



Ontario Association of Psychological Associates
Association des Associé-e-s en Psychologie de l'Ontario

Advocating for Masters-Prepared Practitioners in Psychology

OAPA Membership Application Form

Thank you for your interest in becoming a member of OAPA.

Please note that there are four categories of membership:

1. **Full:** Open to Psychological Associate and Psychologist members of the College of Psychologists of Ontario registered on the basis of a Master's degree and professional experience; may be on the Autonomous or Supervised Practice registers; may attend and vote at the Annual General meeting and run for office on the Board of Directors; eligible for the OAPA professional liability insurance plan through McFarlan Rowlands.
2. **Retired:** Open to Psychological Associates and Masters-Prepared Psychologists on the retired register of the College of Psychologists; may attend and vote at the Annual General Meeting and run for office on the Board of Directors; eligible for the OAPA professional liability insurance plan at a greatly reduced rate
3. **Interim:** Open to Masters-level graduates whose academic preparation has been approved by the College of Psychologists (CPO); in the process of obtaining the minimum four years of professional experience prior to applying for registration; eligible for the OAPA professional liability insurance plan if being supervised by a Psychological Associate or Psychologist; does not vote at the AGM and cannot run for office on the Board.* Please provide copies of CPO Registration Committee approval and of supervision agreement.

Membership will be withheld pending receipt of supporting documentation

4. **Student:** Enrolled in a Master's program in psychology; eligible for the OAPA professional liability insurance plan if providing professional services under the supervision of a Psychological Associate or Psychologist; does not vote at the AGMs and cannot run for office on the Board.* Please provide evidence of student status and proof of supervision.

Membership will be withheld pending receipt of supporting documentation

You can apply for membership in three ways:

1. Online Registration: Visit our Website www.oapa.on.ca
2. Mail: Mail the completed application form to the address below along with a cheque for the annual membership fee.
3. Email: Forward your application via email oapa.ont@gmail.com
 - Don't forget to forward any necessary supporting documents via email or regular mail.

If you have any questions about membership in the OAPA, please contact:

Carol Doutriaux, M.A., C.Psych.Assoc. (retired)

Director of Membership,

cdoutriaux@sympatico.ca or oapa.ont@gmail.com



~ PLEASE PRINT IN BLOCK LETTERS ~

*Note: The information you provide is used to better address the needs of the members.
Personal information will not be distributed to the public.*

First & Last Name			
OAPA Membership Category		<input type="checkbox"/> Full <input type="checkbox"/> Interim <input type="checkbox"/> Retired <input type="checkbox"/> Student	
Regulated Title		<input type="checkbox"/> Psychological Associate <input type="checkbox"/> Psychologist <input type="checkbox"/> NA (interim or student member) It is important that we know how many members are PAs and how many are Psychologists. Please ensure that you check your <u>current</u> title. Thank you.	
College Registration		<input type="checkbox"/> Autonomous Practice <input type="checkbox"/> Supervised Practice <input type="checkbox"/> Retired <input type="checkbox"/> Not yet a CPO member	
Psychology Graduate Degree		<input type="checkbox"/> M.A. <input type="checkbox"/> Dip.C.S. <input type="checkbox"/> M.Sc. <input type="checkbox"/> M.Ed. <input type="checkbox"/> Other: _____	
Mailing Address			
Municipality in which you work (City/Town/Village)			
Home Phone:		Work Phone:	
Primary Email		2 nd Email	
I would like to be included on the OAPA list serv		Language Preference	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> English <input type="checkbox"/> French	
Primary Work Setting		<input type="checkbox"/> Agency <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Hospital <input type="checkbox"/> Private Practice <input type="checkbox"/> School Board <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> NA	
Secondary Work Setting:		<input type="checkbox"/> Agency <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Hospital <input type="checkbox"/> Private Practice <input type="checkbox"/> School Board <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> NA	
Licensed Practice Areas		Your Client Population(s)	
Check <u>all</u> that Apply		Check <u>all</u> that Apply	
Clinical Psychology	<input type="checkbox"/>	Adults	<input type="checkbox"/>
Counseling Psychology	<input type="checkbox"/>	Adolescents	<input type="checkbox"/>
School Psychology	<input type="checkbox"/>	Children	<input type="checkbox"/>
Forensic Correctional Psychology	<input type="checkbox"/>	Families	<input type="checkbox"/>
Clinical Neuropsychology	<input type="checkbox"/>	Couples	<input type="checkbox"/>
Health Psychology	<input type="checkbox"/>	Seniors	<input type="checkbox"/>
Rehabilitation Psychology	<input type="checkbox"/>	Organizations	<input type="checkbox"/>
Industrial / Organizational Psychology	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>		
I have been a Psychological Associate, autonomous practice, since the year:			
My title in Ontario has been changed from PA to Psychologist.		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what year:
I plan to apply for the Psychologist title via AIT		<input type="checkbox"/> Yes <input type="checkbox"/> No	
My workplace has created a job category for Psychological Associates.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have a pay scale specifically for Psychological Associates.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I am unionized at my place of employment.		<input type="checkbox"/> Yes <input type="checkbox"/> No	



Issues of Concern to Members:

Please assign a rating to each of the issues below (1 = most important, 6 = least important)

	Title		Professional Development
	Continuation of MA registration		Private Practice Concerns
	Advice/Assistance for Individual Member's Questions		Communication Among OAPA Members
Other Concerns:			

Do you have in-depth experience in something that might be useful to OAPA advocacy, e.g., MVA, ESL clients, disability groups, WSIB, etc.? If you are willing to be contacted for consultation or participation, briefly describe your expertise.

~ 2016/17 MEMBERSHIP PAYMENT INFORMATION ~

We are certain you can appreciate that your OAPA membership provides excellent value at a very low price and as such membership fees cannot be pro-rated partway through the membership year.

Please note:

- The OAPA membership year runs from September 1 to August 31 each year
- Please make your cheque payable to 'OAPA' or 'Ontario Association of Psychological Associates'

	2016/17 Fees	Amount Due
First Time Full Membership	\$110.00	\$
Full Membership, standard annual fee	\$140.00	\$
Retired Membership	\$80.00	\$
Interim Membership	\$80.00	\$
Student Membership	\$80.00	\$
Late Renewal Fee	\$30.00	\$
NSF Fee	\$25.00	\$
Other: Discretionary Donation to the OAPA Advocacy Fund	Thank you	\$
Your Payment Total:		\$

Thank you and welcome to OAPA!