

Utah Association of School Psychologists



Membership Application 2010-2011



Utah Association of School Psychologists
Department of Educational Psychology
University of Utah
1705 Campus Center Drive, Room 327
Salt Lake City, UT 84112-9255
www.utahschoolpsychology.org

The Utah Association of School Psychologists (UASP) is the state affiliate of the National Association of School Psychologists (NASP).

Benefits of Membership

The mission of UASP is to serve both the schools and the community by promoting the education, rights, welfare, and mental health of children, youth and their families. This is accomplished through prevention, collaborative consultation, assessment, intervention, advocacy, and policy development.

- Join fellow school psychologists across Utah in a statewide network to exchange ideas and share your concerns and challenges.
- Qualify for reduced rates at UASP-sponsored workshops and UASP's annual professional development conference featuring nationally recognized speakers
- Receive UASP's published newsletter tri-annually and stay current about research outcomes, state and national events, and helpful resource materials for practitioners.
- Benefit from public relations efforts to promote and support the profession of school psychology and stay informed about national and local legislative issues.

Membership Categories

Regular – One who is currently licensed by the Utah State Board of Education as a school psychologist or by the State of Utah as a psychologist; currently functions as a Utah school psychologist, psychologist, supervisor in school psychological or closely related services; or engages in training of school psychologists at a Utah university.

Affiliate – One who provides mental health services to children and currently functions in a role similar to that of a school psychologist, but is not a Utah licensed school psychologist.

Student – One who is currently enrolled in a school psychology training program and is not currently licensed as a school psychologist or psychologist in the state of Utah.

Retired – One who has been a Regular member of UASP and is now retired.

Lora Tuesday Heathfield, UASP Membership Co-Chair
Utah Association of School Psychologists
Department of Educational Psychology, University of Utah
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Membership Application October 1, 2010 to September 30, 2011

Type of Application: Renewal New Member

Membership Category / Dues (please check one): Regular (\$50.00) Affiliate (\$50.00) Retired (\$25.00) Student* (\$15.00) *(verification required)

Title: Dr. Mr. Mrs. Ms. First Name: _____ MI: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

E-mail Address (for UASP listserv): _____ Home Telephone: _____

Employer: _____ Position: _____ Work Telephone: _____

Areas of Specialty: _____

Certified/licensed school psychologist in Utah (by USOE)? Yes No NCSP Credentialed? Yes No Pending

Licensed psychologist in Utah (by DOPL)? Yes No Current member of: NASP APA Division 16 (APA) UPA None of the above

Highest Degree: _____ Year Received: _____ Degree Program: _____ University: _____

Which address do you prefer to receive the UASP newsletter and other mailings? Home Work NOTE: If prefer work mailings, provide work address below:

Work Address: _____ City: _____ State: _____ ZIP: _____

Check here if you do NOT want your work contact information and areas of specialty (noted above) included in the members-only section of the UASP website.

UASP is a volunteer organization. If you would be willing to help on a UASP committee, please check all below that may be of interest to you:

- Publications Legislative Membership Conference Public Relations Multicultural Issues Technology Nominations and Awards
 Fundraising and Charitable Gifts Ethics and Professional Standards Any/all of the above – contact me Other: _____

"I affirm that all of the information provided on this form is accurate and I hereby agree to abide by the professional standards and ethical code of my profession."

Applicant Signature: _____ Date: _____

*Student Status Verification: Date _____ Student Advisor Signature _____ University _____

Mail completed Membership Application with appropriate payment (make checks payable to Utah Association of School Psychologists) to:

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