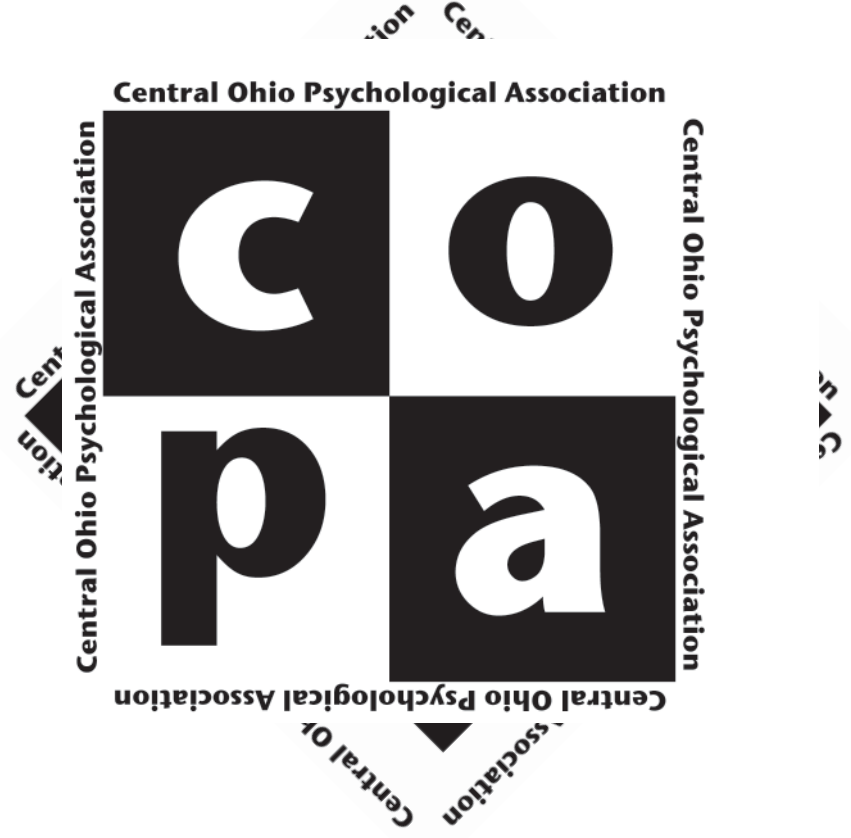


**Central Ohio Psychological Association**  
395 East Broad Street, Suite 310  
Columbus, OH 43215

PRESORTED  
STANDARD  
US POSTAGE  
**PAID**  
Columbus, OH  
Permit No. 1248

■ Welcome to... □



Please accept our invitation to  
join the Central Ohio  
Psychological Association  
(COPA)



Who are we?

COPA is a regional organization that addresses the needs of psychologists in the Central Ohio area. COPA's mission is to:

- advance scientifically based psychology
- support the highest professional standards for psychological practice
- promote and advocate for human health and welfare

Where have we been?

During the past several years, COPA has focused primarily on offering continuing education programs, including:

- WAIS-IV Training
- Ethics Roundtable(s)
- Forensics 101
- Mental Health Disaster Training

Where are we headed?

In the past few years, we have:

- enhanced and expanded COPA's Web site, **copaonline.org**
- developed a COPA listserv
- held "An Evening of Art, Wine and Music" with the Foundation for Psychology in Ohio"
- provided on-going continuing education
- continued cooperation and collaboration with OPA
- increased and expanded membership

Future initiatives include:

- foster mentoring activities for graduate students and newly licensed professionals
- create networking opportunities for early career and experienced psychologists

Contact Information

**Central Ohio Psychological Association (COPA)**

395 East Broad Street, Suite 310

Phone: (614) 224-0034 or toll-free (800) 783-1983

Fax: (614) 224-2059

Office hours: Monday – Friday, 9 a.m. – 5 p.m.

**Bob Stinson, PsyD, ABPP**

President, COPA Board of Directors

Office: (614) 752-0333 x5124

e-mail: Bob.Stinson@mh.ohio.gov



*Member Categories*

**MEMBERS:** Members shall be persons with the doctoral degree based in part upon a psychological dissertation, or the PsyD conferred by a graduate school of recognized standing, or persons who hold a currently valid Ohio license as a psychologist or school psychologist. Members shall be residents of or employed in Central Ohio or in the following 12 counties: Marion, Union, Delaware, Morrow, Richland, Ashland, Knox, Licking, Franklin, Fairfield, Pickaway or Madison.

- \$30, Member, licensed 5 years or more
- \$25, Member, licensed 0-5 years

**AFFILIATES:** Affiliates shall be a) persons with a master's degree in psychology or the equivalent in subject matter and extent of training; or b) persons not eligible for membership who may, in the opinion of the Executive Committee, advance the purpose of the Association.

- \$15 Affiliate Member

**STUDENTS:** Students shall be a) graduate students preparing for a career in psychology or school psychology; or b) other persons with credit for a minimum of 30 semester hours in psychology or its equivalent in nature of the subject matter.

- \$10 Student Member

*Payment*

- Check enclosed- **Make checks payable to COPA**
- Charge my (please circle)      VISA                      MASTERCARD

**PRINT CLEARLY!**

Account No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Membership Dues:                      \$ \_\_\_\_\_

Additional Contribution to COPA \$ \_\_\_\_\_

**TOTAL DUE:**                              \$ \_\_\_\_\_

**Mail or fax all completed pages to:**

**Central Ohio Psychological Association**  
**395 E. Broad St. #310 • Columbus, OH • 43215-1599**  
**FAX: 614-224-2059**

**Visit our Web site at [www.copaonline.org](http://www.copaonline.org) for more information!**  
**Please call us at 800-783-1983 or 614-224-0034 if you have any questions.**

Benefits of COPA Membership

- Through COPA's Web site, you will have access to important local and national resources including central Ohio membership and referral directories, links to OPA and APA.
- Through COPA's listserv, you will have an opportunity to share ideas and practice strategies with colleagues in central Ohio.
- By attending COPA's continuing education programs, you will have access to professional development and networking opportunities geared specifically to psychologists in central Ohio.
- Joining COPA will offer you many opportunities to become more involved in organized professional psychology.
- Your membership in COPA supports advocacy efforts for psychologists and their clients in central Ohio.

*What do we need?*

\*\*\*\***YOU**\*\*\*\*

Over the past few years, COPA has been in the process of redefining our goals and re-clarifying our focus. It is our hope that this will better allow us to address the complex and diverse needs of the central Ohio psychological community. To be successful, we need your support! Join COPA today by completing the following application.

TOGETHER WE CAN  
MAKE A DIFFERENCE



Central Ohio Psychological Association  
(COPA) Member Application



Please print.

NAME: \_\_\_\_\_  
First Middle Initial Last

DEGREE(S): \_\_\_\_\_ LICENSE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Have you been a member of COPA in the past? Y N

Professional Field: \_\_\_\_\_  
*(i.e., clinical, counseling, child, I/O, neuropsychology, developmental, MR/DD, Rehab, Alcohol/Drug)*

COPA Contact Information

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

**Recent amendments to the 1991 Telephone Consumer Protection Act require permission to contact you via fax or e-mail:**

COPA is authorized to communicate with me via: **FAX**  Yes  No **E-MAIL**  Yes  No

Signature: \_\_\_\_\_

Demographics (Optional)

Your ethnicity: *(check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian/Eskimo  | <input type="checkbox"/> Appalachian            |
| <input type="checkbox"/> Asian/Asian-American    | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latina/Latino  | <input type="checkbox"/> Pacific Islander       |
| <input type="checkbox"/> White/European American | <input type="checkbox"/> Bi/Multi-Racial _____  |
| <input type="checkbox"/> Other _____             |   |

Work Setting: *(check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Academic/Research | <input type="checkbox"/> Business            |
| <input type="checkbox"/> Hospital          | <input type="checkbox"/> Private Practice    |
| <input type="checkbox"/> Retired           | <input type="checkbox"/> Public Sector _____ |
| <input type="checkbox"/> Military          | <input type="checkbox"/> Other _____         |

Continued on next page...

Professional Ethics Declaration

Have you ever been denied membership by a professional organization or state licensing agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had any action taken against you by a professional organization or state licensing agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

To your knowledge, are you presently under investigation by any of the above agencies or organizations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been indicted for a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is yes to any of the above items, please list on a separate sheet of paper each instance, describing briefly the events leading up to the case, the outcome and its relevance to the practice of psychology.

I have read and I agree to abide by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct, which has been adopted by the Central Ohio Psychological Association. (If you do not have a copy of the code, please contact APA at 1-800-374-2723 for a copy). I understand that providing COPA with incomplete or inaccurate information may result in my membership being denied or rescinded.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

COPA Benefits

Are you interested any of the following benefits?

- Listing in COPA's online membership directory? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Inclusion in COPA's online psychologist referral directory? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Subscription to COPA's listserv? \_\_\_\_\_ Yes \_\_\_\_\_ No

Affiliations

Are you a member of... *(please check all that apply)*

- APA?  Y  N  
 APA Divisions?  Y  N

If yes, list current Division(s) of which you are a member: \_\_\_\_\_

OPA?  Y  N  Would like information on OPA

Other groups?

- Asian American Psychological Assn (AAPA)
- Assn of Black Psychologists (ABPsi)
- National Latino Psychological Assn
- Society of Indian Psychologists (SIP)
- Other \_\_\_\_\_

Continued on next page...