NEW JERSEY NEUROPSYCHOLOGICAL SOCIETY
MEMBERSHIP APPLICATION - INFORMATION FORM

(All information listed here, except home information, will be posted in the NJNS membership directory and posted on the website)

Please Indicate What Level of Membership you Applying For:

_______ FULL MEMBER (ANNUAL FEE: $35.00)
_______ *STUDENT/EARLY CAREER PSYCHOLOGIST (ANNUAL FEE: $15.00)

*NEED TO PROVIDE A COPY OF YOUR GRADUATE SCHOOL TRANSCRIPT, FACULTY ENDORESMENT, TEMPORARY PERMIT, OR LETTER FROM FELLOWSHIP SUPERVISOR)

NAME:____

UNIVERSITY/DATE OF DEGREE: ____

DEGREE:____

PROFESSION (e.g. neuropsychologist, psychologist, speech, etc)_________________

LICENSURE (state)____

BOARD CERTIFICATION: _____ No _____ Yes If Yes, Which Board
____

ACADEMIC APPOINTMENT (what/where)____________________________________

OFFICE ADDRESS(ES):
____

____

COUNTY ____

MEDICAL STAFF/HOSPITAL PRIVILEGES (what/where)________________________

PHONE NUMBER(S): ____

E-MAIL: ____

HOME ADDRESS:
____

____

PHONE NUMBERS:____

SPECIALITY AREAS (CHECK ALL THAT APPLY):

______ Traumatic Brain Injury
______ Other Acquired Brain Injuries
______ Stroke
______ Coma
______ Speech and Language Disorders
______ Epilepsy
______ Learning Disabilities
______ Disorders of Aging
______ MS
______ Chronic Fatigue Syndrome
______ PTSD
______ School Psychology
______ Developmental Disabilities
______ Psychotherapy with Brain Injured
______ Forensics
______ Addictive Disorders
______ Behavioral Medicine
______ Biofeedback
______ Adjustment to Physical Disability
______ Adjustment to Chronic Illness
______ Traumas in Children
______ Effects of Chemo/Radiation
______ Pediatric Neuropsychology
______ AIDS/HIV
______ ADHD
______ General Clinical Neuropsychology
______ Other _________________________

SERVICES PROVIDED (CHECK ALL THAT APPLY):

______ Cognitive Remediation
______ Rehabilitation
______ Coma Assessment
______ Neuropsychological Assessment
______ Psychological Assessment
______ Psychotherapy
______ Psychological Evaluation
______ Behavior Modification Management
______ Staff Training
______ Psychopharmacology
______ MTBI Support Group
______ Clinical Supervision
______ Biofeedback
______ Hypnosis
______ Other ___________________

DO YOU SEE NON-ENGLISH SPEAKING PATIENTS? _______ Yes ______ No
(If Yes, Specify Language) ____________________________

CAN YOU TREAT/ASSESS IN SIGN LANGUAGE? _______ Yes ______ No

POPULATIONS SERVED (CHECK ALL THAT APPLY):

_______ All ages
_______ Children under 12
_______ Adolescents 13-17
_______ Adults 18-64
_______ Aged 65 and up
______ Individual
______ Couples
______ Families
______ Groups
______ Other

TYPE OF PAYMENT ACCEPTED:

Insurance Yes No Medicare Yes No
Sliding Scale Yes No Medicaid Yes No

If you answered yes to Insurance, please list managed care and insurance companies you accept:

____

Is your office wheelchair accessible? __________
ATTESTATION TO BE SIGNED BY APPLICANT:

To the best of my knowledge, the information, which I have provided in this application, is believed to be accurate and truthful.

________________________________ ________________________________
Signature of Applicant Date

CONSENT FOR USE OF NAME/PICTURE FOR NJNS

I hereby agree for NJNS to publish my professional information (i.e., practice location, practice specialty) on the website as well as photographs/electronic media taken at NJNS meetings and events.

- ❖ In terms of the NJNS website:

  ______ I agree, please include my information

  ______ I don't agree, please don't use my name or information within the NJNS website

____
Signature of NJNS Member

INFORMATION REGARDING NJNS PARTICIPATION

I would be interested in joining the following NJNS committees:

________ Membership Committee
________ Conference Committee
________ Technology Committee

________ I would be interested in becoming more involved in NJNS leadership

Suggested topics for future NJNS meetings:

____

PLEASE FORWARD APPLICATION/INFORMATION FORM:

Anne R. Farrar-Anton, Ph.D.
Membership Chair, NJNS
130 West Pleasant Avenue, #190
Maywood, NJ 07607
201-315-7652, Afarraranton@gmail.com