



# NATIONAL ACADEMY OF NEUROPSYCHOLOGY

## Membership Status Upgrade Information

Associate, Post-Doctoral Resident, Affiliate, and Student members who wish to change their membership status may do so after meeting the requirements for membership at the desired level.

Associate and Post-Doctoral Resident members may apply for membership at the Professional level after obtaining a total of three years of experience, at least two of which must be postdoctoral. Upgrading to the Professional level from the Associate or Post-Doctoral Resident levels require submitting a curriculum vita and a signed membership upgrade application. **This change must be formally requested using the following application and does not automatically occur after having been an Associate or Post-Doctoral Resident member for a period of time. Sponsors are not required when upgrading from Associate and Post-Doctoral Resident level membership to Professional membership status. Current Post-Doctoral Resident level members wishing to upgrade to Professional level membership must also include a \$75 upgrade fee.**

Affiliate members, because they were not required to submit names and contact information of two sponsors at the time they joined the Academy, must do so to upgrade to the Associate, Post-Doctoral Resident or Professional levels. If applying to the Professional level, Affiliate members must also meet the requirements for Professional membership that are outlined below.

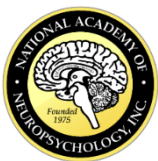
Occasionally, Affiliate, Associate and Post-Doctoral Resident members return to school and request to change their membership status to the Student level. Student membership is intended only for those individuals who are **currently** enrolled in a **full-time, pre-doctoral** program. Changing membership status to the Student (pre-doctoral) level requires a letter from the member requesting the change and a letter from the student's training director, advisor, or university registrar verifying enrollment in the full-time academic program.

Upon completion of their graduate degrees, Student members upgrade their membership status to Associate or Post-Doctoral Resident by submitting one copy of the curriculum vita and a completed and signed membership upgrade application, including the names and contact information of two sponsors who have expertise in neuropsychology who can serve as references. At least one of those neuropsychologists is to be a member of the National Academy of Neuropsychology, the International Neuropsychological Society, or Division 40 of the American Psychological Association. **Please note that this change also must be formally requested and all dues must be current. Current Student members upgrading to Associate level must include a \$100 upgrade fee. Current Student members upgrading to the Post-Doctoral Resident member level must include a \$25 upgrade fee and a letter from their training director attesting to their post-doctoral status.** In the absence of a formal request for a change in membership status, Student members will be upgraded to the Affiliate level upon completion of their Ph.D. degree.

Send application, payment (if applicable) and current CV to:

**National Academy of Neuropsychology**  
**7555 East Hampden Avenue, Ste. 420**  
**Denver, Colorado 80231**  
**TEL (303) 691-3694 | FAX (303) 691-5983**

Questions? [office@nanonline.org](mailto:office@nanonline.org)



# NATIONAL ACADEMY OF NEUROPSYCHOLOGY

## Application for Membership Upgrade

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Program: \_\_\_\_\_ Year Awarded: \_\_\_\_\_

If upgrading to Post-Doctoral Resident membership, please indicate date of post-doc completion: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  M  F Ethnicity (Optional): \_\_\_\_\_ Non-English Assessment (Specify): \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Academic Affiliation: Institution: \_\_\_\_\_ Dept.: \_\_\_\_\_ Rank: \_\_\_\_\_

Licensed in State(s): \_\_\_\_\_ Lic. Number(s): \_\_\_\_\_

Adult: \_\_\_\_\_ Pediatric: \_\_\_\_\_ Specialties: \_\_\_\_\_

Diplomate Status (specify): \_\_\_\_\_ Include in Directory:  Y  N Allow 3rd Party Mail:  Y  N

### Membership Category for which you are applying. Check one:

- Professional Membership** requires that the applicant have completed academic coursework in the assessment and/or remediation of neuropsychological conditions and hold a doctoral degree in psychology or a related discipline from an accredited university. S/he shall have worked in a setting where such knowledge is applied for a minimum of three years, two of which must be postdoctoral.
- Post-Doctoral Resident Membership** is available for two years after completion of a doctoral degree in psychology for those who are completing post-doctoral supervision/studies leading to psychology licensure. Student members who meet the eligibility requirements for Post-Doctoral Resident status may make application to the Membership Committee by written request and verification that the aforementioned criterion has been met. Post-Doctoral Resident members are eligible to serve on NAN Committees, although voting privileges and holding office is reserved for Professional and Fellow level members.
- Associate Membership** requires that the applicant hold a master's degree in psychology or a related discipline or hold a doctoral degree in psychology or a related discipline but have less than three years' applied experience.
- Affiliate Membership** is open to interested individuals whose training and experience preclude them from other levels of membership.

Applications for upgrading from Student to Affiliate, or Associate and Post-Doctoral Resident to Professional do not require sponsorship. *If applying for upgrade to Associate, Post-Doctoral Resident or Professional membership from Student or Affiliate membership, please obtain the contact information of two sponsors who have expertise in neuropsychology and can be contacted to attest to your training and experience in this specialty. At least one of your sponsors must be a member in good standing with the National Academy of Neuropsychology, Division 40 of the American Psychological Association, or the International Neuropsychological Society.*

### SPONSOR INFORMATION:

1. Print Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Member of:  NAN  INS  APA Div. 40

2. Print Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Member of:  NAN  INS  APA Div. 40

**I certify:** 1) I have not committed any violations of The Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002); 2) My license to practice psychology has not been revoked in any state and, 3) I have not been convicted of a felony.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Committee Interest**

Please select the NAN Committee(s) you would be interested in joining, if applicable. This information will be included in your membership record and forwarded on to the relevant Committee Chair(s) for consideration when committee opportunities become available. For committee descriptions, please visit the [website](#).

- Awards Committee
- Clinical Research Grants Committee
- Conflict of Interest Committee
- Culture & Diversity Committee
- DistanCE E-Learning Committee
- Education Committee
- Legislative Action & Advocacy Committee
- Membership Committee
- Policy & Planning Committee
- Professional Affairs & Information Committee
- Program Committee
- Publications Committee
- Social Media Committee
- Student & Post-Doctoral Resident Committee
- Women in Leadership Committee

**Summary of Enclosed Payments**

<b>Application Fees (non-refundable)</b>	
<input type="checkbox"/> Post-Doctoral Resident to Professional/Associate/Affiliate (\$75)	
<input type="checkbox"/> Student to Post-Doctoral Resident (\$25)	
<input type="checkbox"/> Students to Professional/Associate/Affiliate (\$100)	\$
<b>Donations (voluntary)</b>	
<input type="checkbox"/> Advocacy – to support the efforts of PAIC & LAAC	\$
<input type="checkbox"/> Research – to support the NAN Clinical Research Grants Fund	\$
<input type="checkbox"/> Women in Leadership Edith Kaplan Scholarship Fund	\$
<input type="checkbox"/> Women in Leadership Educational Fund	\$
<input type="checkbox"/> Tony Wong Student Diversity Fund	\$
<input type="checkbox"/> NAN Foundation ( <i>tax deductible</i> ) <b>please make separate check out to NAN Foundation</b>	\$
<b>TOTAL</b>	
<b>\$ _____</b>	

- Check       Credit Card (**Visa and MasterCard ONLY**)

Name on Card (Please Print): \_\_\_\_\_

Amount: \_\_\_\_\_

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

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

CSC: \_\_\_\_\_

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

Mail or fax this completed form, curriculum vitae, verification (if applicable), and application fee **in U.S. funds** to:

**National Academy of Neuropsychology**  
**7555 East Hampden Avenue, Ste. 420**  
**Denver, Colorado 80231**  
**TEL (303) 691-3694 | FAX (303) 691-5983**

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