The Association of Black Psychologists

Therapist Resource Directory Registration Form

To Be Completed Only by Members who have an Active License to Practice

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 have an active license to practice. **This is a Free member benefit, valued at $500.00, open to <u>All Current Professional Members</u>.** This information will also be placed on our website with your permission. **Please note that it is the member's responsibility to inform the National Office of changes to information.*

Please Tell us About your Practice, as you Would like it to Appear on the ABPsi web site:

Your Name:		
Business Name:		
Office Address:	City:	
State:	Zip:	Email:
Office Telephone #: ( )	Ext.	Fax #: ( )

Please Indicate Below each Area of your Specialty:

( ) Adolescent Therapy
( ) African Centered
( ) Anxiety Disorders
( ) Anger Management
( ) Assessment
( ) Biofeedback
( ) Child Therapy
( ) Christian Counseling
( ) Clinical Psychology
( ) Community Psychology
( ) Crisis Intervention/Trauma
( ) Culture, Ethnicity & Race
( ) Death & Dying
( ) Depressive/Bipolar and Related Disorders
( ) Domestic Violence
( ) Eating Disorders
( ) Educational Assessment
( ) Executive Coaching
( ) Energy Psychology
( ) Family Therapy
( ) Forensic Qualutation
( ) Gerontological
( ) HIV/AIDS
( ) Health
( ) Human Resources
( ) Hypnosis
( ) Intelligence/IQ Measurement
( ) Intellectual Disabilities
( ) LGBTQIA
( ) Marital Therapy
( ) Mood Disorders
( ) Neurodevelopmental Disorders
( ) Obesity
( ) Psychological/Neurological Testing
( ) Psycho Pharmacology
( ) Sports Psychology
( ) Strategic Planning
( ) Relationship Issues
( ) Substance-Related and Addictive Disorders
( ) Schizophrenia Spectrum and Oher Psychotic Disorders
( ) Sexual Abuse
( ) Veterans/Military
( ) Workforce Diversity
( ) Other

Please list other areas:_____ **Please specify insurance(s) accepted:**_____

Please indicate the age group (s) covered by your practice: Early Childhood (2 – 12) Adolescents (13 – 17) Young Adults (18 – 21) Adults (21 – 54) Seniors (55+)

Please provide the following information for our records only. This information will not be provided to the consumer.

LICENSURE		**CERTIFICATION**	
Do you have an active license: YES _____NO _____		**Are you certified?** YES _____NO _____	
In what profession(s) are you licensed?		**In what areas of specialty are you certified?**	
State(s) Licensed:	**License No.:**	**State(s) Certified:**	**Certification No.:**
State(s) Licensed:	**License No.:**	**State(s) Certified:**	**Certification No.:**
National Certification(s) by:		**Certification No.:**	

Have you ever been convicted of a felony, sanctioned by any professional ethics body, licensed board or other regulatory body?

☐ YES ☐ NO

I hereby grant permission for ABPsi to post my information on the ABPsi public website:

Signature_____ Date_____