ABCT ASSOCIATION for BEHAVIORAL and COGNITIVE THERAPIES

305 Seventh Ave., New York, NY 10001
212-647-1890 | fax: 212-647-1865
membership@abct.org | www.abct.org

New Membership

Renew online at www.abct.org | **Membership year: July 1, 2026–July 31, 2027**

***ASTERISKS INDICATE REQUIRED FIELDS**

Member's Information

Please type or print legibly

*Name_____
FIRST MIDDLE LAST

Professional title: _____

*Primary Institution/Professional affiliation: _____

Mailing Address:

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

*Date of Birth: _____

*Gender: ■ Woman–cisgender ☐ Woman–transgender/trans woman ☐ Man–cisgender ☐ Man–transgender/trans man ☐ Nonbinary ☐ Genderqueer ☐ Agender ☐ Not listed ☐ Wish not to disclose

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

*Ethnic Identity: ☐ Hispanic, Latinx, or Spanish origin ☐ Middle Eastern or North African (MENA) ☐ Non-Hispanic/Non-MENA ☐ Prefer not to disclose

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

*Field in which terminal degree earned _____

*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: _____

*Have you ever been disciplined/sanctioned by a professional licensing Board? _____

*Are there any pending disciplinary investigations against you?_____

Other Professional Data

*Professional Setting (multiple boxes can be checked)

☐ Academic ☐ Administrative ☐ 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:

_____

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

* Select a Membership Type

☐ **Full**: Open to those who obtained a terminal graduate degree on or before October 31, 2023. 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 Psychi-atric 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. **$310**

☐ **New Professional 1**: Open to those who obtained, or will obtain, a terminal graduate degree between November 1, 2025and October 31, 2026. 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. **$100**

☐ **New Professional 2**: Open to those who obtained a terminal graduate degree between November 1, 2024 and October 31, 2025. 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. **$160**

☐ **New Professional 3**: Open to those who obtained a terminal graduate degree between November 1, 2023 and October 31, 2024. 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. **$215**

☐ **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, 2025 to October 31, 2026. 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. **$310**

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: _____