

Membership Profile Form

The following information will be used for publication in the IGPS Membership Directory and on the website. If you would like any of the information not published, **please indicate DNP next to the privileged information.**

Last Name _____ First Name _____ M.I. _____

Degree(s) _____ Date of Birth _____

Please list your home and office addresses and please **designate primary contact preference with an X**. Unless otherwise designated, all information will be published. If nothing is selected, primary contact will be your home address and cell phone number.

Home: Primary contact? _____

Address _____ Apt # _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ Email address _____

Office: Primary contact? _____

Organization _____

Address _____ Suite # _____

City _____ State _____ Zip _____ Phone _____ Ext. _____

Email address _____

Clinical Discipline: Indicate your primary discipline

- | | | | |
|---|---|---|--------------------------------|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Marriage & Family Therapist | <input type="checkbox"/> Clinical Mental Health Counselor | <input type="checkbox"/> Pastoral Counselor | |
| <input type="checkbox"/> Other (please specify) _____ | | | |

State Licensure: Primary discipline licensure at the highest level available in your state

Type of License _____ State _____ Year first received _____

Membership in IGPS: Clinical Associate Affiliate Student Retired Life Member since _____

Are you a member of the American Group Psychotherapy Association? Yes No Member since _____

Membership Level: Full Associate Affiliate Student FAGPA

Are you a Certified Group Psychotherapist? Yes No ABPP: Yes No

IGPS Committees:

Are you interested in joining a committee? Yes No Considering Marketing Web Site

Indicate which committee(s) interest you: Membership Newsletter Program & Training

Other interest(s)? _____

PRACTICE PROFILE

This Practice Profile will be used to describe your current Group Psychotherapy Practice in the IGPS Membership Directory. Due to space availability, we suggest you limit your selections to a maximum of four (4) items in each category which best describe your group psychotherapy practice. Please mark 1-4 in the order of preference that you'd like your selections listed.

NAME: _____

DATE: _____

THEORETICAL ORIENTATION		TYPE OF GROUPS		DIMENSIONS OF PRACTICE	
	Psychodynamic Intervention Groups		Children's Groups		Emergency/Crisis
	Psychoanalytic Groups		Adolescent Groups		Short-Term Focused
	Interpersonal Groups		Parenting Groups		Time-Limited Groups
	Cognitive-Behavioral		Couple's Groups		Longer-Term Intensive
	Group as a Whole/System		Divorce/Separation Groups		Longer-Term Supportive
	Family Systems		Multi-Family Groups		Stress Debriefing Groups
	Eriksonian		Older Adult Groups		In-Patient Groups
	Gestalt		Ethnicity/Diversity Groups		Corrections/Forensic Groups
	Transactional Analysis		Group Supervision/Consultation		Psychodrama
	Gay & Lesbian Groups		Mixed Adult Groups		Vocational Career Groups
	Redecision/Solution-Oriented		Women's Groups		Medication Groups
	Mindfulness-Based		Men's Groups		

GROUP PATIENT DIAGNOSTIC PROFILE

	Disorders of Childhood & Adolescence (Mental Retardation) (Specific Developmental Disorders) (Conduct Disorders)		Anxiety Disorders (Panic/Agoraphobic Disorder) (Simple Phobias) Obsessive Compulsive Disorders (Post-Traumatic Stress Disorder)		Sexual Disorders (Paraphilias) Sexual Dysfunctions
	Adjustment Disorders		Eating Disorders		Impulse Control Disorders
	Personality Disorders		Psychoactive Substance Use Disorder		Schizophrenia
	Mood Disorders (Depressive Disorders) (Bipolar Disorders)		Somatoform Disorders		Major Medical Illness
	Dual Diagnosis		Dissociative Disorders		