

# Police Psychological Services Section

## APPLICATION FOR STUDENT MEMBERSHIP

NAME: \_\_\_\_\_ IACP MEMBERSHIP NO: \_\_\_\_\_  
 Active/Life  Associate

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: Work: (\_\_\_\_) \_\_\_\_\_ / Home: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PH.D./PSY.D. PROGRAM: \_\_\_\_\_ STATE: \_\_\_\_\_

PROGRAM DIRECTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HIGHEST ACADEMIC DEGREE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

*\*(Attach a copy of degree, if received)*

TITLE OF DISSERTATION (if applicable): \_\_\_\_\_

PROFESSIONAL MEMBERSHIPS: \_\_\_\_\_

MAJOR PUBLICATIONS: \_\_\_\_\_

EXPERIENCE WITH LAW ENFORCEMENT AGENCIES: \_\_\_\_\_ DATES \_\_\_\_\_

ARE YOU COMMISSIONED?  Yes  No

PROFESSIONAL AREAS OF EXPERTISE: \_\_\_\_\_ NUMBER OF YEARS \_\_\_\_\_

Please list any commercial, for-profit ventures, associated with your professional expertise, in which you are involved:

\_\_\_\_\_  
\_\_\_\_\_

Please list three references *{per the instructions attached}* who have current knowledge of your professional skills and who would be willing to be contacted. In addition, you must request a letter of reference to be sent to the Section Membership Chair by each of these three individuals *{please print}*:

NAME/RANK	MAILING ADDRESS & E-MAIL ADDRESS	TELEPHONE NO.
_____ <i>{Program Director}</i>		
_____ <i>{Command Level Law Enforcement Officer}</i>	<i>{Include membership #: _____}</i>	
_____ <i>{Active IACP-PPSS Member - Sponsor}</i>	<i>{Include membership #: _____}</i>	

I hereby certify that the information contained in this form is accurate and representative of my background and experience. I hereby authorize representatives of the *Police Psychological Services Section* of the IACP to make inquiries of the individuals named as references in this application. I further agree to hold harmless any person or organization responding to inquiries about my qualifications, experience, and character and from any claims for verbal or written statements made by references.

I hereby acknowledge that use of student membership in the *Police Psychological Services Section* of the IACP to denote professional competency, or for self-advancement or self-aggrandizement, is prohibited and may result in expulsion.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

You will not be a student member of the Section until your application is voted on and approved by the Executive Committee. To be considered for student membership the following application materials must be received by the Section Membership Chair:

- This completed application
- Curriculum vitae
- Copy of degree (if applicable)
- Three letters of recommendation

If you have not already done so, you must also apply for Section and Association membership through IACP headquarters.

Return this application to the Section Membership Chair at the email address below.

Michael E. Bricker, Ph.D.  
drbricker@psychologicaldimensions.com