

APPLICATION FOR MEMBERSHIP IN DIVISION II (FORENSIC PSYCHOLOGY)

Please fill out the following form in its entirety and send the form to SVPAforensic@gmail.com. One of our board representatives will get back to you. Thank you!

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Membership

*The minimum standards for Full Membership shall include: (1) Earned Doctorate from an APA approved psychology program, or equivalent; (2) An internship in Psychology from an APA approved program, or equivalent; (3) Member, American Psychological Association (APA) or California Psychological Association (CPA); (4) State Licensure as a Psychologist; (5) 5 years postdoctoral experience; and (6) Specific forensic experience, as defined by meeting any one of criteria, (a) through (d): (a) Diplomate status in forensic psychology, granted by the American Board of Professional Psychology (ABPP); (b) 1800 hours of supervised forensic experience; (c) Two years of work experience in a forensic setting which may include private practice; or (d) Have made a recognized contribution to forensic psychology.*

Associate Membership

*a. Licensed Psychologists who do not meet criteria for Full Membership*

*b. Doctoral level psychologists who do not require a license (e.g., Academic psychologists, I/O psychologists)*

*c. Pre-licensed Psychologists*

*d. Licensed Professionals in other disciplines (e.g., Licensed Clinical Social Workers, Marriage and Family*

*Therapists, Recreational Therapists, Attorneys, etc.)*

*e. Unlicensed individuals who work in a field related to mental health*

*f. Members of the general public with a professional interest in psychology*

Student Membership

*A student member is a student who is a current member of a professional and accredited doctoral program in the field of*

*psychology, or is currently a predoctoral student in the field of psychology and is not yet licensed.*

***(1) Education:***

Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctorate in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year received/Will Receive\_\_\_\_\_\_\_\_\_\_

Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was/Is the institution APA-approved?  Yes  No   
Was/Is the institution Accredited?  Yes  No   
  
***(2) Internship Experience:***

Was/Is your internship in psychology?  Yes  No   
Was/Is the internship APA Approved?  Yes  No  
 If not, was/Is it CAPIC/APIC Approved?  Yes  No  
  
Name or type of Institution/setting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(If no formal psychology internship, provide on separate sheet detailed information regarding equivalent Training/supervision experience. Include information about setting(s), identities/credentials of supervisors, description of how supervised, and number of hours of supervised training in each setting).*  
  
Date completed/to be completed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(3) Membership Status:***

Check membership:

SVPA (required for membership in Forensic Division) *see* [*http://sacramentovalleypsychologist.com/*](http://sacramentovalleypsychologist.com/)

CPA; Divisions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APA; Divisions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(4) Credentials:***

Are you a Licensed psychologist?  Yes  No –

If so, License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Obtained\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you listed in the National Register of Health Service Providers?  Yes  No

If so, License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years postdoctoral experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a current student of a psychology doctorate program?  Yes  No

***(5) Professional Experience:***

Do you have 5 years postdoctoral experience?  Yes  No

Briefly describe the type of forensic training/supervision you have received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a Diplomate or Certified by ABPP?  Yes  No
2. Number of hours supervised forensic experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervised by Whom and Where?

1. How many number of years of work experience in a forensic setting do you have?:

Supervised by Whom and Where?

1. Briefly describe forensic experience or contributions in the forensic field you have made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree to abide by the professional ethics of the American Psychological Association and the Bylaws of the Sacramento Valley Psychological Association and the SVPA- Forensic Division. To the best of my knowledge, all information provided in this application and the attached Curriculum Vitae is true and complete.**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Please attach a copy of your Curriculum Vitae and Send Form Back to svpaforensic@gmail.com

**Forensic Board Members Section (Please do not write in this section):**  
Reviewed by the SVPA Forensic Division Board on Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
  
 Approved  
 Not Approved – Pending additional information  
 Not Approved; does not meet minimum qualifications  
  
  
  
Additional Information Required:

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President’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 President, SVPA-FD