



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

MEMBERSHIP APPLICATION 2005

The Arizona Group Psychotherapy Society (AzGPS), an affiliate of the American Group Psychotherapy Association (AGPA) offers opportunities for professional growth, to expand your scope of clinical practice and to network with other group therapists. It is a unique organization with a multi-disciplinary membership whose group psychotherapy practice and training is based on a variety of theoretical models. The society encourages and sponsors programs, which enhance knowledge and skills, disseminates information about group psychotherapy services to the community and offers training opportunities and consultation to local institutions, professional individuals and groups. Our newsletter is published quarterly. Due to our affiliation with AGPA, many of our programs meet the CEU requirements for masters and doctoral level practitioners in Arizona.

Please provide the information requested below and return with your membership dues. The various qualifications for membership are defined on Page 2. Initial membership is offered on the Associate and Affiliate/Student level for those applying for the first time. If you qualify for a higher level, check the required box on page 2 and you will be contacted for additional information. **Failure to provide all requested information will result in processing delays.**

NAME: _____ Date: _____ Degree: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ E-Mail: _____
 WORK NO.: _____ HOME NO.: _____ FAX NO.: _____ SEX: _____

SECTION I: PROFESSIONAL EDUCATION:

| Degree | Institution | Year Graduated | Major or Clinical Focus |
|--------|-------------|----------------|-------------------------|
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SECTION II: PROFESSIONAL AND CLINICAL CREDENTIALS

Please indicate the appropriate profession and complete the licensure and/or National Certification/Membership information below:

| | | |
|--|---|--|
| <input type="checkbox"/> Alcoholism & Drug Abuse Counselor | <input type="checkbox"/> Nurse | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Certified Group Psychotherapist (CGP) | <input type="checkbox"/> Pastoral Counselor | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Creative Arts Therapist | <input type="checkbox"/> Psychiatrist | |
| <input type="checkbox"/> Clinical Mental Health Counselor | <input type="checkbox"/> Psychologist | |
| <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Psychotherapist | |

SECTION III: STATE DISCIPLINARY LICENSURES/CERTIFICATIONS

| State: | Licensure/Certification/Number: Ex: LPC/Licensed Professional Counselor #0015 | Licensing/Certifying Entity: | Expiration Date: |
|--------|--|------------------------------|------------------|
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DESIGNATED NATIONAL CERTIFICATIONS OR MEMBERSHIPS

| Organization: Ex: ACSW/Academy of Certified Social Workers | Certificate No.: | Level of Membership/Certification: | Expiration Date: |
|---|------------------|------------------------------------|------------------|
| | | | |
| | | | |

QUALIFICATIONS

Name: _____

Clinical Member:

Clinical professionals (alcoholism and drug abuse counselors, clinical mental health counselors, creative arts therapist, marriage and family therapists, nurses, pastoral counselors, physicians, psychologists and social workers) with a minimum of a Master's degree who are recognized by their respective state and/or national associations, and/or certifying and licensure organization where applicable. Those who possess the highest level of State and/or National certification/licensure in their respective discipline and who have a minimum of 75 hours of qualified group supervision, to have been obtained over a two-year period. Group psychotherapy hours and supervision must occur following completion of a Master's degree.

Fellow Member:

This membership may be conferred by a unanimous vote of the Board of Directors. Members of AGPS in good standing who have been Full Associate or Clinical Members for a minimum of five years and whose outstanding performance in the field of group psychotherapy has been demonstrated by leadership in the organizational service as well as excellence in one of the following areas: clinical practice or administration; teaching; research; or publications.

Full Associate Member:

Full Associate Members must reside in Arizona, hold a minimum of a Master's degree from an accredited college or university in a mental health field and have 50 hours of clinical group experience as a leader or co-leader over a two-year period. No supervision is required.

Associate Member:

Associate Members must hold a minimum of a Master's degree from an accredited college or university in a mental health field and no clinical experience is required. This category includes Academicians and Researchers who hold at least a Master's degree in their discipline and who have a faculty position with an accompanying academic appointment at an accredited university or college for a minimum of three years teaching a minimum of least six courses in the area of group therapy, theory, or behavior or who have published or have had accepted for publication a minimum of two research studies in group therapy or group dynamics. At least one study will have been conducted after the applicant received his or her professional or scientific degree.

Affiliate Member/Student Member:

Affiliate Members include any other allied health professional and students who hold at least an Associate degree in an allied profession or have or are working on a degree in an allied field.

Please complete all applicable sections on page 1 of this application and submit to the Arizona Group Psychotherapy Society at the address below: Applicants are subject to the approval of the Membership Committee. Please make check payable to AzGPS. Membership dues are \$25.00 for one year or \$45.00 for two years. If you have any questions regarding the Membership process, please contact Sandra H. Holt at sholt25@aol.com or 480.759.0291. Please mail completed application and check to:

AzGPS – Membership
C/o Mary Lineback
8776 E. Shea Boulevard, No. B3A-513
Scottsdale, AZ 85260

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