

ASSOCIATION OF BLACK PSYCHOLOGISTS Therapist Resource Directory Registration Form

In an effort to support our members and serve our community, ABPsi provides a listing service to aid people who are seeking African American Psychologists. Participating psychologists are required to be an active national professional, member of the Association of Black Psychologists. To participate, please complete this registration form and return it to the National Office at 7119 Allentown Rd, Suite 203 Fort Washington, MD 20744, fax to 301-449-3084 or email to <u>abpsi@abpsi.org</u>.

Name:	Highest Degree Earned:					
Office Address:	City:					
State: Zip:	Email:					
Office Telephone #: () Ext	t. Fax #: ()					
I hereby grant permission for ABPsi to post my information below on the ABPsi public website:						
Signature	Date					
Please indicate below each area of your specialty.						
Area(s) of Specialty: Clinical Psychology	Family Therapy Marital Therapy HIV/AIDS	_				
Sexual Abuse Adolescent Therapy	Death & Dying Veterans Chemical	_				
Educational Assessment	Dependency Depression Crisis Intervention					
Testing Health	MentalHomosexuality/Intelligence/IQRetardationBisexualityMeasurement					
Gerontological Therapy	LGBTQIA					
Please list other areas: Please specify Insurance(s) accepted:						
Please indicate the age group (s) covered by your practice	Exactly Childhood Adolescents Young Adults Adults $(2-12)$ $(13-17)$ $(18-21)$ $(21-54)$	Seniors (55–Up)				
Please provide the following information for our records only. This information will not be provided to the consumer.						

LICENSURE		CERTIFICATION Are you certified? YESNO		
Are you licensed: YES	NO			
What profession(s) are yo	ofession(s) are you licensed in? What spe		hat specialty(ies) are you certified in?	
State(s) Licensed:	License No.:	State(s) Certified:	Certification No.:	
National Certification(s) by:		Certification No.:		