



# OREGON PSYCHOLOGICAL ASSOCIATION

147 SE 102<sup>nd</sup> Avenue  
Portland, OR 97216  
503.253.9155 or 800.541.9798  
FAX: 503.253.9172  
[info@opa.org](mailto:info@opa.org) ♦ [www.opa.org](http://www.opa.org)

## Membership Application

Please fill out the following information to apply for membership in the Oregon Psychological Association (OPA).

### Please Check the Category You Are Eligible and Applying For:

*Please refer to the dues schedule for category descriptions & eligibility requirements*

- |                                                                    |                                                                                                                              |                                                                                                                                                            |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Professional Member<br>Licensed in Oregon | <input type="checkbox"/> Life Member<br><input type="checkbox"/> Associate Member<br><input type="checkbox"/> Student Member | <input type="checkbox"/> Out of State Affiliate<br><input type="checkbox"/> Allied Professional Affiliates<br><input type="checkbox"/> Corporate Affiliate |
| <input type="checkbox"/> Professional Member<br>Non-Licensed       |                                                                                                                              |                                                                                                                                                            |

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial) (Designation or Suffix)

Gender: ☐ Male ☐ Female ☐ Transgender

### Addresses

**PROFILE/DIRECTORY ADDRESS:** *(This information will be published on the OPA website)*

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MAILING ADDRESS:** *(This information will be used to mail you information)*

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

**HOME ADDRESS:** *(This will not be published on the OPA website, unless you have it listed under the profile/directory address above)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Information

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Toll Free Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

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



## **Types of Clients Served**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Children    | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Couples    |
| <input type="checkbox"/> Adults      | <input type="checkbox"/> Families   |
| <input type="checkbox"/> Geriatric   | <input type="checkbox"/> Group      |

## **Languages Spoken (other than English)**

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## **Practice Focus Choices** Please check the following topic areas that are applicable to your practice/work

- |                                                                          |                                                                                             |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Addictions/Abuse – Alcohol/Drug                 | <input type="checkbox"/> Health/Medical Psychology                                          |
| <input type="checkbox"/> Adjustment Disorders                            | <input type="checkbox"/> Hypnosis                                                           |
| <input type="checkbox"/> Adults Abused in Childhood                      | <input type="checkbox"/> Industrial/Organizational/Business Consulting                      |
| <input type="checkbox"/> AIDS/HIV                                        | <input type="checkbox"/> Infertility/Adoption                                               |
| <input type="checkbox"/> Alzheimer's/Memory Loss                         | <input type="checkbox"/> Learning Disorders                                                 |
| <input type="checkbox"/> Anger Management/Control                        | <input type="checkbox"/> Manic Depressive                                                   |
| <input type="checkbox"/> Anxiety                                         | <input type="checkbox"/> Mood Disorders                                                     |
| <input type="checkbox"/> Asperger's/Autism                               | <input type="checkbox"/> Neuropsychological Assessment                                      |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Obsessive/Compulsive Disorders                                     |
| <input type="checkbox"/> Bipolar Disorder                                | <input type="checkbox"/> Organizational Psychology                                          |
| <input type="checkbox"/> Child Abuse                                     | <input type="checkbox"/> Pain Management                                                    |
| <input type="checkbox"/> Christian Counseling                            | <input type="checkbox"/> Panic Disorders                                                    |
| <input type="checkbox"/> Chronic Mental Illness                          | <input type="checkbox"/> Parenting                                                          |
| <input type="checkbox"/> Coaching                                        | <input type="checkbox"/> Personality Disorders                                              |
| <input type="checkbox"/> Communication Skills                            | <input type="checkbox"/> Police Psychology                                                  |
| <input type="checkbox"/> Couples/Relationship Counseling                 | <input type="checkbox"/> Post-Traumatic Stress Disorders (PTSD)                             |
| <input type="checkbox"/> Cultural/Ethnic Issues                          | <input type="checkbox"/> Primary Care/Integrated Psychology                                 |
| <input type="checkbox"/> Custody Evaluations                             | <input type="checkbox"/> Psychopharmacology                                                 |
| <input type="checkbox"/> Death/Dying/End of Life                         | <input type="checkbox"/> Research/Academics/Teaching                                        |
| <input type="checkbox"/> Depression                                      | <input type="checkbox"/> Schizophrenia                                                      |
| <input type="checkbox"/> Disabilities - Developmental                    | <input type="checkbox"/> Self-Esteem                                                        |
| <input type="checkbox"/> Disabilities - Physical                         | <input type="checkbox"/> Sexual Abuse                                                       |
| <input type="checkbox"/> Dissociative Disorders                          | <input type="checkbox"/> Sexual Assault                                                     |
| <input type="checkbox"/> Divorce Issues                                  | <input type="checkbox"/> Sexual Offenders                                                   |
| <input type="checkbox"/> Domestic Violence                               | <input type="checkbox"/> Sexuality/Sex Therapy                                              |
| <input type="checkbox"/> Eating Disorders                                | <input type="checkbox"/> Sleep Disorders                                                    |
| <input type="checkbox"/> Evaluations                                     | <input type="checkbox"/> Social Anxiety/Skills                                              |
| <input type="checkbox"/> Family Therapy                                  | <input type="checkbox"/> Spirituality                                                       |
| <input type="checkbox"/> Forensic Evaluations                            | <input type="checkbox"/> Sports Psychology                                                  |
| <input type="checkbox"/> Forensic Psychology                             | <input type="checkbox"/> Stress Management                                                  |
| <input type="checkbox"/> Gambling Addiction                              | <input type="checkbox"/> Suicide Evaluation/Intervention                                    |
| <input type="checkbox"/> LGBTQ Issues                                    | <input type="checkbox"/> Supervision                                                        |
| <input type="checkbox"/> Gender Issues/Gender Dysphoria                  | <input type="checkbox"/> Vocational Assessment                                              |
| <input type="checkbox"/> Geriatrics/Aging                                | <input type="checkbox"/> Other—please consult with the psychologist<br>for more information |
| <input type="checkbox"/> Grief/Loss                                      |                                                                                             |

## **LICENSURE**

Are you currently licensed as a psychologist?: ☐ Yes ☐ No

Oregon License Number: \_\_\_\_\_ Year Licensed in Oregon: \_\_\_\_\_

Other state licensed in: \_\_\_\_\_ License # \_\_\_\_\_ Year : \_\_\_\_\_

Have you ever had a complaint filed against you, are currently under investigation, or relinquished your license with any licensing board? ☐ Yes ☐ No

If yes, please state the action, the reason(s) why, and the outcome or current status: \_\_\_\_\_

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## **Professional Affiliations**

Are you a member of the American Psychological Association (APA)? ☐ Yes ☐ No

If yes, APA Membership #: \_\_\_\_\_

## **Application Process Information**

Once the OPA office receives your application it will go through our approval process. Your standing with the OPA membership committee and the Board of Psychologists Examiners will be reviewed as part of this application process. When your application is approved, you will be notified in writing. If your application is denied, your membership dues will be returned in full.

Initial dues are to accompany the OPA membership application form. Thereafter, full-year dues will be billed on your membership anniversary date. Dues are past due 30 days after the membership anniversary date.

Please return this signed and completed form, with your membership dues, to the OPA office, 147 SE 102nd, Portland, OR 97216.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Find A Psychologist Program**

On OPA's website, [www.opa.org](http://www.opa.org), we have a section called "Find a Psychologist". This section of the site is a place for consumers to find listings of licensed psychologists that are OPA members. This optional program is offered at no charge to members who meet the criteria listed below. The following information is listed on the "Find a Psychologist" section of the site: your name, address, phone, types of clients served, languages spoken (other than English), and practice focus areas and state/year licensed. This information will be in a separate area of the site that is accessible to the public.

This service is available only to the following OPA members: professional licensed members or licensed psychologist associate members who maintain professional liability insurance; or psychologist residents who maintain professional liability insurance, have a residency contract approved by the Oregon Board of Psychologist Examiners (OBPE), and whose supervisor is an OPA member in good standing. OPA reserves the right to remove anyone from this area of the site at any time, for any reason.

☐ I want to be listed in the optional "Find a Psychologist" section of the website and meet the criteria.

## **OPA Membership Information On The Website**

OPA's membership information is published on OPA's website, [www.opa.org](http://www.opa.org). The information is found on a section of the site that is passcode protected for member's use only. The directory is a tool members can use to find and network with other OPA members. OPA will put certain information from this application onto the site.

## **Recruitment Information**

The following OPA member recruited me for membership in OPA (optional):

\_\_\_\_\_

## **Payment Information**

☐ **Check Enclosed**    ☐ **Visa**    ☐ **MasterCard**    ☐ **American Express**

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount Authorized: \_\_\_\_\_

Billing address for Card: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_