

OTTAWA ACADEMY OF PSYCHOLOGY

Station 'E', P.O. Box 4251

Ottawa, ON K1S 5B3

TEL: 613-235-2529

OAP MEMBERSHIP APPLICATION

Name:

Last

First

Title

Part 1: Eligibility

MEMBERS: Psychologists and Psychological Associates registered for Autonomous Practice with the College of Psychologists of Ontario and residing in the Ottawa region.

AFFILIATES: Individuals completing a requirement to become a member of the College of Psychologists of Ontario (*including graduate students and graduates in Supervised Practice*), as well as psychologists in academia.

Members and Affiliates will have access to all communications and events via the OAP Listserv (e.g., *Mentorship group, bi-annual dinners, and social/continuing education events*). However, Affiliates will not have access to the website directory or referral service, and are not eligible to vote on matters related to the Academy.

Eligibility for Affiliate status will be determined by the information you provide below. *Let us know if/when your status changes to Autonomous Practice so you can be registered as a full member and receive referrals through our website directory and referral service.* If you have any questions about membership, please give us a call at (613) 235-2529 or email us at ottawaacademyofpsychology@gmail.com.

Please indicate which Membership Status you are applying for:

___ Member ___ Affiliate

Annual Fee: MEMBERS = \$110 AFFILIATES = \$55

Payment Options:

1. Send an e-transfer to oappayments@gmail.com
2. Mail a cheque to:
 - Ottawa Academy of Psychology, Station E, P.O. Box 4251, Ottawa, ON K1S 5B3
 - *Note: please allow additional time to process your application, as our mail is picked up on a monthly basis prior to our executive meetings.*
3. NOTE: Those who join OAP after Sept 1st will also have their membership fee applied to the following calendar year (Jan – Dec).

For those applying for MEMBER status:

Psychologist ___ Psych. Associate ___ College Registration# _____ Date Registered _____

For those applying for AFFILIATE status:

Educational background / Highest degree: _____

Current work or program of study: _____

OAP MEMBERSHIP APPLICATION (Cont'd)

Part 2: Contact Information:

Please note that our website will allow only one address to be listed. If you work from more than one location, please indicate the main address associated with your practice.

Office/Work Address:

Office Phone No: _____

Email Address (not for publication): _____

*** Note: We use email as our primary mode of communication to members. Please be assured that we do not sell our list of email addresses or post them on the website.*

Part 3: Website Directory / Referral Service

The following benefits are available to members who are registered for Autonomous Practice with the College of Psychologists of Ontario. The website directory allows members of the public to search for psychologists based on their areas of practice, population served, and whether they are accepting new clients or clients on a waitlist. Volunteers also take phone enquiries and provide a referral service to those who contact OAP by phone.

To be listed on the website directory you must agree to the following:

- *I understand that, although reasonable attempts will be made by the OAP to keep my personal information safe and secure on the website (e.g., password), my use of the OAP website is done at my own risk and discretion.*
- *I understand that I will be provided with a randomly generated password to help maintain the security of my information, and that I will have the option to change this password should I so choose.*
- *I understand that my email address may be shared with a Mediaforce webmaster acting on OAP's behalf.*

If you indicate 'YES' below, you acknowledge that you agree to the terms above.

Do you wish to be included in the OAP website directory / referral service? Yes___ No___

Part 4: Interested in Joining the OAP Executive?

We are always looking for members who wish to be on the Executive. Would you like to be contacted about this? Yes___ No___

Signature: _____ **Date:** _____

Please email your form to: Dr. Lori de Laplante, OAP Membership Coordinator
(loridelaplante@hotmail.com) and note your preferred payment option.