

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. **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 complete **Sections 1 through 9** of the application form and send it along with the total payment which includes the application fee, national dues and engagement program fees, as applicable. Please include a copy of your license if not available online.

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. Also included in the chart are new Topical Interest Networks (TINs) which 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 www.aamft.org/engage for more information on specific engagement

Engagement Program	Annual Fee	Engagement Program	Annual Fee
Alabama Interest Network	\$48	Oklahoma Interest Network	\$60
Alberta Affiliate	\$73	Ontario Affiliate	\$50
Arizona Interest Network	\$70	Oregon Interest Network	\$75
California Interest Network	\$40	Pennsylvania Interest Network	\$50
Connecticut Interest Network	\$75	Rhode Island Interest Network	\$58
Florida Interest Network	\$98	Rocky Mountain Family Therapy Network (CO, WY)	\$40
Georgia Affiliate	\$95	South Carolina Interest Network	\$85
Idaho Interest Network	\$15	Tennessee Affiliate	\$75
Indiana Affiliate	\$80	Texas Affiliate	\$88
Kentucky Interest Network	\$50	Washington Interest Network	\$100
Louisiana Interest Network	\$80	Wisconsin Interest Network	\$86
Manitoba Affiliate	\$101	Couples and Intimate Relationships	\$25
MO/KAN Interest Network	\$30	Queer and Trans Advocacy Network	\$25
Montana Interest Network	\$10	MFT's Working in Trauma	\$30
New Hampshire Interest Network	\$60	Family Therapists in Schools	\$20
New Jersey Affiliate	\$108	Systemic Therapy Across the Lifespan	\$25
New York Interest Network	\$75	Working with Military Personnel and their families	\$30
North Carolina Affiliate	\$95	Family Therapists in Healthcare	\$45
Ohio Interest Network	\$70	Telehealth and Technology	\$20

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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.

National Dues: _____ **\$221** _____

*Engagement Program Fees: _____

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

Application Fee: _____

Dues Total: _____

6. **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: _____

Signature: _____

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7. 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)

8. 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: _____

9. 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: _____