

Applicant Name:



P. O. Box 22866, Houston, Texas 77227
Tel:(713) 668-2680 | www.hgps.org

Membership Application

Instructions

Please complete the application completely. Missing information may delay approval.

1. **Are you a member of American Group Psychotherapy Association?** _____
2. If yes, what classification? _____ (see classifications below)
3. **Are you a student?** _____ **Please enclose a copy of your student I.D.**
4. Review Membership Levels & Qualifications. The Membership Committee, upon review of your application, will make a recommendation for membership level.
5. Completed applications are considered by the HGPS Board of Directors at their meetings, scheduled in July, September, November, January, and in the spring at the time of the Institute.
6. After applications have been considered, applicants will be notified by email of the status of their membership requests.

Membership Levels & Qualifications

Clinical: Clinical Membership in American Group Psychotherapy Association. *Annual Dues: \$75*

Affiliate: At least Master's level clinical professional in a mental health field, or, licensed or certified by the State of Texas in a mental health field who, although not members of AGPA, are interested in the practice and development of group psychotherapy. *Annual Dues: \$75*

Student: Individual matriculated in recognized graduate degree programs or in residency programs in the mental health professions that will satisfy the educational qualifications for Clinical membership in the Society may, as long as they remain in those programs including a leave of absence of not more than one (1) year, qualify as student members. This membership is held on a year-to-year basis, pending the conferring of a degree or completion of a residency program in the mental health professions and requires substantiation of student status annually.

Annual Dues: \$20

Honorary: This membership category is reserved for the HGPS Executive Committee to honor individuals who have made a significant contribution to the field of group psychotherapy.

Friends: Licensed or certified in a non-mental health profession, who use group techniques or who work regularly with groups in the pursuit of their profession. *Annual Dues: \$75*

APPLICATION FOR MEMBERSHIP
Houston Group Psychotherapy Society
PO Box 22866, Houston, TX 77227 | (713) 668-2680 | Fax (281) 395-9146

Name: _____ Credentials: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Office Phone: () _____ Home Phone: () _____
Birthdate: _____ Sex: _____ Social Security -Last 4 Digits: _____
Email Address: _____

If you do not want your information published on our website, please check this box

A. Professional and Clinical Credentials:

____ Physician Texas License Number _____
____ Psychologist Texas License Number _____
____ Social Worker Texas License Number _____
____ Nurse Clinical specialist in psychiatric & mental health nursing: _____
American or State Nurses Assoc. (if certified, list Certificate Number _____)
____ Licensed Professional Counselor Texas License Number _____
____ Marriage & Family Therapist Texas License Number _____
____ Other Specify mental health profession & License Number _____

B. Clinical Interests and Specialties: _____

C. Brief Professional Resume: (Students may enter N/A)

1. CURRENT EMPLOYMENT: _____
Location Address _____ Phone: _____
Location Address _____ Phone: _____
2. PAST EMPLOYMENT

D. Professional Education:

Institution	Dates Attended	Degree and Year Granted	Major and Clinical Focus
1. _____			
2. _____			
3. _____			

E. Group Psychotherapy Experience: (Relevant clinical experience, both professional and training)

Place	Dates	Average Number of Hours per week	Total Hours of Each Group	If Supervised, Name of Supervisor
1. _____				
Type of group: _____				
2. _____				
Type of group: _____				
3. _____				
Type of group: _____				

F. Group Therapy Supervision: If you have no group experience, please indicate.

Name of Supervisor	Professional or Academic Affiliation	Dates of Supervision	Hours per Week	Total Hours per Supervision
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

G. Other Psychotherapy Services Outside Your Employment

(Include volunteer and/or pro bono work)

H. References: At least one reference should be an HGPS member.

Students should include a group psychotherapy supervisor. If you have no group therapy experience, please list two academic references. Consideration of the application will be delayed without two complete references.

Name and Degree	Mailing Address	Telephone	Indicate if Group Supervisor
1.	_____	_____	_____
2.	_____	_____	_____

I. Have you had any disciplinary action taken against your license(s)?

No _____ Yes _____ If yes, please attach a separate sheet with an explanation

J. Would you like to have a profile on the HGPS website?

No _____ Yes _____

K. Would you like for your email address to be added to the WIRE, HGPS' listserv?

No _____ Yes _____

J. This information is true & correct to the best of my knowledge

Signature

Date

Please return completed application and a check payable to HGPS equal to one year's membership dues to:

HGPS
P. O. Box 22866
Houston, Texas 77227

