

Members: Numbers and Yearly Fees (Insert the categories appropriate to your organization, e.g., Full Member, Affiliate, Chartered Psychologist, Temporary Registrant, Life Member, Student Member, etc. Also list out-of-province fees, if appropriate.)

Does the organization have a reciprocal fee arrangement with CPA? ___ Yes ___ No

Category	# of Members	Yearly Fee \$

Staff (Indicate the number of Full Time Equivalents for all applicable positions)	NA ___
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___ FTE Registrar ___ FTE Executive Director ___ FTE Assistant/Deputy Registrar ___ FTE Book-keeper ___ FTE Lawyer: or ___ consult as needed ___ FTE Accountant: or ___ consult as needed ___ FTE Lobbyist: or ___ consult as needed Other:	___ FTE Office Manager ___ FTE Administrative Assistant/Secretary/Clerical ___ Receptionist ___ Investigators
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Newsletter (Use additional space to list other regular publications).	NA ____
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Newsletter Name:

Frequency of Publication:

Circulation:

Contact address. <input type="checkbox"/> Same as above, or:
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Advertising Rate: \$ ____ /full page \$ ____ /½ page \$ ____ /1/4 page
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Annual Meeting - check all the usual components:	NA ____
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<input type="checkbox"/> Business Meeting <input type="checkbox"/> Workshop(s) <input type="checkbox"/> Poster Presentations <input type="checkbox"/> Seminars <input type="checkbox"/> Dinner <input type="checkbox"/> Social Events <input type="checkbox"/> Invited Address <input type="checkbox"/> Awards
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Duration: <input type="checkbox"/> Less than ½ day <input type="checkbox"/> ½ day <input type="checkbox"/> 1 day <input type="checkbox"/> more than 1 day

Mandatory Continuing Education Requirements:	NA ____
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<input type="checkbox"/> Currently in place (describe requirements). <input type="checkbox"/> Proposed or coming up (describe). <input type="checkbox"/> Thinking About it. <input type="checkbox"/> Not even thinking about it.

Ethics	NA ____
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Code of ethics used: _____ CPA Code or: _____

Committees (Check all than apply)	NA ____
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<input type="checkbox"/> Ethics <input type="checkbox"/> Disciplinary <input type="checkbox"/> Finance <input type="checkbox"/> Nominations/Elections <input type="checkbox"/> Publicity <input type="checkbox"/> Education <input type="checkbox"/> Professional Affairs <input type="checkbox"/> Registration <input type="checkbox"/> Complaints <input type="checkbox"/> Quality Assurance Other:

Referral Service for Private Practitioners (Check all that apply)	NA ____
<input type="checkbox"/> Paper Directory <input type="checkbox"/> On-line Directory <input type="checkbox"/> Information Provided over Telephone Other:	
Cost to private practitioner to be listed: <input type="checkbox"/> no charge <input type="checkbox"/> \$ per year	

Fee Schedule (please adjust to hourly or daily equivalent, if necessary)	NA ____
\$ ____ /hour therapy \$ ____ /hour assessment \$ ____ /hour couple/family \$ ____ /person per hour of group \$ ____ /day expert witness \$ ____ /day consultation/corporate \$ ____ / \$ ____ /	
Will government agencies pay according to fee schedule? Comment:	
Will third party payers pay according to fee schedule? Comment:	

NA	General Questions for Societal Bodies
	Are you an APA Affiliate? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, how often do you send delegates to the State/Provincial Leadership conference <input type="checkbox"/> Regularly <input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
	Are your by-laws on-line? If so please provide the web address: English: French:

NA	General Questions for Regulatory Bodies
	How often do you send delegates to ASPPB Meetings: ___ Regularly ___ Often ___ Rarely ___ Never
	Are you a signatory to the ASPPB Agreement of Reciprocity? ___ Yes ___ No.
	Do you Recognize the CPQ? ___ Yes ___ No.
	Are you a signatory of the CPAP AIT Mutual Recognition Agreement? ___ Yes ___ No.
	Do you accept the National Register (NR) credential for fast track registration for applicants who fall outside the MRA? ___ Yes ___ No.
	Do you require liability insurance for registration? ___ Yes ___ No.
	Do you require a Criminal Record Check for initial licensure? ___ Yes ___ No.
	Do you require an annual Criminal Record Check? ___ Yes ___ No.
	Do you have a written or formal jurisprudence exam? ___ Yes ___ No.
	Links to on-line indexes of Provincial/Territorial Government legislation: English: French:

REGULATORY BODIES REGISTRATION REQUIREMENTS	DOCTORAL	MASTERS
Title when Registered		
Supervision Requirements		
EPPP Passmark (or N/A)		
Oral Exam (Yes, No, Comments)		
Restrictions on Practice		
Other		

Last updated on _____ by:

Name _____

Position _____

Telephone (_____) _____

E-mail _____