

***ASTERISKS INDICATE REQUIRED FIELDS** | *Renewing members: please update your profile below.*

Member's Information

Please type or print legibly

*Name _____
FIRST MIDDLE LAST

Professional title: _____

*Primary Institution/Professional affiliation: _____

Address type: primary affiliation/institution home business 1 business 2 business 3 other

* **Check this box to receive all ABCT mail at this address**

*Address line 1: _____

Address line 2: _____

*City: _____ *State/Province: _____ *ZIP/Postal Code: _____

*Phone 1 (work): _____ primary *Email 1 (work): _____ primary

*Date of Birth: _____ Mobile phone: _____

*Gender: female male transgender male transgender female gender nonconforming or nonbinary
 not listed prefer not to disclose

*Racial Identity (select all that apply): White/Caucasian/European American Black/African American Asian/Asian American
 Native American/Pacific Islander/Alaskan Native Other Prefer not to disclose

*Ethnic Identity: Hispanic non-Hispanic Prefer not to disclose

*Highest degree earned to date _____ *Actual or expected date of terminal degree? _____

* **I have examined and corrected, as needed, my terminal degree year for the 2021 membership year.**
To the best of my knowledge, this information is current and accurate.

*Field in which terminal degree earned _____

*Currently licensed? yes no *Do you take referrals? yes no

Licenses/certifications: _____

(if yes)

*Licensed in (state, province, country): _____ Licensed since (dd/mm/yyyy): _____

(if yes)

*License number: _____ License expiration date (dd/mm/yyyy): _____

* **I have examined and updated, as needed, my licensure and referral information for the 2021 membership year.**
To the best of my knowledge, this information is current and accurate.

*Have you ever applied for a professional license and been denied licensure or had your license revoked? yes no

*Has your membership in any professional organization ever been terminated for cause other than nonpayment of dues yes no

If yes, please give details: _____

* **I have examined and corrected, as needed, all three of the above items for the 2021 membership year.**
To the best of my knowledge, this information is current and accurate.

*Have you finished your bachelor's degree but have not started graduate school (and do not plan to start graduate school within the next year?) yes no

Addresses

Address 2

Address type: primary affiliation/institution home business 1 business 2 business 3 other

* **this is my preferred mailing address**

Address line 1: _____

Address line 2: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone 2 (work): _____ primary *Email 2 (work) : _____ primary

Address 3

Address type: primary affiliation/institution home business 1 business 2 business 3 other

* **this is my preferred mailing address**

Address line 1: _____

Address line 2: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone 3(work): _____ primary *Email 3 (work) : _____ primary

Address 4

Address type: primary affiliation/institution home business 1 business 2 business 3 other

* **this is my preferred mailing address**

Address line 1: _____

Address line 2: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone 3 (work): _____ primary *Email 3 (work) : _____ primary

*If you are licensed and you take referrals, specify preferred email for Find-a-CBT-Therapist: _____

*If you are licensed and you take referrals, specify preferred business address for Find-a-CBT-Therapist:

Fax (work) _____ primary | Fax (home) _____ primary

Website 1: _____

Website 2: _____

Other Professional Data

*Professional Setting (multiple boxes can be checked)

Academic/teaching Admin Clinical Research Supervision Other _____

Describe your training in behavior therapy and/or cognitive behavior therapy related research and/or practice:

List current activities in behavior therapy and/or cognitive therapy research and/or practice:

Special Interest Groups: _____

Other associations to which you belong: _____

Media links: Facebook: _____ Twitter: _____

YouTube: _____ GooglePlus: _____

Are you interested in belonging to the newly formed ABCT Speaker's Bureau? yes no

* **Select a Membership Type**

Full: Open to those who obtained a terminal graduate degree on or before October 31, 2017. Those eligible must agree with the purposes and objectives of ABCT and meet the following requirements: (1) are responsible professionals in good standing of their discipline's primary organization (e.g., American Psychological Association, the American Psychiatric Association, the National Association of Social Workers) or possess other acceptable qualifications and experience; and (2) are practicing behavioral and/or cognitive clinicians, engaged in research or other activities pertinent to the development and advancement of behavior and/or cognitive therapy, or are interested in acquiring professional knowledge and competence in some aspect of the behavioral and/or cognitive therapies with a view toward eventual participation. **\$290**

New Professional 1: Open to those who obtained, or will obtain, a terminal graduate degree between November 1, 2019 and October 31, 2020. This includes postdoctoral trainees who earned their degree during this time. A copy of your diploma or a letter from your advisor confirming your recent graduation must be included. You may mail a photocopy or scan a copy of your diploma and email it as an attachment to membership@abct.org. **\$95**

New Professional 2: Open to those who obtained a terminal graduate degree between November 1, 2018 and October 31, 2019. This includes postdoctoral trainees who earned their degree during this time. A copy of your diploma or a letter from your advisor confirming your recent graduation must be included. You may mail a photocopy or scan a copy of your diploma and email it as an attachment to membership@abct.org. **\$155**

New Professional 3: Open to those who obtained a terminal graduate degree between November 1, 2017 and October 31, 2018. This includes postdoctoral trainees who earned their degree during this time. A copy of your diploma or a letter from your advisor confirming your recent graduation must be included. You may mail a photocopy or scan a copy of your diploma and email it as an attachment to membership@abct.org. **\$210**

Student: Open who those who are actively enrolled in a program of study leading to a bachelor's, master's, or doctoral degree, or are interns, and/or who graduate with their degree during the period of time between November 1, 2020 to October 31, 2021. Postdoctoral trainees do not qualify for student membership and should refer to the New Professional and Full categories to determine which category best matches their terminal degree date. Please have your department head or advisor indicate below: (1) the degree being earned; (2) the month and year of anticipated graduation; and (3) field of study. Please send a copy of your current validated student ID. ABCT cannot process your application unless you provide all the requested information. **\$84**

Post-Baccalaureate: Open to all individuals in transition who have graduated with a minimum of a bachelor's-level degree and are working or volunteering in a mental health facility (community clinic, private practice, school) or academic institution (e.g., psychology department, medical school). Eligible individuals have not completed any graduate-level training and do not plan to begin graduate-level training within the next year. Membership in this category is not intended for master's-level professionals and may not exceed 3 years. A letter from your supervisor stating that you meet these criteria is required. You may email the letter as an attachment to membership@abct.org. **\$95**

Associate: Open to those who do not meet criteria for Full membership but whose credentials otherwise are acceptable to the Membership Committee. **\$290**

If my membership is accepted, I hereby agree that I will not represent membership in ABCT as a certification of my qualifications as a behavior therapist, cognitive behavior therapist, or researcher.

Signature: _____ Date: _____

DUES RENEWAL

Renew online at www.abct.org | ABCT membership year: Nov. 1, 2020–Oct. 31, 2021

Name & Address

Membership Fees (membership benefits can be found at abct.org)

<input type="checkbox"/> Full	\$290
<input type="checkbox"/> New Professional 1	\$95
<input type="checkbox"/> New Professional 2	\$155
<input type="checkbox"/> New Professional 3	\$210
<input type="checkbox"/> Student	\$84
<input type="checkbox"/> Postbaccalaureate	\$95
<input type="checkbox"/> Associate	\$290

Subscriptions (All members receive online subscriptions to both journals and complimentary print copy of tBT)

In addition to the above membership level, please add:

<input type="checkbox"/> Print subscription to <i>Behavior Therapy</i> (6 issues/year)	\$85
<input type="checkbox"/> Print subscription to <i>Cognitive and Behavioral Practice</i> (quarterly)	\$85
<input type="checkbox"/> Print subscription to both journals	\$170
<input type="checkbox"/> Duplicate tBT subscription credit (full and associate members) <small>(If ABCT members share same mailing address, one of you may claim \$10 in lieu of receiving duplicate subscriptions to tBT.)</small>	-\$10

Referral Service (licensure information must be updated in your online record for you to be eligible)

<input type="checkbox"/> List my practice in ABCT's online referral service	free
<input type="checkbox"/> List my practice in the Expanded online referral service	\$50
<input type="checkbox"/> Reinstatement fee (if your membership has lapsed 1 year or more)	\$25
<input type="checkbox"/> Airmail postage: Canada or Mexico	\$10
<input type="checkbox"/> Airmail postage all other countries outside of North America	\$22
<input type="checkbox"/> Donate (you can also visit abctcentral.org/eStore for opportunities to support ABCT)	\$

Subtotal (this page) _____
Subtotal (page 2) _____
Subtotal (page 3) _____
Total amount due _____

Payment

All checks must be in U.S. currency drawn from a U.S. bank. ABCT will return checks in other currencies.

Check Visa MasterCard American Express

Card number _____

CVV # _____ Exp. date _____

Name _____

Signature _____

MEMBER CATEGORIES

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Publications

■ **Webcasts** Located at www.abct.org under Resources for Professionals and Students

■ **Webinars** ABCT's webinars can be attended live or viewed online at your convenience. The webinar series offers opportunities to learn about evidence-based treatments and latest research while earning CE credits from the comfort and convenience of your own home/office. <http://www.abct.org/Conventions/?m=mConvention&fa=Webinars>

Recorded Webinars

CHARITY WILKINSON-TRUONG

Exposure Therapy Basics – Getting Started

RIANA ELYSE ANDERSON

Healing Racial Trauma: Focusing on Racial Socialization as a CBT Strategy for Black Youth

AMELIA ALDAO

Helping Clients Transition to the New Normal

RICARDO F. MUÑOZ

Disseminating Evidence-Based Interventions Globally: On Digital Apothecaries and Massive Open Online Interventions

DENISE SLOAN

Written Exposure Therapy for PTSD: A Brief Treatment Approach

JILL EHRENREICH-MAY

An Introduction to the Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents

MELBA VASQUEZ

Dilemmas in Ethical Practice and Strategies for Decision Making

NANCY J. KEUTHEN

CBT for Trichotillomania and Excoriation Disorder

R. KATHRYN McHUGH

Effective Treatment of Opioid Use Disorder: Recognition, Referral and Treatment

ED WATKINS

Rumination-Focused CBT for Depression and Anxiety

ANDREW CHRISTENSEN

Acceptance and Change in Couple Therapy: Integrative Behavioral Couple Therapy

SABINE WILHELM

Cognitive Behavioral Treatment of Body Dysmorphic Disorder

LYNN McFARR

Stuck Points in CBT Training in Community Mental Health

Find a CBT Therapist

ABCT's 2021 Referral Service and Clinical Directory

(this service is available only to licensed members who accept referrals as reflected in their online records)

EXPANDED Find a CBT Therapist listing practice particulars

Please type or legibly print your information. Please note that an additional \$50.00 is required to participate in this service. ABCT's Clinical Directory will include information from the ABCT Membership Directory plus the information given below.

Name: _____

Special services (please answer Yes or No):

Medication Consultation: _____ 24-Hour Availability: _____ Home Visits: _____
Partial Hospitalization: _____ Hospital Privileges: _____ Emergency Appointments: _____

Languages spoken: _____

Populations served: _____

Areas of specialty: _____

Boards: _____

Insurance/managed care plans accepted: _____

Certificates: _____

Website URL: _____

Practice addresses to be listed on Find a CBT Therapist. Please submit additional locations on a separate sheet of paper.

Address 1 _____

County _____ City, State, Postal Code, Country _____

Office Phone #: () _____ Fax #: () _____ Email: _____

Address 2 _____

County _____ City, State, Postal Code, Country _____

Office Phone #: () _____ Fax #: () _____ Email: _____

Practice Philosophy

50-100 words describing your practice and what you believe consumers should know about you and your practice.

Please edit your ABCT listing on-line to include it, or email to clinical.dir@abct.org. Thank you.

I understand that my participation in the ABCT Clinical Directory is voluntary. I agree to respond to any referral generated from the ABCT Referral Service in a timely and ethical fashion. I understand that inclusion in this directory in no way implies that ABCT is an accrediting agency. Furthermore, I can attest that there is no disciplinary action pending against me as a practicing professional.

Signature _____ Date _____

Please see p. 1 for rates