

Vermont Association of School Psychologists

P.O. Box 9375

South Burlington, Vermont 05407

<http://www.vasponline.org>

Membership Application

Name/Credentials: \_\_\_\_\_

Applying For: ( ) Full Membership (\$40)
( ) Associate Membership (\$40)
( ) Student Membership (\$15)

Specialization: ( ) School ( ) Clinical ( ) Other

Home Address \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I would prefer to have VASP communications sent to my: ( ) home address ( ) work address.

My email address is: \_\_\_\_\_

I do / do not want my information added to the VASP mailing list that is distributed to members.

I do / do not want my email added to the VASP mailing list that is distributed to members.

Table with 5 columns: EDUCATION:, Institution, Field of Study, Date Received, Credentials Obtained. Rows include Doctorate, Specialist, Masters, and Other.

LICENSES HELD:

School Psychology: License Number \_\_\_\_\_ State \_\_\_\_\_ Since \_\_\_\_\_

Clinical Psychology: License Number \_\_\_\_\_ State \_\_\_\_\_ Since \_\_\_\_\_

Other ( ): License Number \_\_\_\_\_ State \_\_\_\_\_ Since \_\_\_\_\_

NCSP Certification: Yes ( ) No ( ) NCSP # \_\_\_\_\_ Since \_\_\_\_\_

Other Certifications (circle all that apply or write in)(CAS) (CADC) (ABPP) (ABPN) (MSW) (other \_\_\_\_\_)

MEMBERSHIPS AND PROFESSIONAL AFFILIATIONS (check all that apply)

NASP ( ) VPA ( ) APA ( ) Division 16 ( ) Other ( ) \_\_\_\_\_

PRESENT POSITION: (Employer; Title; Role and Function) \_\_\_\_\_