

2013 SF CAMFT MEMBERSHIP APPLICATION FORM

DATE: _____

If you are renewing your membership and your account info and directory information are unchanged from last year, write only your name on the form and check here (). Please update your account info/directory listing online at www.sfcamft.org. NEW MEMBERS, PLEASE FILL OUT THE ENTIRE FORM. To renew or join online, visit our website www.sfcamft.org.

Name: _____

Office Address: _____
(street)

_____ (city)

2nd Office Address: _____
(street)

_____ (city)

Mailing Address: _____
(street)

(If different from office address) _____
(city)

(Your name and mailing address are public information and available to those who purchase mailing labels)

Email Address: _____
(will not be published) (for e-list access contact Seth Prosterman PhD at sethphd@sbcglobal.net)

Website: _____

Telephone: Office: _____

Alternate: _____
(will not be published)

***You must include your license/registration number and your state CAMFT number. Your application will not be processed without them. If your PhD is not in a mental health-related field, please list your Masters' level degree (MS or MA) in Psychology.**

DEGREE: _____ LICENSE/REG. TYPE: _____ *NUMBER: _____ *STATE CAMFT #: _____

The deadline to be included in the downloadable directory file is FEBRUARY 1, 2013. Questions? Contact Carol Gould MFT at 415-826-5435 or cjgmft@mindspring.com	Licensed Clinical Member	\$60	_____
	Registered Intern	\$40	_____
	Student	\$40	_____
	Affiliate (LCSW, psychologist, etc.)	\$60	_____

Please complete this form and **mail on or before FEBRUARY 1, 2013.**

Make checks payable to SF CAMFT and mail to:
SF CAMFT Membership
1032 Irving Street, #441
San Francisco, CA 94122-2200

FOR THE DIRECTORY: You may provide a narrative description of your work that expands on the areas covered on the back side of this form (e.g., your personal style, advanced training, professional affiliations, etc.). Approximately **200** characters, including spaces and punctuation. The text will be edited to two lines and the format will be standardized.

INTERNS: Due to liability considerations, interns are listed separately with the above descriptive information and supervisor name only.

Supervised by: _____

Supervisor's name and license type/number.

(OVER)

NAME: _____ **(LICENSED MEMBERS ONLY; DO NOT COMPLETE IF YOU ARE AN INTERN, OR IF THE INFORMATION IS ALREADY IN THE ONLINE THERAPIST DIRECTORY)**

AREAS OF SPECIALIZATION Please check 6 areas only.

“Other” counts as one area.

- | | |
|---|---|
| <input type="checkbox"/> Abuse (current) | <input type="checkbox"/> Families |
| <input type="checkbox"/> Abuse (survivors) | <input type="checkbox"/> Forensic consultation |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> LGBTQI |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Grief and loss |
| <input type="checkbox"/> Adoption issues | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Adult Children of Alcoholics/
Codependency | <input type="checkbox"/> Life cycle transitions |
| <input type="checkbox"/> AIDS/HIV/ARC | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Men’s issues |
| <input type="checkbox"/> Anxiety/Phobias | <input type="checkbox"/> Midlife issues |
| <input type="checkbox"/> Children | <input type="checkbox"/> Mind/Body (somatic) |
| <input type="checkbox"/> Chronic/Life-Threatening Illness | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Communications skills | <input type="checkbox"/> Personality disorders |
| <input type="checkbox"/> Couples/Marital counseling | <input type="checkbox"/> Post-traumatic stress |
| <input type="checkbox"/> Creativity for artists | <input type="checkbox"/> Pregnancy/childbirth |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Cross-cultural issues (specify
culture) _____ | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Self-esteem issues |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sex therapy |
| <input type="checkbox"/> Dissociative disorder | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Divorce/separation/custody | <input type="checkbox"/> Step/blended families |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Women’s issues |
| <input type="checkbox"/> Elder issues | <input type="checkbox"/> Work/career issues |
| | <input type="checkbox"/> Other _____ |

CLIENTS

Check all that apply:

- Individual adults
- Couples
- Families
- Children
- Adolescents
- Groups
- Handicapped Access
- Sliding scale fees

Check if these apply:

- Supervision/Consultation
- CAMFT Certified Supervisor

LANGUAGES Spoken

CLINICAL ORIENTATIONS

Check 4 areas only

- AEDP
- Behavior Modification
- Body Oriented Therapy
- Brief Therapy
- Client Centered Therapy
- Cognitive/Behavioral Therapy
- Control-Mastery Therapy
- Dialectical Behavior Therapy
- Drama Therapy
- EMDR
- Expressive Arts Therapy
- Family Systems Therapy
- Humanistic/Existential Therapy
- Hypnotherapy
- Imago Relationship Therapy
- Integrative/Eclectic
- Intersubjective
- Jungian
- Object Relations Therapy
- Play Therapy
- Psychoanalytic Therapy
- Psychodynamic Therapy
- Sand Play
- Self Psychology
- Spiritual/Religious
- Transpersonal
- Other _____

GROUPS:

Process/Therapy _____

Support _____

Educational _____

Consultation/Study _____

OFFICE LOCATION

Check one per office.

- San Francisco**
- Bayview/Hunter’s Point
 - Bernal Heights/Glen Park
 - Castro
 - Cathedral Hill
 - Cole Valley
 - Embarcadero/Waterfront
 - Financial District/Union Square
 - Haight Ashbury
 - Hayes Valley
 - Inner Sunset
 - Laurel Heights
 - Marina/Cow Hollow
 - Mission
 - Nob Hill
 - Noe Valley/Diamond Heights
 - North Beach
 - Pacific Heights
 - Parkside/Stonestown
 - Richmond
 - SOMA
 - Western Addition/Fillmore
 - Other _____
 - Peninsula
 - Marin
 - East Bay
 - Sonoma

TO BE INCLUDED IN THE DOWNLOADABLE DIRECTORY FILE, YOU MUST MAIL THIS FORM ON OR BEFORE FEBRUARY 1, 2013.