



CCHPTP
Council of Clinical Health
Psychology Training Programs

Application for Individual Membership

Individual Psychologist's Name: _____

Gender M F

Preferred Address: _____

Email Address _____

Phone _____

Highest Degree PhD PsyD EdD Other (specify) _____

Specialty: Clinical Counseling School

Educational Institution where degree acquired (university, department, city/town)

Early Career Psychologist (degree within past 10 years) Yes _____ No _____

Current Professional Title/Position _____

Current Institutional Affiliation _____

Please Describe Your Current Interest and or involvement in Training in Clinical/Counseling Health Psychology _____

Please answer the questions below if applicable:

Current Training Program Where Affiliated _____

(Clinical Counseling Other) (Doctoral Internship Postdoctoral)

Role in Training Program _____

Best characterization of extent of *health psychology training* in the program:

Major Area of Study _____ (highest level of education and training opportunity in clinical health, includes expectations for acquisition of knowledge through didactics, practical training, direct service, and research and scholarship).

Emphasis _____ (structured, in-depth opportunity for knowledge acquisition, practical experience, and scientific study in clinical health)

Experience _____ (beyond acquainting a student with a specialty but allows more acquisition of clinical health psychology knowledge in clinical health)

Exposure _____ (acquainting student with clinical health psychology in clinical health),

Signature

Date

Annual Individual Fees: \$ 50.00

Please note: CCHPTP TAX ID# is 26-1080411

Please save this completed application and return to the Secretary-Treasurer of CCHPTP

- For payment by check: make check payable to CCHPTP
- For electronic payment: [Click this link](#) [Click to Pay](#)

John Sellinger, Ph.D., Treasurer
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