

NEW JERSEY NEUROPSYCHOLOGICAL SOCIETY
MEMBERSHIP APPLICATION - INFORMATION FORM

Where code number is indicated, see listing next page

NAME: _____

UNIVERSITY/DATE OF DEGREE: _____

DEGREE/MAJOR: _____

PROFESSION (List by area e.g. neuropsychologist, psychologist, speech, etc) _____

LICENSURE (state) _____

BOARD CERTIFICATION: Yes No (code by number) _____

ACADEMIC APPOINTMENT (what/where) _____

OFFICE ADDRESS(ES): _____

Medical Staff/Hospital Privileges (what/where) _____

PHONE NUMBER(S): _____

FAX/E-MAIL: _____

HOME ADDRESS: _____

PHONE NUMBERS: _____

(leave phone information blank if you do not want it included in directory)

SPECIALITY AREAS (Code by number): _____

SERVICES PROVIDED(Code by number): _____

DO YOU SEE NON-ENGLISH SPEAKING PATIENTS? Yes No (specify language)

CAN YOU TEAT/ASSESS IN SIGN LANGUAGE? Yes No

POPULATIONS SERVED (Code by number) _____

TYPE OF PAYMENT ACCEPTED:

| | | | | | |
|---------------|-----|----|----------|-----|----|
| Insurance | Yes | No | Medicare | Yes | No |
| Sliding Scale | Yes | No | Medicaid | Yes | No |

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

Application Fee Check made out to New Jersey Neuropsychological Society
(\$30.00 Full Member, \$10.00 Student Member).

PLEASE FORWARD APPLICATION/INFORMATION FORM:

Anne R. Farrar-Anton, Ph.D.
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LISTING OF CODES
BOARDS

| | |
|-----------|---|
| 01 AABM | American Academy of Behavioral Medicine |
| 02 AAPM | American Academy of Pain Medicine |
| 03 ABBP | American Board of Behavioral Psychology |
| 04 ABCN | American Board of Clinical Neuropsychology |
| 05 ABEP | American Board of Examiners in Psychology |
| 06 ABFP | American Board of Family Practice |
| 07 ABFamP | American Board of Family Psychology |
| 08 ABMP | American Board of Medical Psychotherapy |
| 09 ABPN | American Board of Professional Neuropsychology |
| 10 ABPP | American Board of Professional Psychology |
| 11 NBCCH | National Board of Certified Clinical Hypnotherapy |
| 12 ABFE | American Board of Forensic Examiners |
| 13 ABCT | Association for Behavioral and Cognitive Therapy |
| 14 IAEMCP | International Academy of Behavioral Medicine Counseling & Psychotherapy |
| 15 IACP | International Academy of Counseling & Psychotherapy |
| 16 NRP | National Register of Psychologists |
| 17 | Other (specify on Information sheet) |

SPECIALITY AREAS

| | |
|--|--|
| 01 Traumatic Brain Injury | 14 Forensics |
| 02 Other Acquired Brain Injuries | 15 Addictive Disorders |
| 03 Stroke | 16 Behavioral Medicine |
| 04 Coma | 17 Biofeedback |
| 05 Speech and Language related Disorders | 18 Adjustment to Physical Dis/Chronic Illness |
| 06 Epilepsy | 19 Attentional Deficit Disorder |
| 07 Learning Disabilities | 20 Traumas in Children |
| 08 Disorders of Aging | 21 Effects of Chemo/Radiation Therapies |
| 09 MS | 22 Pediatric Neuropsychology |
| 10 Chronic Fatigue Syndrome | 23 Psychotherapy with Brain Injured Individual |
| 11 AIDS/HIV | 24 PTSD |
| 12 School Psychology | 25 General Clinical Neuropsychology |
| 13 Developmental Disabilities | 26 Other |

SERVICES PROVIDED

| | |
|-------------------------------------|-----------------------------------|
| 01 Cognitive Remediation | 09 Staff Training |
| 02 Rehabilitation | 10 Psychopharmacology |
| 03 Coma Assessment | 11 MTBI Support Group |
| 04 Neuropsychological Assessment | 12 Clinical Supervision |
| 05 Psychological Assessment | 13 Biofeedback |
| 06 Psychotherapy | 14 Hypnosis |
| 07 Psychological Evaluation | 15 Other (specify on Application) |
| 08 Behavior Modification Management | |

POPULATIONS SERVED

| | |
|----------------------------|---|
| 01 All ages | 07 Individual |
| 02 Children under 12 | 08 Couples |
| 03 Adolescents 13-17 | 09 Families |
| 04 Adults 18-64 | 10 Groups |
| 05 Aged 65 and up | 11 Other (specify on Information sheet) |
| 06 Gay/Lesbian Individuals | |