TO: IPA Members FROM: Terrence Koller

Executive Director, IPA

DATE: May, 2012

SUBJECT: July 1, 2012 to June 30, 2013 IPA Psychologist Locator Program Instructions

PLEASE READ CAREFULLY

The Illinois Psychological Association receives numerous inquiries and calls from consumers who wish to obtain psychological services. Consumers are directed to the IPA from many sources including the APA, mental health directories, IPA's public relations campaign and the APA's Public Education Campaign. As a service for psychologists wishing to be listed, we have now combined the online Website Referral Program with the phone-in Consumer Information Program. We charge a minimal administrative fee of \$50 for those licensed IPA members who would like to be part of this combined program that is now called the *Psychologist Locator Program*. The fee for members of the Clinical Practice Section is discounted to \$30 since Clinical Practice Section funds were initially used to develop the website program.

Joining this *Psychologist Locator Program* means that when consumers call the IPA office or utilize the IPA website, your name will be offered according to the caller's desired city or zip code area. It is also possible to list additional, more specific information regarding your area of specialty on the IPA website *Psychologist Locator Program*. Both the phone and website Locator Programs require that it is the professional responsibility of the psychologist to determine if he or she has the skills necessary to assist the caller or if an appropriate referral is indicated.

To join this program, you must be a Licensed Member of the Illinois Psychological Association. If you are not a Member but wish to join the IPA, please write or call the IPA office for a Membership Application and we will process your application as rapidly as possible.

Requirements for listing include:

- 1. Licensure as a Clinical Psychologist in Illinois or certification as a School Psychologist in Illinois.
- 2. Professional liability insurance of at least \$1/1 million
- 3. A processing fee of \$50 for a full year membership. This application form is for one full year membership corresponding with the IPA fiscal year which is July 1 through June 30.

The *Psychologist Locator Program* Application Form must be accompanied by a copy of the current face sheet of your professional liability insurance. You must also enclose a copy of your current license or certification and a check for \$50. Group practice or business names are not accepted.

It is the responsibility of the psychologist subscribers to send a new copy of their insurance, license, and certification if they are renewed during the year. Failure to do so will result in your name being removed from the Program until the information is received.

Application Fee: \$50 per listing for July 1, 2012 through June 30, 2013 Return Application, Payment and all Documentation to:

IPA Psychologist Locator Program 67 East Madison Street Suite 1817 Chicago, IL 60603 312/372-7610 Fax: 312/372-6787 Illinois Psychological Association 67 East Madison Street Suite 1817 Chicago, Illinois 60603

2012-2013 IPA Psychologist Locator Program

Phone and Website Listings

July 1, 2012- June 30, 2013

Application Form

For Licensed Psychologist Members of the Illinois Psychological Association



Illinois Psychological Association 67 East Madison St. Suite 1817 Chicago, Illinois 60603 Phone: (312) 372-7610

Fax: (312) 372-6787 www.illinoispsychology.org

PSYCHOLOGIST LOCATOR PROGRAM

Application Form - July 1, 2012 to June 30, 2013

Please read this application form carefully. Print or type all the information requested and return this form with all required documentation and fees to the IPA Central Office. Your must sign this form in order for your application to be processed.

You must be a licensed member of the IPA to be listed in the IPA Psychologist Locator Program. Additional requirements are listed below. Please check the areas of service for which you are available. *NOTE: APA and IPA Ethics require that psychologists limit their services to areas of their expertise.*

A separate application and fee are required for <u>each</u> person listed and <u>each</u> address listed. You may copy this application or contact the IPA Central Office for additional applications.

 Health Service Provider: Requirement - Licensed Clinical Psychologist in Illinois. Industrial/Organizational Consultation: Requirement - Licensed Clinical Psychologist in Illinois or exemption under the Clinical Psychologist Licensing Act. School/Psychoeducational Provider: Requirement - Licensed Clinical Psychologist in Illinoir Certified School Psychologist in Illinois with three years experience in school psychologist. Foreign languages spoken fluently - Please list:		
LAST NAME FIRST NAME DEGREE		
OFFICE ADDRESS CITY ZIP CODE		
() 71- OFFICE PHONE NUMBER LICENSE NUMBER and/or SCHOOL CERTIFICATION #		
EMAIL ADDRESS:		
YOU MUST READ AND INITIAL EACH BOX BELOW		
 I am a full voting Member of IPA in good standing. I have enclosed a copy of my license as a Psychologist in Illinois or a copy of my certification as a Cer School Psychologist in Illinois. 	tified	
I have enclosed a copy of the face sheet of my Professional Liability Policy currently in force in the amount of at least \$1/1 million showing my name and address as the insured.		
[] I have enclosed \$50 per office listing (\$30 for Clinical Practice Section members)		

Continued —

PLEASE INDICATE THE METHOD OF PAYMENT

Enclosed is a check payable to the IPA PLP for \$Clinical Practice Section members)	(\$50 for each office/\$30 for
OR charge the total to my credit card (check one): [] VISA [] MASTERCARD	
CARD #:	
Exp. Date/	
Billing Address on Credit Card:	
Signed:	
PLEASE READ AND SIGN THIS FORM TO CERTIFY THAT CONDITIONS LISTED HEREIN INCLUDING THE FOLLOW My practice adheres to the Ethical Principles of Psychologists and and Standards promulgated by the American Psychological Association representations of qualifications or expertise of those listed in this Program in the IPA Psychologist Leano event will I hold the IPA, its Officers, Directors, Council of Representations or employees to any liability in connection with the Program indemnify and hold harmless the IPA, its Officers, Directors, Council Committees, Sections or employees for any liability arising out of my set Program. I warrant that I shall keep myself insured under a current liab the amount of at least \$1/1 million issued by an insurance company sa	A Code of Conduct, Guidelines on. I realize that the IPA offers gram other than as listed above. Ocator Program, I agree that in attatives, any of its Committees, am. I further agree to defend, of Representatives, any of its ervice to clients pursuant to this oility and malpractice policy in
Signature	Date

IMPORTANT: Once you have completed this application form, go to Member's signin on the left side of the IPA homepage (www.illinoispsychology.org) and sign-in by entering your username and password. Then go to "Member Options" and click on "Edit your referral and contact Information". If you do not have a username and password, or are having difficulty with this process, please call the IPA Office for assistance (312-372-7610 ext. 201). We will approve your listing as soon as we receive this application and your fee.