I am on an internship/practica.

- Graduate – free Undergrad Student - free
- Internship / Practica - free

Category 4: In Absentia: I am a member residing outside of Nova Scotia for at least 1 year who maintains membership and receives the *Nova Scotia Psychologist* and other APNS e-mails but forgoes voting and office holding rights.

- In Absentia - \$65; Province: _____

METHOD OF PAYMENT (Please print clearly)

The APNS membership year is from September 1 to August 31. If you are late in renewing your membership, please add a late fee charge of \$15 if submitting after September 30th. Your receipt and membership number will be sent to you by e-mail.

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

Visa/ MasterCard Number _____ Exp: (M/Y) _____

Signature: _____

Dues: \$ _____ Late Fee: \$ _____ Total Paid: \$ _____

I request to auto renew. I understand that my membership fee will be processed on the above credit card, as of September 1st of each year. Please notify us if your expiry date or credit card number has changed.

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: admin@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 twice monthly E-mail Member 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 admin@apns.ca

MEMBER SURVEY

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 Psychologist | <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"/> Student / Intern | <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 activities in which you are interested in participating.

1. **APNS Committees** You may select 1 or more. Please rate your preference: 1st 2nd 3rd etc.

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

* Contact admin@apns.ca for info on joining these committees.

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 having a sufficient number interested.

I would like to participate in an Interest Group on:

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

APNS also needs volunteers to assist in providing services for its members and the public. An information package will be provided.

External Service Rosters

1. Post-Disaster Service Roster

I am willing to provide brief pro bono help in the event of a major disaster that overwhelms existing public services, as requested by the provincial government.

2. ALS Service Roster

I am willing to participate in a pro bono psychological support program for people with ALS and their families.

3. Peer Teleconference Atlantic Support Network

I am willing to provide fee-for-service telehealth counselling to those psychologists in PEI, NB and NL who are looking for psychological services outside of their own community.

External Public Speaking Engagements

I am interested in responding to requests from **media** to speak on these psychology-related topics:

 I am interested in responding to requests from **community groups** to speak on psychology-related topics:

Same as media (above) or indicate others below:

Internal Rosters

1. **Peer Counselling** – To offer confidential support to members who want to talk with a colleague about a particular personal or professional situation. This is not meant to provide psychological counselling or intervention.

I am willing to serve as a peer counsellor to APNS members on a pro bono basis.

2. **Ethical Consultation** – To offer informal ethical consultation; 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.

3. Case Consultation Support Network

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

4. Cultural Diversity Peer Support Network

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

5. Peer CE Presentations

I am interested in offering presentations to *fellow psychologists* regarding these professional issues:
