

AMERICAN ACADEMY OF PSYCHOTHERAPISTS

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Reactivation Form

Please fill out this form and follow the steps which are numbered below.

Name _____ DOB _____
Email address _____
Business address _____
City/state/zip _____ phone _____
Home address _____
City/state/zip _____ phone _____
• Year(s) of previous membership in AAP _____
• discipline _____
• license/state* _____ license # _____

DISCLOSURE

Has your license to practice ever been limited, restricted, suspended, voluntarily surrendered, revoked, or not renewed? Y/N

Have you ever been reprimanded by a state licensing agency? Y/N

Are there any actions pending with respect to your license? Y/N

Are you under investigation by any licensing or regulatory agency? Y/N

If you answered "Yes" to any of these questions, please attach your explanation.

Steps to reactivation:

1. Please attach a copy of your current license.
2. Please attach proof of previous membership. This could be in the form of:
 - Certificate of membership
 - Cancelled checks in payment of dues
 - Various written communications from the Academy indicating membership
 - Validation of a current Academy member as to your prior membership
3. Please pay dues for the current year in addition to a reactivation fee of \$25.00. If you are reactivating before July 1st, you will pay the full dues amount. If you are reactivating on or after July 1st, you will pay ½ of the current year dues. Go to www.aapweb.com for current membership categories & dues.

Fees should be mailed to:

American Academy of Psychotherapists
230 Washington Avenue Extension
Suite 101
Albany, NY 12203-5390