Please write legibly

Name: _______________________________________________________

Professional Title: _____________________________________________

Place of Employment/Study: ______________________________________

Type of Degree: ________________________________________________

Granting Institution: _____________________________________________

Year Granted: _________________________________________________

Licenses/Certification (include license number): ______________________

THE INFORMATION YOU PROVIDE BELOW WILL BE PUBLIC. OSPS places our membership directory on our website. Please provide information that you DO NOT MIND sharing with the membership and those who may visit our website.

Address: ______________________________________________________

City: _________________________________________________________

State: _________________________________________________________

Zip: __________________________________________________________

Phone: ________________________________________________________

Cell: __________________________________________________________

Fax: __________________________________________________________

Email: _________________________________________________________

Clinical Interests (see below for codes): ______________________________

Are you a Member of the American Psychological Association? Yes___No_____

Are you a Member of the APA Division 39 National Chapter? Yes___No_____  

Have you completed Formal Psychoanalytic Training? Yes___No_____

Institute________________________________________________________

Please check the 2017-2018 OSPS Membership Dues for which you are applying:

Member: $50.00 _____Associate (see below for criteria) : $25.00 _____

Early Career Professional (3 yrs post licensure): $25 ______

By signing below I affirm that the information I have provided above is accurate and truthful and that I am licensed and in good standing with my licensing board.

__________________________________  _________________________
Signature                           Date
Society Purpose

The Oklahoma Society for Psychoanalytic Studies (OSPS) is a local chapter of the Division 39 (Psychoanalysis) of the American Psychological Association. This chapter was established in August 1990 by a group of professionals interested in a forum for the pursuit of the study of Psychoanalytic literature, theory and practice. The intent is to provide an opportunity for interested individuals to develop and expand their knowledge of Psychoanalytic theory. These goals are accomplished through monthly meetings, periodic lectures and workshops.

As a member of OSPS, you can be actively involved in promoting interest in Psychoanalytic studies in Oklahoma. As a Member you can vote, serve on committees, hold office and participate in all OSPS activities at reduced rates. Associate Members may also serve on committees and participate in chapter activities at reduced rates.

Membership Application Process

Please fill out and mail to our PO Box, the membership application (on the other side of this page) and enclose a check made out to OSPS for membership dues.

Membership Classification

Two classes of membership in the chapter are granted according to the following criteria:

1. To be eligible for MEMBER status, a professional shall be a member of the National Division 39 of APA or licensed by one of the following:
   (a) The State Board of Examiners of Psychologists to practice psychology in Oklahoma
   (b) The Board of Medical Licensure and Supervision to practice medicine in Oklahoma
   (c) The Counselor Licensing division of the State Health Department to practice counseling and/or marriage and family therapy
   (d) The Oklahoma Board of Licensure to practice social work in Oklahoma
   (e) The State Board of Nurse Registration and Education to practice nursing

2. ASSOCIATE membership shall be open to individuals who either:
   (a) have a degree in Psychology or a related social science field, but are not licensed to practice independently
   (b) are students enrolled in a State or regionally accredited college, university or professional school
   (c) are members of other professions (teaching, research, etc.) interested in psychoanalytic studies

Clinical Interests

In order to assist members in making referrals to other members, please indicate your clinical specialty/specialties using the following codes:
“k” – children “a” – individual adult “c” – couple “t” – testing

For OSPS Use Only: Check #__________ Amount__________ Date__________ Initials__________