



## ASSOCIATION OF BLACK PSYCHOLOGISTS Psychologist Listing Registration Form

In an effort to support our members and serve our community, ABPsi provides a listing service to consumers 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 and return it to the national office at 7119 Allentown Rd, Suite 203 Fort Washington, MD 20744 or fax to 301-449-3084.

Name:	Highest Degree Earned:
Office Address:	City:
State:	Email:
Office Telephone #: (    )	Ext.                      Fax #: (    )

Please indicate below each area of your specialty.

Area(s) of Specialty:	Clinical Psychology <input type="checkbox"/>	Family Therapy <input type="checkbox"/>	Marital Therapy <input type="checkbox"/>
HIV/AIDS <input type="checkbox"/>	Sexual Abuse <input type="checkbox"/>	Adolescent Therapy <input type="checkbox"/>	Death & Dying <input type="checkbox"/>
Veterans <input type="checkbox"/>	Chemical Dependency <input type="checkbox"/>	Educational <input type="checkbox"/>	Assessment <input type="checkbox"/>
Depression <input type="checkbox"/>	Crisis Intervention <input type="checkbox"/>	Testing <input type="checkbox"/>	Health <input type="checkbox"/>
Mental Retardation <input type="checkbox"/>	Homosexuality/Bisexuality <input type="checkbox"/>	Intelligence/IQ Measurement <input type="checkbox"/>	Gerontological Therapy <input type="checkbox"/>
LGBTQIA <input type="checkbox"/>			

Please specify other areas that are not listed above: \_\_\_\_\_

Please indicate the age group covered by your practice:

Age Groups:	Early Childhood (2 – 12)	Adolescents (13 – 17)	Young Adults (18 – 21)	Adults (21 – 54)	Seniors (55 – Up)
	_____	_____	_____	_____	_____

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

<b>LICENSURE</b>		<b>CERTIFICATION</b>	
Are you licensed: YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	
What profession(s) are you licensed in? _____		What specialty(ies) are you certified in? _____	
State(s) Licensed:	License No.:	State(s) Certified:	Certification No.:
National Certification(s) by: Certification No.:			

NOTE: This information will be made available on our website. If for any reason, you would not like this information placed on our website please check the following box.