



Mississippi Psychological Association

P.O. Box 16826, Jackson MS 39236

Phone: 601-372-7755

mpa@mpassoc.org

www.mpassoc.org

2022 Application for Membership / Renewal of Membership

You can easily join/renew MPA membership online at www.mpassoc.org or complete the form below and email
Please complete (print or type) *all appropriate sections* ☑ Send completed application and dues to MPA at the above address

Name: _____
First Name, Middle Initial, Last Name, Degree

Email: _____ Secondary Email: _____

- Membership Type: _____ Clinical / Health Service Provider: Doctoral Degree in Psychology, providing Clinical Services
 _____ Academic: Academic/Research: Doctoral Degree in Psychology; primary employment at college or university; involved in teaching or research. Provides NO Health Services (other than supervision of students)
 _____ Dual: Health Service Provider & Academic
 _____ Associate: Non-licensed Psychologists, Associates of APA, or possess at least a BA or BS degree with a major in psychology granted by a recognized college or university, and are employed in primarily psychological work
 _____ Student: Undergraduate, or Graduate Student, Graduate Student on Internship, Post-Doctoral Training
 _____ Exempt Status: Current MPA member, minimum of 5 years continual membership, retired and 65 years old

Practice Specialty/Focus: _____ Geriatric _____ Children/Youth _____ Older Adolescent/ Young Adult _____ Trauma specific
 _____ Couples/Family _____ Forensics _____ Veterans _____ Other

Are you fluent in a second language? _____ If so, what language? _____

Are you certified by MS Board of Psychology to perform Civil Commitment assessments? YES NO

Please provide both the home and work address and where you prefer to receive your MPA mailings**

This mailing address may appear in print and web versions of the directory.

Work Address: (Mark circle if this is your preferred address for printed communications.)

 City State Zip County

Work Phone: _____/_____
 Area Code Area Code
 Fax: _____/_____

Home Address: (Mark circle if this is your preferred address for printed communications.)

 City State Zip County

Home Phone: _____/_____
 Area Code Area Code
 Cell: _____/_____

If this is a new member application, please provide professional reference by MPA member:

Name: _____ Contact information: _____

EDUCATION:

HIGHEST DEGREE IN PSYCHOLOGY _____ DATE CONFERRED _____
INSTITUTION _____ DEPARTMENT _____ SPECIALTY _____

MISSISSIPPI BOARD OF EXAMINERS:

MS Licensure # _____ Date of Initial Licensure in MS _____

Indicate Licensure Status below:

- Licensed psychologist
- Licensed/Certified in other states? State _____ License # _____
- Other: _____

PROFESSIONAL ASSOCIATIONS:

APA Associate Fellow Grad Aff Member Student **ABPP** Child Clinical Counseling Forensic
 Neuropsychology Health Other: _____ **APS** Fellow Member Student **National Register**

ETHICS ALLEGATIONS OR VIOLATIONS*

1. Have you ever had any action taken against you by a professional organization or state licensing agency? ___Yes ___No
2. Are you currently under investigation by any professional organization or licensing agency, or do you have any complaints pending?
___Yes ___No
3. Have you ever been convicted of a felony? ___Yes ___No
4. Are you currently a defendant in any malpractice suit? ___Yes ___No
5. Have you ever been found liable for malpractice, either in court or in an out-of-court settlement? ___Yes ___No
6. Have you ever relinquished any professional responsibility, resigned from a position, or been fired because of an ethical or legal complaint which was brought against you? ___Yes ___No
7. Have you ever resigned from a professional organization or surrendered a license while an ethics or legal complaint was pending against you? ___Yes ___No

ETHICS DECLARATION & SIGNATURE

As a condition for membership in the Mississippi Psychological Association, I affirm that I am familiar with, and agree to be bound by, the Bylaws of the Mississippi Psychological Association (*available online at www.mpassoc.org*), as well as the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, the Standards for Providers of Psychological Services. I also certify that the information provided in this application is correct and complete to the best of my knowledge. I give my permission to the Mississippi Psychological Association to verify any information given in this application.

Signature of Applicant _____ Date _____

2 Easy Ways to Join/Renew Membership at MPA!

1. ONLINE – Fill out online application and pay via credit card at www.mpassoc.org.
2. BY MAIL – Download application and mail with check payable to MPA PO Box 16826, Jackson, MS 39236

The IRS requires that we inform you that your dues are not deductible from your personal income taxes as a charitable deduction. 10% of your dues are not deductible from your business return as an ordinary business expense, due to lobbying and advocacy expenses.

MEMBER DUES

Health Service Provider/ Clinical

____\$255 yearly
Early Career Discount
____\$175 year
(1 year post licensure. License Year: _____)
____\$200 year
(2 year post licensure. License Year: _____)

Dual Membership: Health Service Provider & Academic

____\$255 yearly
Early Career Discount
____\$175 year
(1 year post licensure. License Year: _____)
____\$200 year
(2 year post licensure. License Year: _____)

Academic

____ \$165 yearly

Student: Please attach copy of student ID

____ \$30 yearly

Associate Membership

____\$175 yearly

Exempt Status

____\$40 yearly