

## 2018 AAMFT ALLIED MENTAL HEALTH PROFESSIONAL MEMBERSHIP APPLICATION

Allied Mental Health Professional members of AAMFT have attained, and at the time of application hold, a current independent license to practice in a mental health field other than a marriage and family therapy, as defined by the AAMFT Board of Directors, that legally authorizes them to provide services to individuals, couples, and families. Verification of current licensure is required to apply for this category of membership. See acceptable licenses below.

### FREQUENTLY ASKED QUESTIONS:

#### **What are the annual dues, and do I have to pay right now?**

National dues are \$221.00. Members also have the option to tailor their membership benefits by opting in to join engagement programs in various U.S. states and Canadian provinces that focus on advocacy, education, and networking with a local flavor. These opportunities to be involved in leadership, peer-to-peer interaction, and vital advocacy initiatives are a key way to enhance and expand your membership! Associated fees are listed on the next page. For more information, visit [aamft.org](http://aamft.org). **Please be advised, all AAMFT dues and engagement programs fees are non-refundable.**

#### **What are the acceptable licensure types for this category?**

Individuals must hold a current mental health license or recognized credentials, other than MFT, at the highest level that can be documented and verified in one of the following mental health disciplines: Clinical Psychology, Psychiatry, Social Work, Mental Health Counseling, Professional Counseling, or Psychiatric Nursing.

#### **How long does it take to for my membership to become active?**

Upon receipt, applications take approximately 3-5 business days to process. If you provide an e-mail address, we will send you a notice the moment your application has been approved. Please allow additional processing time for applications mailed with a check payment.

#### **How long is my AAMFT membership term?**

The AAMFT membership term is one year from the time your application is approved. For example, membership granted July 1, 2018 will expire on June 30, 2019.

#### **Are my AAMFT membership dues tax-deductible?**

Association dues may be deductible as a business expense. However, IRS regulations limit the deduction based on the association's lobbying expenses. Members should consult their tax advisors for further guidance.

#### **What Are the Benefits of AAMFT Allied Mental Health Professional Membership?**

- ♦ Personal listing on TherapistLocator.net referral service
- ♦ Advocacy and practice protection
- ♦ Ability to tailor member benefits by selecting engagement programs that meet your needs as your career evolves
- ♦ Family Therapy Magazine (FTM)
- ♦ Journal of Marital and Family Therapy (JMFT)
- ♦ Discounts on premier continuing education (live and online)
- ♦ Legal consultation
- ♦ Ethical advisory opinions
- ♦ Dedicated career center and job listings
- ♦ Product discounts
- ♦ Discounts on practice support services such as web hosting, EHR, and liability/health/disability insurance
- ♦ Members-only website and online community providing connections to systemic relational therapists around the world
- ♦ Much more...

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In order for the application process to go quickly and smoothly, please make sure to include the following:

- Your completed application (please keep a copy for your files).
- Submission of applicable fees payable in U.S. dollars only; fees include National Dues (\$221); any fees for opt-in engagement programs (please see the chart below), and an application processing fee (\$50 new and transfers, \$25 for reinstatements).
- Completed Licensure Information (question 7).
- A copy of your qualifying mental health license including license # and expiration—only if we are unable to verify this information online.
- Completed *Statement of Professional Ethics and Conduct* (section 8 of this application). Be sure each question is answered and the section is signed and dated.

## 2018 ALLIED MENTAL HEALTH PROFESSIONAL OPTIONAL ENGAGEMENT PROGRAMS

AAMFT offers a number of optional engagement programs that members can join to enhance their member benefits. Geographic programs found in the chart below, focus on advocacy, networking, and education with a local flair. In 2019, AAMFT will introduce topical-focused programs to bring together like minded therapists focused on the growth of dedicated areas of the profession. Fees to join these groups provide access to networking, specialized education and training, and support advocacy and practice advancement. Rates are subject to change. Visit [aamft.org](http://aamft.org) for more information on specific engagement program benefits.

Engagement Program	Annual Fee	Engagement Program	Annual Fee	Engagement Program	Annual Fee
Alabama Affiliate	\$70	Louisiana Interest Network	\$80	Ontario Affiliate	\$50
Alberta Affiliate	\$73	Manitoba Affiliate	\$101	Oregon Interest Network	\$108
Arizona Interest Network	\$70	Missouri Interest Network	\$90	Pennsylvania Interest Network	\$95
California Interest Network	\$62	Montana Interest Network	\$40	Rhode Island Interest Network	\$58
Connecticut Interest Network	\$75	New Hampshire Interest Network	\$60	South Carolina Interest Network	\$89
Florida Affiliate	\$98	New Jersey Affiliate	\$108	Tennessee Affiliate	\$75
Georgia Affiliate	\$95	New York Interest Network	\$75	Texas Affiliate	\$88
Idaho Interest Network	\$15	North Carolina Affiliate	\$95	Washington	\$103
Indiana Affiliate	\$80	Ohio Affiliate	\$70	Wisconsin	\$86
Kansas Interest Network	\$100	Oklahoma Affiliate	\$60	Rocky Mountain Family Therapy Network (CO, WY)	\$40

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**Applicants MUST apply for the highest level of membership for which they qualify. Student, Pre-Clinical Fellow, and Pre-AMHP members MUST transfer membership upon completion of the requirements for the next level of membership.**

- 1. Are you currently a member of AAMFT?** (check one):
- No, I am a new applicant.
  - No, I am reinstating as an Allied MHP.
  - Yes, I want to transfer to Allied MHP.
- Previous/Current Membership Category  
(please check)
- Student  Pre-Clinical Fellow
  - Affiliate  Pre-Allied MHP
- Current member number (if known) \_\_\_\_\_

**2. Demographics** (please print):

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Former/Surname: \_\_\_\_\_  
Preferred mailing address:  Home  Office

*a. Office Address:*  
Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

*b. Home Address:*  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**3. Would you like to be listed in our Therapist Locator Directory?**  Yes  No

If yes, which address would you like to use:

Home  Work

Listing Phone: \_\_\_\_\_

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

Listing Web Site: \_\_\_\_\_

**4. Other Information:**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female

**5. Membership Dues:** (Please Note All Dues are Non-Refundable)

Please select the appropriate application processing fee:

- \$50.00 - New Applicant Processing Fee
- \$50.00 - Transfer Applicant Processing Fee.

(Please NOTE: Your payment must include the application-processing fee, national, and any opt-in engagement program fees, if applicable. If you had previously paid your national dues, that amount paid will be prorated against your national dues bill. Any overage resulting from the pro-ration will be refunded back in the form of payment received.)

- \$25.00 – Reinstatement Applicant Processing Fee.

**\$221.00**

National Dues: \_\_\_\_\_

\*Engagement Program Fees: \_\_\_\_\_

(\*Please refer to engagement programs dues chart if opting-in)

Application Fee: \_\_\_\_\_

(Please insert amount selected above)

**Dues Total:** \_\_\_\_\_

**5. Payment Options:**

- I have enclosed a check or money order

Please submit payable to AAMFT in U.S. currency ONLY. A services charge of \$35.00 plus applicable charges from your bank institution is assessed for returned checks.

- I would like to pay by credit card:

VISA  Master Card  American Express  Discover

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

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address:  Home  Work

Other: \_\_\_\_\_

For AAMFT Office Use Only  
ID# \_\_\_\_\_

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## 6. Degree

Please indicate the degree you would like to have listed in your AAMFT membership record. This should be the degree that qualifies you to practice mental health. The degree you choose will appear in all correspondences and in AAMFT's online Membership Directory. Please be reminded of sections 9.4 and 9.5 of the AAMFT Code of Ethics when listing your preferred degree, which states:

*9.4 Professional Identification. Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.*

*9.5 Educational Credentials. In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources; (b) from institutions recognized by states or provinces that license or certify marriage and family therapists; or (c) from equivalent foreign institutions.*

Degree: \_\_\_\_\_  
(Required)

Institution Name: \_\_\_\_\_  
(Required)

## 7. Mental Health Licensure Information

Please list all current mental health licenses held. **Be sure to attach a copy of each license with the expiration date.**

First state in which license is held -

State: \_\_\_\_\_

License Number: \_\_\_\_\_

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

Second state in which license is held -

State: \_\_\_\_\_

License Number: \_\_\_\_\_

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

## 8. Statement of Professional Ethics and Conduct

(All Questions Must Be Answered)

- Are you currently under investigation for alleged violations of the AAMFT Code of Ethics?  Yes  No
- Have you ever been found in violation of the AAMFT Code of Ethics, or ever entered into any settlement by mutual agreement with the AAMFT Ethics Committee, or agreed to discontinue an act (agreed to cease and desist) at the request of the AAMFT Ethics Committee, or AAMFT legal counsel?  Yes  No
- Have you ever been found by any other professional association to which you have belonged to have violated its ethical code, have you ever been expelled from or disciplined by any other professional organization, or are you currently under investigation for an ethical violation by any other professional organization to which you belong?  Yes  No
- Have you ever had your registration, certification or license to practice in the health care industry suspended, revoked, restricted or denied, or has any other disciplinary action been taken against you by any federal, state, or provincial regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body to the best of your knowledge?  Yes  No
- Have you ever had your privileges to practice health care in a hospital, HMO, etc. suspended or restricted, or has any other disciplinary action been taken against you, on the grounds of unprofessional conduct, incompetence, negligence or unsafe practice?  Yes  No
- Have you ever been convicted of a felony or of any misdemeanor which might relate to your qualifications or functions as a therapist or other professional?  Yes  No
- Has any claim been made against you in a civil suit or any other forum in the past ten years which clearly alleges unethical behavior on your part including, but not limited to, the following examples: sexual intimacy with a client, a dual relationship with a client, violation of confidentiality, and so forth? If yes, please provide an explanation.  Yes  No
- To avoid punitive action, or in lieu of punitive action, have you ever voluntarily given up privileges, registration, certification or licensure to practice therapy, or agreed to restrict your practice?  Yes  No

- ♦ If you answered "yes" to any of the above, please provide detailed information on a separate piece of paper.
- ♦ I affirm that the statements made in this application are true.
- ♦ I hereby give permission to the AAMFT to request appropriate information regarding the action(s) named above from the:
  - AAMFT Ethics Committee, relevant regulatory bodies, professional associations(s), agencies and/or court(s).
- ♦ I have read and agree to abide by the AAMFT Code of Ethics.

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

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

Applicant Printed Name: \_\_\_\_\_