

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 (\$25)
() Associate Membership (\$25)
() Student Membership (\$25)

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.

| EDUCATION: | Institution | Field of Study | Date Received | Credentials Obtained |
|-------------------|-------------|----------------|---------------|----------------------|
| Doctorate | _____ | _____ | _____ | _____ |
| Specialist | _____ | _____ | _____ | _____ |
| Masters | _____ | _____ | _____ | _____ |
| 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) _____
