

2018 AAMFT PRE-ALLIED MENTAL HEALTH PROFESSIONAL MEMBERSHIP APPLICATION

Pre-Allied Mental Health Professional members are individuals who have completed a master's or doctoral degree in marriage and family therapy or a related health field and are in the process of completing the post-degree supervised clinical hours toward licensure in a mental health field *other than* marriage and family therapy such as social work, psychology, professional counseling, or mental health counseling.

International applicants must provide recognized credentials from your jurisdiction. If your province and/or country does not license mental health professionals you should apply under the Affiliate membership category at www.aamft.org. You may also contact AAMFT at central@aamft.org or 703-838-9308 to request an Affiliate membership application.

FREQUENTLY ASKED QUESTIONS:

How long can I remain a Pre-Allied Mental Health Professional member?

A Pre-Allied MHP member can hold membership until full licensure is obtained and then must transfer to our Allied Mental Health Professional category. If an applicant decides to stop pursuing full licensure, he or she must transfer to Affiliate membership. However, if a Pre-allied member earns a full MFT license, he or she must transfer to Clinical Fellow membership at that time.

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

National dues are \$146.00. 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.**

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?

Pre-Allied MHP 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 Pre-Allied Mental Health Professional Membership?

- ♦ 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 (\$146); any fees for opt-in engagement programs (please see the chart below), and an application processing fee (\$50 new, \$25 for transfers and reinstatements).
- Completed Licensure Information (section 7).
- 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 PRE-ALLIED MENTAL HEALTH PROFESSIONAL MEMBERSHIP 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 for more information on specific engagement program benefits.

Engagement Program	Annual Fee	Engagement Program	Annual Fee	Engagement Program	Annual Fee
Alabama Affiliate	\$35	Louisiana Interest Network	\$32	Ontario Affiliate	\$30
Alberta Affiliate	\$44	Manitoba Affiliate	\$48	Oregon Interest Network	\$36
Arizona Interest Network	\$20	Missouri Interest Network	\$33	Pennsylvania Interest Network	\$45
California Interest Network	\$11	Montana Interest Network	\$20	Rhode Island Interest Network	\$29
Connecticut Interest Network	\$50	New Hampshire Interest Network	\$25	South Carolina Interest Network	\$38
Florida Affiliate	\$30	New Jersey Affiliate	\$26	Tennessee Affiliate	\$37
Georgia Affiliate	\$40	New York Interest Network	\$28	Texas Affiliate	\$30
Idaho Interest Network	\$10	North Carolina Affiliate	\$25	Washington	\$25
Indiana Affiliate	\$35	Ohio Affiliate	\$25	Wisconsin	\$37
Kansas Interest Network	\$40	Oklahoma Affiliate	\$20	Rocky Mountain Family Therapy Network (CO, WY)	\$27

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Applicants MUST apply for the highest level of membership for which they qualify. Student, Pre-Clinical Fellow and Pre-Allied 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.
- Yes, I want to reinstate my Pre-Allied MHP membership.
Current member number (if known) _____
- Yes, I want to transfer member categories from (please check one):
 - Student Pre-Clinical Fellow Affiliate

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 online Membership Directory? Yes No

If yes, which address would you like to use:

Home Work

Listing Phone: _____

Listing Email: _____

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
- \$25.00 - 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.

\$146.00

National Dues: _____

Engagement Program Fees*: _____

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

Application Fee: _____

(Please Insert Amount Selected Above)

Dues Total: _____

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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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 state:

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)

University or college from which your degree was obtained: _____
(Required)

7. Licensure Information

License Type Sought: _____
(Required)

State in Which License Sought: _____
(Required)

Estimated Date of full mental health licensure:
Month: _____ Year: _____
(Required)

I affirm that I am indeed an applicant working towards full mental health licensure as described above.

Signature: _____
(Required)

Date: _____
(Required)

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: _____