

Member Application and Renewal Form

Glendale Area Mental Health Profess 138 North Brand Boulevard, Suite 300, Gl (818) 771-7680 www.GA

__ Renewing Members Only

Print your full name below.



_ New Applicants Only

Print your full name and all information below.

| sionals Association endale, CA 91203-4618 AMHPA.org | 949.0 0.34 |
|---|---------------|
| | |

| Check box next to appropriate meml If student/intern, obtain a full memb Sign and date at the bottom. Complete all directory information of For individuals, enclose a copy of lic Enclose check with this application a | on reverse side. ense. | Check box nex Sign and date a If you need to check box on | Enter changes in your information below and check box. Check box next to appropriate membership category. Sign and date at the bottom. If you need to make changes to your directory information, check box on reverse side and complete all sections fully. Enclose check with this application. | | | |
|--|---|--|--|------------------------------|--|--|
| Full Individual Name (Please Print | , | | For Office Use Only Application License | Phoned Packet | | |
| Full Organization Name (If Applica | able) | | Dues | cc Webmaster cc Listserve | | |
| Contact Information ONLY For New RENEWING member: There are the event I have made changes, ALL | | | | below from last year. In | | |
| Office Address | | | | | | |
| Second Office Address | | | | | | |
| Office Phone Number | Second Offic | e Phone Number | | Office Fa x Number | | |
| E-Mail Address (Add you to GAM) | HPA listserve? Ye | s No) Website UR | L | | | |
| Accredited Institution Which Grant | ted Your Degree | City & State | | Program/Area of Study | | |
| Degree Year Granted/ | [/] Anticipated | Lic | ense Number | Yea r Issued | | |
| Would you like to be added to our Ir | nternet Discussion | List? (e-mail address is | required, above) | Yes No | | |
| Dues schedule below applies for the October 1, your dues will apply thro | calendar year, Jan ugh the following | uary 1 through Decemb year. | er 31. For new m | nembers joining after | | |
| Full Member | \$60 Annual | Board Certified or Licensed Psycholo Licensed Clinical S Licensed Marriage Psychiatric Nurse | ogist Social Worker | | | |
| Organization | \$125 Annual | (Please attach sepa | arate application | for up to 4 clinical staff.) | | |
| Associate Member | \$35 Annual | Student, Intern, Pr Psychological Ass Other | e-Licensed istant | | | |

I, the below signed applicant, hereby apply to the Glendale Area Mental Health Professionals Association (GAMHPA) for membership. I certify that the above information is true and correct to the best of my knowledge. I will notify GAMHPA of any changes in this information. I understand that GAMHPA is an interest group only, will not provide referrals, and does not credential in any way. I understand that to be a full member, I must be in good standing with my state licensing board. I understand that if I am a student or intern, I must have a GAMHPA full member sponsor me.

| RENEWING member: There are $\underline{\hspace{1cm}}$ NO chall the event I have made changes, ALL section | | | ı last year. |
|---|-------------|---|--------------|
| Groups Offered | | | |
| Topic, Target Problem, or Focus | Members | Time/Da y | Fee |
| Topic, Target Problem, or Focus | Members | Time/Da y | Fee |
| Topic, Target Problem, or Focus | Members | Time/Da y | Fee |
| Clients Treated | | Services Offered | |
| Children Adolescents | | Anger Management Behavior Therapy | |
| | | | |
| Young Adults | | Biofeedback | |
| Adults | | Child Custody Evaluation | |
| Seniors | | Couples Therapy | |
| | | Cognitive Therapy | |
| Non-English Languages | | Critical Incident Debriefing | |
| | | Divorce Mediation | |
| Spanish | | Educational Testing | |
| Other: | · | Family Therapy | |
| Other: | | Forensics/Expert Witness | |
| | | Hypnosis | |
| Problem Areas Treated | | Individual Therapy | |
| | | Inpatient | |
| Addictions | | Medication | |
| AIDS/HIV | | Neuropsychological Testing | |
| Anxiety Disorders | | Organizational Consultation | |
| Attention Deficit | | Play Therapy | |
| Behavioral Problems | | Psychoanalysis/Psychodynamic Therapy | |
| Brain Damage | | Psychological Testing | |
| Chronic Illness/Pain | | Religious Issues | |
| Divorce | | Sex Therapy | |
| Eating Disorders | | Stress Management | |
| Learning Disabilities | | Other: | |
| LGBT Issues | | Other: | |
| Marital Problems | | | |
| Medical Management/Non-Compliance | | Funding Accepted | |
| Mood Disorders | | Tunumg recepted | |
| Multicultural/Ethnic Diversity | | Will provide superbill for out-of-network | PPO |
| Multiple Personality | | Aetna | |
| Occupational Problems | | Anthem Blue Cross | |
| Panic/Phobias | | Beacon Health (VO) | |
| Personality Disorders | | Blue Shield | |
| Physical Abuse | | | |
| Rape/Molestation/Incest | | Cigna Healthnet | |
| Reproductive Issues | | | |
| Sexual Dysfunction | | Managed Health Network Medi-Cal | |
| Sexual Dystunction Trauma/PTSD | | Medi-Cai Medicare | |
| | | | |
| Other: | | Magellan | |
| How did you have shout CANTIDA? | | Motion Picture | |
| How did you hear about GAMHPA? | | Optum (UH, UBH, UBHPC) | |
| | | TriWest | |
| | | Victim Witness | |
| | | Worker's Compensation | |
| | | Sliding Scale | |
| | | Cash | |
| | | Other: | |
| | | Other: | |