

Police Psychological Services Section

Application for Membership

NAME: _____ IACP MEMBERSHIP NO: _____
_____ Active/Life _____ Associate

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: Work: (_____) _____ Mobile: (_____) _____

Fax: (_____) _____ E-MAIL: _____

Only psychologists with an unrestricted license as defined by licensing requirements in the applicant's state or country, or persons with the highest terminal degree in psychology required in the applicant's country and who conduct police psychological services in a setting, or of a type, exempt from licensing requirements in the applicant's state or country, will be considered for membership.

IS LICENSURE OR CERTIFICATION REQUIRED FOR THE UNRESTRICTED PRACTICE OF PSYCHOLOGY IN THE STATE/COUNTRY WHERE YOU WORK? NO _____ YES _____ STATE/COUNTRY OF PRACTICE: _____

DO YOU CONDUCT POLICE PSYCHOLOGICAL SERVICES IN A SETTING, OR OF A TYPE, EXEMPT FROM LICENSING REQUIREMENTS IN YOUR STATE OR COUNTRY? NO _____ YES _____

LICENSE/CERTIFICATION NUMBER (if applicable): _____ (Attach a copy of your current license/certificate)

HIGHEST ACADEMIC DEGREE: _____ MAJOR: _____

TITLE OF DISSERTATION: _____

PROFESSIONAL MEMBERSHIPS: _____

MAJOR PUBLICATIONS: _____

EXPERIENCE WITH LAW ENFORCEMENT AGENCIES: _____ DATES

| EXPERIENCE WITH LAW ENFORCEMENT AGENCIES: | DATES |
|---|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ARE YOU COMMISSIONED? _____ NAME OF AGENCY: _____

AREAS OF PROFESSIONAL PRACTICE: _____ NUMBER OF YEARS

| AREAS OF PROFESSIONAL PRACTICE: | NUMBER OF YEARS |
|---------------------------------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PLEASE LIST ANY FOR-PROFIT VENTURES ASSOCIATED WITH YOUR PROFESSIONAL PRACTICE.

Application for Membership:

Please list three sworn law enforcement officers who have current knowledge of your professional skills and who would be willing to act as references. At least one reference must be an active member of the IACP and at least one reference must be a police chief, sheriff, or top-level administrator. A “top-level police administrator” is defined here as an individual who qualifies for active membership in IACP whether or not the individual is currently an active member. Please see IACP membership requirements for details: <http://www.theiacp.org>. References must be from separate departments unless you are employed full-time by a single agency. In this case, all three references may be personnel within your employing agency, although the agency’s chief executive must be among them. In order for your application to be complete, all three references must provide the Section Membership Chair with a letter of reference written on agency letterhead and dated within one year of the date of this application. The letter of reference should list the professional activities with which the administrator has personal knowledge and his or her assessment of your competence.

| NAME/RANK | MAILING ADDRESS | TELEPHONE NO. |
|-------------------------|-------------------------------|---------------|
| 1. | | |
| 2. | | |
| 3. {Active IACP Member} | {Include membership #: _____} | |

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 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.

APPLICANT SIGNATURE: _____ **DATE:** _____

Each applicant must be sponsored by a current member of the IACP Police Psychological Services Section.

SPONSOR: _____ **SPONSOR’S MEMBERSHIP NUMBER:** _____
(Psychological Services Section Member)

You will not be a member of the section until your application is approved by the Psychological Services Section Board.

To be considered for membership the following application materials must be received by the Section Membership Chair:

- This completed application
- Curriculum vitae
- Copy of current psychologist license/certificate (if required for independent practice in your state/country and if you conduct police psychological services in a setting, or of a type that is not exempt from licensing requirements)
- You must request three letters of recommendation dated within one year of this application and have them sent to the Section Membership Chair

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.

Stephanie Barone
McKenny, Ph.D.
smckenny@gmail.com