



SAN GABRIEL VALLEY CHAPTER
California Association Of Marriage & Family Therapists

2011 Membership & Online "Find A Therapist" Application

IMPORTANT: Must be a member of State CAMFT to join the SGV chapter unless you are an honorary member.

First Name _____ Middle Initial _____ Last Name _____ Credentials (ie. MFT, MA, ATR, Ph.D.) _____

State CAMFT # _____ (*Application will not be process without this number.*)

Licensed MFT / License#: _____ \$60 for 1 year MFT Intern / IMF#: _____ \$30 per year

Friend of CAMFT \$60 for 1 year

Graduate Student \$30 per year (*Must be enrolled in a degree program*) School Name _____

DIRECTORY LISTING/REFERRAL INFORMATION Information provided will be listed in the chapter membership directory should be considered public information and will be published in "Find A Therapist" on www.sgvcamft.org.

Street Address _____ Unit/Ste. _____ City _____ Zip _____

Phone _____ Fax Number _____ E-mail Address _____ Website _____

Chapter correspondence will be sent to address listed above UNLESS specified here:

Circle fluent languages: Armenian Chinese Farsi French German Greek Hebrew Hindu Italian Japanese Portuguese Russian Spanish

Circle 5 of your top areas of focus:

- | | | | |
|----------------------------------|----------------------------|-----------------------------|-----------------------|
| Abuse - Current | Couples Counseling | Forensic Consultation | |
| Abuse - Survivors | Creativity for Artists | Gay/Lesbian/Bisexual Issues | Posttraumatic Stress |
| Addictions | Crisis Intervention | Grief & Loss | Pregnancy/Childbirth |
| Adolescents | Cross-cultural Issues | Learning Disabilities | Relationships |
| Adoption Issues | Depression | Life Cycle Transition | School Problems |
| Adult Children of Alcoholics | Dissociative Disorders | Menopause | Self-esteem Issues |
| AIDS/HIV/ARC | Divorce/Separation/Custody | Men's Issues | Sex Therapy |
| Anxiety/Phobias | Domestic Violence | Midlife Issues | Spirituality |
| Children | Dual Diagnosis | Mind/Body (Somatic) | Step/Blended Families |
| Chronic/Life-threatening Illness | Eating Disorders | Panic Attacks | Stress Management |
| Coaching | Elder Issues | Parenting | Substance Abuse |
| Communication Skills | Families | Personality Disorders | Women's Issues |

Circle your primary orientations:

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

List insurance companies you accept or indicate "None" if you don't accept insurance

Fees _____ Sliding Scale Fee Available Yes No

I will be including a digital photo of myself for my profile to be viewed on "Find A Therapist" Yes No

Member Agreement: I agree to follow the policies, procedures and code of ethics of the profession used by the SGV Chapter, which abides by CAMFT standards. I understand that it is my responsibility to notify SGV Chapter's Membership Chair regarding any modifications or changes to the information that I supplied on this application.

Signature _____

Date _____

In order to be included in the Membership Directory please complete the application and mail it along with a check made out to SGVCAMFT to the following address: San Gabriel Valley CAMFT c/o John Pio, 444 E. Huntington Drive, Suite 333, Arcadia CA 91006 If you have any questions, contact us at: 877-302-5904 or SGVCAMFT@ureach.com