2027 NPA Member Application

Join Online at: www.nebpsych.org/join

The following is the information NPA currently has on file for you. Please **CROSS OUT AND CORRECT** any outdated or incorrect information, **FILL IN BLANK AREAS** and **COMPLETE & SIGN THE ETHICS DECLARATION**. NOTE: **AN EMAIL ADDRESS IS ESSENTIAL** in order to receive NPA communications! Return this form with your NPA Membership Dues to Nebraska Psychological Association, P. O. Box 6785, Lincoln, NE 68506-6785, or fax toll free to 877-355-9234. Thank You!

A

First Name Last Name Middle Initial

B **Home Contact Information**

Home Address

City State Zip

Home Phone Home Cell

Home Email

C **Business Contact Information**

Place of Employment

Title

Business Address

City State Zip

Business Phone Fax

Business Email

D At which address do you want to receive NPA Mailings? Home ☐ Business ☐

E I would like to "Opt In" NPA's Listserv ____ Yes ____ No

Email Address to use for listserv:

F Degree _____ Year of Degree _____

G License # (if applicable): _____
Date of License: _____

H Do you provide Telehealth Services ___ Yes ___ No
Authorized to practice under PSYPACT ___ Yes ___ No

I ☐ APA Full Member ☐ APA Affilliate Member

J **Professional Settings** where you work (all that apply)

- ○ Private Practice ○ Full-Time Student
- ○ Academic ○ Residential or Group Home Facility
- ○ Outpatient ○ Other _____
- ○ Hospital

K **Professional Activities** (all that apply)

- ○ Psychotherapy ○ Research ○ Student
- ○ Assessment ○ Supervision
- ○ Teaching ○ Administration

L **Professional Ethics Declaration.**

1. Have you ever been found guilty of an ethics violation by any professional organization, society, regulatory board or institution?
_____ Yes _____ No

2. Have you ever been convicted of a felony? _____ Yes _____ No
If yes to either, please explain: _____

I agree to uphold and abide by the ethical principles of psychologists of the American Psychological Association.

X Signature _____ Dated this _____ day of _____, 20_____

M

Membership Category*

Active Member	$275
Full-Time Academician	$180
Affiliate	$110
Early Career 1st Year Post License	$110
Early Career 2nd Year Post License	$165
Early Career 3rd Year Post License	$220
Early Career 4th Year Post License	$275
Student Associates	$38
Sustaining Member/Emeritus	$55

Optional Contributions
- NPA General Fund RxP Support Fund

*See Next Page for descriptions

Payment: Check # _____ or Credit Card: Visa Mastercard

$_____

Amount Card Number Expiration Date Card Verification #

_____

Name on card (please print) Cardholder Signature

PLEASE CONTINUE TO NEXT PAGE

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Membership Categories

Active Member:
1. Individuals with a doctoral degree in psychology and are licensed in Nebraska or other state.
2. Must actively engage in the practice, research, teaching of psychology.

Academician: Individuals with a doctoral degree in psychology and primary professional activity is faculty of an education institution.

Early Career Psychologists: Individuals who are one, two, three or four years post license.

Affiliate:
Individuals who are interested in the work of NPA, but don't meet the qualifications for the earlier categories; for example,
1. Clinicians registered as Associate Psychologists with HHSS Regulation and Licensure, or
2. Clinicians licensed as Mental Health Practitioners

Student Associates: Individuals who are undergraduate, graduate, or postdoctoral students majoring in psychology.

Sustaining Member/Emeritus Status: A member who has retired from employment as a psychologist.

Dues to the Nebraska Psychological Association are not deductible as a charitable contribution for tax purposes, but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense because the Association engages in lobbying activities. NPA estimates that 55% of dues are allocated to lobbying activities and are nondeductible. Contributions to the Psychology Defense Fund will not be used for lobbying and may be eligible for total business expense deduction. If you have any questions, please contact the NPA Central Office, 402-475-0709.

Divisions/Committees/Issues Please indicate which you would be willing to assist in any capacity and an NPA member will contact you.

N

◯ Academic Affairs	◯ Early Career Psychologists	◯ Membership
◯ Communications and Media	◯ Ethics	◯ Professional Affairs
◯ Continuing Ed Programs	◯ Federal Governmental Affairs	◯ Prescription Privileges
◯ Diversity, Equity and Inclusion	◯ Legislative & Regulatory	◯ Disaster Response

Additional Membership Directory Information

O

Insurance Accepted (all that apply)

◯ Aetna	◯ Midlands Choice
◯ Blue Cross and Blue Shield of Nebraska	◯ Molina
◯ Cigna Healthcare	◯ Oscar Health
◯ First Health	◯ TRICARE
◯ GEHA	◯ UMR
◯ Medica	◯ UnitedHealthcare
◯ Meritain Health	◯ Other

Medicare Accepted ◯ Yes ◯ No

Medicaid Accepted (all that apply)
- ◯ Molina
- ◯ Nebraska Total Care
- ◯ UnitedHealthcare Community Plan
- ◯ Do Not Accept

P

Languages (all that apply)

◯ Spanish	◯ German	◯ Korean
◯ Vietnamese	◯ Tagalog	◯ Persian (Farsi/Dari)
◯ French	◯ Amharic, Somali	◯ Russian
◯ Chinese (Mandarin/Cantonese)	◯ Swahili	
◯ Arabic	◯ Napali/Marathi	

Patient/Clients Served (all that apply)

◯ Adults ◯ Children
◯ Teens ◯ Couples

PLEASE CONTINUE TO NEXT PAGE

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Q **Check up to 15 Areas of Practice Interest that apply:**

- ◯ Abuse/Neglect
- ◯ ADD/ADHD/Hyperactivity
- ◯ Addictive Behaviors
- ◯ Adolescent Issues
- ◯ Adoption/Foster Care
- ◯ Adult Survivors
- ◯ Aging/Alzheimer's Disease/Dementia
- ◯ AIDS/HIV
- ◯ Anger Management
- ◯ Anxiety/Phobia/Panic/OCD
- ◯ Autism/Pervasive Developmental Disorders
- ◯ Bilingual (Spanish/English)
- ◯ Biofeedback
- ◯ Brain Injury/Organic Brain Syndromes
- ◯ Career Assessment & Counseling
- ◯ Child/Pediatric Psychology
- ◯ Chronic Illness
- ◯ Co-Dependency Issues
- ◯ Corporate Coaching/Consultation
- ◯ Crisis Intervention
- ◯ Custody Evaluations
- ◯ Death and Dying/Grief
- ◯ Depression/Affective Disorders
- ◯ Developmental Disabilities/Intellectual Disability
- ◯ Disability Determinations
- ◯ Disorders/Mood Disorders
- ◯ Dissociative Disorders
- ◯ Domestic Violence - Perpetrators
- ◯ Domestic Violence - Victims
- ◯ Dual Diagnosis
- ◯ Eating Disorders
- ◯ EMDR
- ◯ Employee Assistance
- ◯ Ethnic Minorities/Cultural Issues
- ◯ Family Issues/Therapy
- ◯ Forensic Evaluation
- ◯ Gambling
- ◯ Gay/Lesbian/Bisexual Issues
- ◯ Gender Identity
- ◯ Geriatrics
- ◯ Giftedness
- ◯ Group Therapy
- ◯ Health Psychology Issues
- ◯ Impaired Professionals
- ◯ Impulse Disorders
- ◯ Individual Psychotherapy
- ◯ Industrial & Organizational Psychology
- ◯ Learning Disabilities
- ◯ Marital/Couples/Divorce
- ◯ Memory Disorders
- ◯ Men's Issues
- ◯ Neuropsychology
- ◯ Pain Management
- ◯ Personal Injury
- ◯ Personality Disorders
- ◯ Physical Disabilities & Illness
- ◯ Post Traumatic Stress Disorders/ Violence/Trauma
- ◯ Psycho-educational Evaluation
- ◯ Psychological Testing
- ◯ Psycho-pharmacology
- ◯ Rehabilitation
- ◯ School Problems/Educational Assessment
- ◯ Self Esteem/Self Concept
- ◯ Severe Mental Illness
- ◯ Sexual Abuse
- ◯ Sexual Disorders
- ◯ Sleep Disorders
- ◯ Smoking Cessation
- ◯ Social Skills Development
- ◯ Spirituality/Religious Issues
- ◯ Sports Psychology
- ◯ Stress Management
- ◯ Substance Abuse/Dependence
- ◯ Suicide - Evaluation/Intervention
- ◯ Transitions/Life Changes
- ◯ Weight Loss
- ◯ Wellness
- ◯ Women's Issues

Please complete your member profile online uploading your photo, your practice logo and website URL at: https://www.nebpsych.org/Update