



ARIZONA GROUP PSYCHOTHERAPY SOCIETY
P. O. BOX 10458
PHOENIX, AZ 85064-0458

MEMBERSHIP APPLICATION 2005, PART TWO

This Application is specifically for current Associate or Affiliate Member/Student Members applying for Clinical or Full Associate Member status. Please read the descriptions below and check the category for which you qualify, fill out the Application and return the form to the address below. If you are applying for Full Associate, please deliver Page Two to your supervisor(s).

NAME: _____ SEX: _____ DEGREE: _____ DATE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 E-mail: _____ WORK NO.: _____ FAX NO.: _____ HOME NO.: _____

Full Associate Member: In addition to your initial qualification for membership, Full Associates must hold a Masters degree from an accredited college or university in a mental health field and 50 hours of clinical group experience as a leader or co-leader over a two-year period. A record of supervision is not required.

Clinical Member: In addition to your initial qualification for membership, Clinical Members must hold the highest state or national certification or license in their field and a Masters degree from an accredited college or university in their mental health field, 300 hours of clinical group experience as a leader or co-leader over a two-year period and 75 hours of qualified group supervision, following their degree. **A qualified supervisor meets these requirements plus three years of additional experience.**

GROUP THERAPY EXPERIENCE

| <i>Place</i> | <i>Dates</i> | <i>Hours/Week</i> | <i>Total Hours</i> | <i>If Supervised, Name of Supervisor</i> |
|--------------|--------------|-------------------|--------------------|--|
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Please complete and submit application to: AzGPS – Membership, c/o Mary Lineback, 8776 E. Shea Boulevard, No. B3A-513, Scottsdale, AZ 85260. Please direct any questions regarding the Membership process to Sandra H. Holt @ 480.759. 0291or sholt25@aol.com.

I _____ certify that the information provided herein is accurate and true. Any falsification or misrepresentation may result in membership revocation. Date: _____
 (Signature)

GROUP PSYCHOTHERAPY SUPERVISION

Please sign and date the release statement below and forward this form to each supervisor (please copy this form for additional supervisors) together with a stamped envelope addressed to AzGPS - Membership (see page 1 for address). Supervisors must mail the completed form directly to AzGPS - Membership.

Applicant Name: _____ **Date:** _____. I hereby give permission to _____, Supervisor to complete the form below pertaining to my application for advance status in the Arizona Group Psychotherapy Society.

Dear _____ **(Supervisor's Name):**

I am applying for Clinical Membership in the Arizona Group Psychotherapy Society and would appreciate you completing the form below and mailing to AzGPS - Membership in the self-addressed attached envelope.

| |
|--|
| Name: _____ Address: _____ City: _____ State: ____ Zip Code: _____ Degree: _____ |
| Total Hours: Include date(s) you supervised Applicant in Group Psychotherapy: _____ |
| Supervision Format: _____ (i.e., group or peer, supervision, the frequency of Applicant's presentation of clinical matter) |
| Does the Applicant conform to standards of ethical practice: _____ |
| Are you an American Group Psychotherapy Association (AGPA) Clinical Member: ____ Yes ____ No |
| Are you a Certified Group Psychotherapist through the National Registry of Certified Group Psychotherapists: (NRCGP) ____ Yes ____ No |
| If no to both of the above two questions, at the time of supervision did you meet AzGPS' qualifications for clinical membership (masters degree from an accredited college or university, highest level of state and/or national certification/licensure, 75 hours of qualified group supervision obtained over a two year period, with group psychotherapy hours obtained following completion of masters degree and have at least 3 years additional experience? ____ Yes ____ No |
| Signature: _____ Date: _____ |

If a supervisor is unavailable, please enclose an explanatory letter in addition to a reference from at least one professional knowledgeable about your experience as a group psychotherapist and attach to application. Please indicate below names of one or two individuals who will provide references:

Name: _____ Telephone No.: _____
Name: _____ Telephone No.: _____