

## 2020 AAMFT PRE-ALLIED MENTAL HEALTH PROFESSIONAL MEMBERSHIP APPLICATION

Pre-Allied Mental Health Professional members are individuals who have completed a master's or doctoral degree in marriage and family therapy or a related health field and are in the process of completing the post-degree supervised clinical hours toward licensure in a mental health field *other than* marriage and family therapy such as social work, psychology, professional counseling, or mental health counseling.

**International applicants** must provide recognized credentials from your jurisdiction. If your province and/or country does not license mental health professionals you should apply under the Affiliate membership category at [www.aamft.org](http://www.aamft.org). You may also contact AAMFT at [central@aamft.org](mailto:central@aamft.org) or 703-838-9308 to request an Affiliate membership application.

### 1. Member Information:

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_

M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Former/Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Primary Address:**  Home  Office

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt/Suite #: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional address can be updated in your online profile**

### 2. Member Credentials

Please indicate the degree you would like to have listed in your AAMFT membership record. This should be the degree that qualifies you to practice marriage and family therapy. The degree you choose will appear in all correspondences and in AAMFT's online Membership Directory. Please be reminded of sections 9.4 and 9.5 of the AAMFT Code of Ethics when listing your preferred degree.

**Degree:** \_\_\_\_\_ (Required)

**University or College** from which your degree was obtained: \_\_\_\_\_ (Required)

### Licensure Information

License Type sought: \_\_\_\_\_

State in Which Licensure Sought: \_\_\_\_\_

Estimated Date of full MFT licensure:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

### 3. Would you like to be listed in our online Membership Directory? Yes No

### 4. Membership Dues:

(Please Note: All Dues and Fees are **Non-Refundable**)

Please select the appropriate application processing fee:

\$25.00 - New Applicant Processing Fee

\$25.00 - Transfer Applicant Processing Fee.

(Please NOTE: Your payment must include the application-processing fee, national, and any opt-in engagement program fees, if applicable. If you had previously paid your national dues, that amount paid will be prorated against your national dues bill. Any overage resulting from the pro-ration will be refunded back in the form of payment received.)

\$25.00 – Reinstatement Applicant Processing Fee.

National Dues: **\$146**

Engagement Program Fees: \_\_\_\_\_

(Please refer to engagement programs chart if opting-in)

Application Fee: \_\_\_\_\_

**Total Dues Paid (US Funds Only):** \$ \_\_\_\_\_

### Payment Options:

I have enclosed a check or money order (**must send via mail**)

Please submit payable to AAMFT in U.S. currency ONLY. A service charge of \$35.00 plus applicable charges from your bank institution is assessed for returned checks.

I would like to pay by credit card:

VISA  Master Card  American Express  Discover

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**\*By signing this document, you affirm that all statements within are true, accurate and complete.**

# 2020 AAMFT PRE-ALLIED MENTAL HEALTH PROFESSIONAL MEMBERSHIP APPLICATION

**Statement of Professional Ethics and Conduct** (All Questions Must Be Answered By signing this document, you affirm all statements are true, accurate and complete. If you answer “yes” to any of these statements, please provide detailed information on a separate piece of paper.

- a. Are you currently under investigation for alleged violations of the AAMFT Code of Ethics?  Yes  No
- b. Have you ever been found in violation of the AAMFT Code of Ethics, or ever entered into any settlement by mutual agreement with the AAMFT Ethics Committee, or agreed to discontinue an act (agreed to cease and desist) at the request of the AAMFT Ethics Committee, or AAMFT legal counsel?  Yes  No
- c. Have you ever been found by any other professional association to which you have belonged to have violated its ethical code, have you ever been expelled from or disciplined by any other professional organization, or are you currently under investigation for an ethical violation by any other professional organization to which you belong?  Yes  No
- d. Have you ever had your registration, certification or license to practice in the health care industry suspended, revoked, restricted or denied, or has any other disciplinary action been taken against you by any federal, state, or provincial regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body to the best of your knowledge?  Yes  No
- e. Have you ever had your privileges to practice health care in a hospital, HMO, etc. suspended or restricted, or has any other disciplinary action been taken against you, on the grounds of unprofessional conduct, incompetence, negligence or unsafe practice?  Yes  No
- f. Have you ever been convicted of a felony or of any misdemeanor which might relate to your qualifications or functions as a therapist or other professional?  Yes  No
- g. Has any claim been made against you in a civil suit or any other forum in the past ten years which clearly alleges unethical behavior on your part including, but not limited to, the following examples: sexual intimacy with a client, a dual relationship with a client, violation of confidentiality, and so forth? If yes, please provide an explanation.  Yes  No
- h. To avoid punitive action, or in lieu of punitive action, have you ever voluntarily given up privileges, registration, certification or licensure to practice therapy, or agreed to restrict your practice?  Yes  No

\*Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2019 PRE-ALLIED MENTAL HEALTH PROFESSIONAL MEMBERSHIP OPTIONAL ENGAGEMENT PROGRAMS

AAMFT offers a number of optional engagement programs that members can join to enhance their member benefits. Geographic programs focus on advocacy, networking, and education with a local flair. Topical Interest Networks focus on the growth of dedicated areas of the profession. Fees to join these groups provide access to networking, specialized education and training, and support advocacy and practice advancement. Rates are subject to change. Visit [www.aamft.org/engage](http://www.aamft.org/engage) for more information.

Opt In?	Engagement Program	Annual Fee	Opt In ?	Engagement Program	Annual Fee
	Alabama Interest Network	\$30		Ohio Interest Network	\$25
	Alberta Affiliate	\$44		Oklahoma Interest Network	\$29
	Arizona Interest Network	\$20		Ontario Affiliate	\$30
	Connecticut Interest Network	\$50		Oregon Interest Network	\$50
	Florida Interest Network	\$25		Pennsylvania Interest Network	\$50
	Georgia Affiliate	\$15		Rocky Mountain Family Therapy Network (CO, WY)	\$25
	Idaho Interest Network	\$10		South Carolina Interest Network	\$30
	Indiana Affiliate	\$35		Tennessee Affiliate	\$37
	Kentucky Interest Network	\$50		Washington Interest Network	\$30
	Louisiana Interest Network	\$32		Wisconsin Interest Network	\$37
	Manitoba Affiliate	\$50		Couples and Intimate Relationships	\$15
	MO/KAN Interest Network	\$15		Queer and Trans Advocacy Network	\$15
	Montana Interest Network	\$20		MFT's Working in Trauma	\$25
	New Hampshire Interest Network	\$25		Family Therapists in Schools	\$15
	New Jersey Affiliate	\$26		Systemic Therapy Across the Lifespan	\$12
	New York Interest Network	\$25		Working with Military Personnel and their families	\$25
	North Carolina Affiliate	\$25		Family Therapists in Healthcare	\$35
	Margins to Center: C/MFTs of Color	\$15		Telehealth and Technology	\$15