



# National Association of Therapeutic Schools and Programs

## 2018-2019 Associate Individual Professional Membership Application

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The National Association of Therapeutic Schools and Programs (NATSAP) is pleased to offer an Associate Individual Professional Membership to people who, alongside NATSAP member programs, participate in the common mission of promoting healthy growth and the personal well-being of program participants.

An application for a NATSAP Associate Individual Professional Membership is voluntary on the part of the applicant and is designed to provide individuals the opportunity to show their commitment to the ethics and standards upheld by the National Association of Therapeutic Schools and Programs and its members.

Acceptance as an Associate Individual Professional Member is based upon completion of the application in full, receipt of the Annual Fee and is accepted with the acknowledgement of the applicant that the application is complete. Associate Individual Professionals will receive an invoice to renew their association with NATSAP thirty days prior to the expiration date.

The NATSAP Membership Committee may review the submitted application and may recommend it to the NATSAP Board of Directors for approval.

**All applications and related documents must be signed by the applicant and must include a signed copy of the NATSAP Individual Professional Member Ethical Principles.**

### **ALL APPLYING INDIVIDUAL PROFESSIONALS**

NATSAP reserves the right to:

- Request references from a NATSAP member program representative in good standing.
- Refuse membership for any reason including, but not limited to, any past/pending or future legal action taken against any individual applying for membership.
- Request and receive any documentation regarding such legal action prior to acceptance of membership with the NATSAP organization. It is the responsibility of the individual requesting membership to alert NATSAP of any pending legal issues that may impact the decision for membership.

### **BENEFITS**

As a NATSAP Associate Individual Professional Member, you will:

- Be listed on the NATSAP website (your name and your company/organization) and be linked back to your website
- Receive a copy of the NATSAP Newsletters, NATSAPress and We Are NATSAP
- Receive a complimentary copy of the NATSAP Journal
- Be eligible for reduced conference registration fees
- Be listed in NATSAP's Annual Membership Directory
- You may use the NATSAP logo as long as it is linked to the NATSAP Website
- Participate in NATSAP webinars and surveys
- Be eligible for exclusive NATSAP member discounts (online learning, travel discounts, etc.)
- Others as they become available

### **RESTRICTIONS**

- You will not have a vote in NATSAP elections on the issues requiring voting
- You may not serve on NATSAP's Board of Directors unless you are also employed by a regular NATSAP member program
- You are ineligible to participate in the We Are NATSAP newsletter.

# NATSAP 2018-2019 Application for Associate Individual Professional Membership

**IMPORTANT:** You must provide full responses on the Individual Professional Membership application. Failure to do so will result in a delay of the application review process.

**PLEASE PRINT:**

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Designation/Credentials: \_\_\_\_\_ Nickname (if applicable): \_\_\_\_\_

Company Name (if you have one): \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
(if different from Business Address)

Which Address should be listed online and in NATSAP directory? (Please select only one.)

- Business Address       Mailing Address

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Please indicate your profession (please attach your resume):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Educational Consultant          | <input type="checkbox"/> College/University Professor | <input type="checkbox"/> Lawyer. If so, list your specialty:<br>_____ |
| <input type="checkbox"/> Referring professional          | <input type="checkbox"/> Licensed Psychologist        | <input type="checkbox"/> Other (please specify:<br>_____)             |
| <input type="checkbox"/> Licensed Counselor/Psychiatrist | <input type="checkbox"/> Licensed Therapist           |   |
| <input type="checkbox"/> Psychologist                    |   |   |

How many years of experience? \_\_\_\_\_

**Please indicate your specialty if any:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD                   | <input type="checkbox"/> Depression        | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Social, emotional or psychiatric issues |
| <input type="checkbox"/> Adoption/Attachment Issues | <input type="checkbox"/> Divorce Issues    | <input type="checkbox"/> Low Self-Esteem     | <input type="checkbox"/> Substance Abuse                         |
| <input type="checkbox"/> Anxiety                    | <input type="checkbox"/> Eating Disorders  | <input type="checkbox"/> OCD                 | <input type="checkbox"/> Trauma                                  |
| <input type="checkbox"/> ASD                        | <input type="checkbox"/> Failure to Launch | <input type="checkbox"/> Self-harm/cutting   |  |
| <input type="checkbox"/> Bipolar                    | <input type="checkbox"/> Grief             | <input type="checkbox"/> Sexual Addictions   |  |

Are you licensed or certified?       Yes       No

If yes, please provide a copy of your license or certification and indicate your license or certification here: \_\_\_\_\_

What is your reason for applying for Individual membership with NATSAP?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any social media profiles to include in your NATSAP profile? If so, please provide the profile link(s) below.

Facebook: \_\_\_\_\_ LinkedIn: \_\_\_\_\_ Twitter: \_\_\_\_\_

**Please attach your resume and a short bio or description of services provided by you to include in your online public profile**

# NATSAP 2018-2019 Application for Associate Individual Professional Membership

RETURN APPLICATION, SIGNED ETHICAL PRINCIPLES AND PAYMENT FOR MEMBERSHIP

**July 1, 2018 – June 30, 2019: \$100.00**

\*Membership fee may be prorated based on application date. Please contact the NATSAP Home Office to find out if your rate will be prorated at (301) 986-8770.

**PAYMENT:**

Check is enclosed    Check number: \_\_\_\_\_

Credit Card     Amex         Visa         MC

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_                      CVV #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please fax your payment to (301) 986-8772
- Or make check payable to: NATSAP

*MAIL TO:* NATSAP

Attn: Shanita Smith, Director of  
Membership  
4350 East West Hwy, Ste 925  
Bethesda, MD 20814

OR

[shanita@natsap.org](mailto:shanita@natsap.org)

I, \_\_\_\_\_, attest that I will adhere to NATSAP's Mission and Vision and will abide by the NATSAP Affiliate Ethical Principles.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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NATSAP Office Use Only

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Approved/Denied \_\_\_\_/\_\_\_\_/\_\_\_\_    Emailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

DB Entry \_\_\_\_/\_\_\_\_/\_\_\_\_

NMP Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Posted on website \_\_\_\_/\_\_\_\_/\_\_\_\_

# NATSAP 2018-2019 Application for Associate Individual Professional Membership



## The National Association of Therapeutic Schools and Programs Associate Individual Professional Ethical Principles

The National Association of Therapeutic Schools and Programs (NATSAP) Individual Professionals participate in the common mission of promoting healthy growth and the personal well-being of program participants. NATSAP Individual Affiliates support NATSAP's objectives to provide excellent treatment for program participants that is rooted in good-hearted concern for their well-being and growth, respect for them as human beings, and sensitivity to their individual needs.

Therefore, I will strive to

1. Be conscious of, and responsive to, the dignity, welfare, and worth of our program participants.
2. Honestly and accurately represent ownership, competence, experience, and scope of activities related to our program, and to not exploit potential clients' fears and vulnerabilities.
3. Respect the privacy, confidentiality, and autonomy of program participants within the context of our facilities and programs.
4. Be aware and respectful of cultural, familial, and societal backgrounds of our program participants.
5. Avoid dual or multiple relationships that may impair professional judgment, increase the risk of harm to program participants, or lead to exploitation.
6. Take reasonable steps to ensure a safe environment that addresses the emotional, spiritual, educational, and physical needs of our program participants.
7. Strive to maintain high standards of competence in our areas of expertise and to be mindful of our limitations.
8. Value continuous professional development, research, and scholarship.
9. Place primary emphasis on the welfare of our program participants in the development and implementation of our business practices.
10. Manage our finances to ensure that there are adequate resources to accomplish our mission.
11. Fully disclose to prospective candidates the nature of services, benefits, risks, and costs.
12. Provide informed, professional referrals when appropriate or if we are unable to continue service.

I \_\_\_\_\_ have signed below to indicate that I aspire to the above Ethical Principles.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date