



State Psychologist Association
of New Mexico
Website: spanewmexico.org

APPLICATION FOR MEMBERSHIP

Name (Print) _____ Degree _____

Office _____ City _____ State _____ Zip _____

Home _____ City _____ State _____ Zip _____

Preferred address for online membership directory? Office Home None

Phones: Office _____ Cell _____ Other (Specify) _____

E-mail Address _____ (will be used for listserv membership)

Study Area Doctoral Degree _____ Year of Degree _____

Degree Institution and Location _____

MSCP Degree _____ Date _____ Institution _____

Present Employment _____ Title _____ City/State _____

Primary nature of work _____

Are you in private/independent practice? Yes: title you use _____ No

Licensed Psychologist in New Mexico? Yes No Prescribing Psychologist in New Mexico? Yes No

Prescribing Psychologist in another state? Yes No

State of RxP Licensure _____ Year first licensed _____ Current? _____

State of Licensure as Psychologist _____ Year first licensed _____ Current? _____

State of Licensure as Psychologist _____ Year first licensed _____ Current? _____

State of Licensure as Psychologist _____ Year first licensed _____ Current? _____

Board Certification area: _____ Year obtained: _____

Please list additional licensure or board certifications on page 2 in additional information.

Member of New Mexico Psychological Association? Yes No If yes, year of joining _____

List other professional memberships in professional organizations _____

1. Have you had any action taken against you by a professional organization or a state licensing agency?
 Yes No

2. To your knowledge are you presently under investigation by any of the above agencies or organizations?
 Yes No

If you answered Yes to either question above, please attach an explanation.

Please tell us why you want to join SPA NM: _____

I am applying for:

Full Member

Members of SPANM shall be persons who are members in good standing of the New Mexico Board of Psychologist Examiners and are licensed in New Mexico and are licensed as a New Mexico prescribing psychologist.

Associate Member

Associate Members shall be persons who have a PhD, PsyD, EdD in psychology and are licensed in at least one of the United States, US Territories or Canadian Provinces and have expressed and interest in the practice or education of prescribing psychologists.

Affiliate

Affiliate Members shall include international affiliates, student affiliates and mental health professionals who are not licensed psychologists.

Membership is on a calendar year basis from Jan 1 through Dec 31 & begins upon acceptance. Membership is not prorated and does not roll into the following year. Membership is non-refundable & non-transferrable.

Faculty attestation for student applicant required:

I, (print faculty name & title) _____ certify that this applicant is a student at (institution name) _____ enrolled in (degree program & major) _____

Program Director Signature _____ Date _____

I agree to subscribe to the purposes of the Association and to maintain its ethical standards of professional conduct as set forth by the American Psychological Association.

Signature _____ Date _____

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Memberships are effective upon acceptance (usually within one month of application).
Upon acceptance, applicant will submit appropriate payment for membership within 30 days.
Listserv membership is granted after acceptance of application and payment of dues.

Additional information:

