



APPLICATION FOR CGPA MEMBERSHIP AND CHANGE OF MEMBERSHIP STATUS
Guideline Information for the C.G.P.A. Membership Application Form
Description of Membership Categories

FULL MEMBER – a clinical professional who has had 300 hours of group psychotherapy experience as responsible therapist or co-therapist, with a minimum of 75 hours of qualified group psychotherapy supervision.

The CGPA Constitution defines clinical professionals as:

1. Mental health professionals who hold their respective provincial discipline licensures or, when not applicable, appropriate designated national memberships or certifications, or
2. Other mental health professionals who hold a Master's degree with equivalent credentials as defined by the Membership Committee upon recommendation to the Council and who meet the above group psychotherapy requirements.
3. Master's level practitioners engaged solely in group therapy teaching or research through a university or college. They shall have completed at least 3 years of academic teaching and/or been involved in significant published research in peer reviewed group therapy journals.

ASSOCIATE MEMBER - a mental health professional, with respective provincial licensure or designated national memberships or certifications. Associate members are eligible for elected executive office after 3 years of membership.

STUDENT AND NEW PROFESSIONAL MEMBER – currently enrolled in a degree or residency program or in a certificate-granting program in the mental health professions or allied fields or shall have completed such a program less than three years ago. This membership shall be held on a year-to-year basis and shall require substantiation of student status annually.

RETIRED MEMBER - member for a continuous period of not less than ten (10) years preceding the application, and is not gainfully employed in the practice, research or teaching of group psychotherapy, and has either reached the age of 60 years or is otherwise permanently unable to practice

Select the membership category you are applying for.

- Full Member, including Fellow and Distinguished Fellow:
(complete parts I through IV) Annual Dues: \$125.00
- Associate Member - (complete parts I through IV) Annual Dues: \$87.50
- Student and New Professional Member - (complete part I & II) Annual Dues: \$50.00
- Retired Member, including Retired Fellow and Retired Distinguished Fellow:
(complete part I) Annual Dues: 50% discount on regular
category dues

Please also check the following box if:

- I am currently a member of CGPA applying for change in membership status

NOTE: Do not submit dues until you are invoiced. You will not be invoiced for the year in which you make application.

PART I

Last Name _____ First Name _____

Degree/Certificate/Diploma _____

Mailing address _____

City _____ Province: _____ Postal Code: _____ -

Home Telephone: _____ Work Telephone: _____

Fax No: _____ Email: _____

Current employment:

Profession/Position _____

Full-time () Part-time () Self-employed ()

Name of organization _____

Signature: _____ Date: _____

PART II

Full and Associate Member applicants:
Please provide an updated CV

Student or New Professional Member applicants:
Please provide proof of current student enrollment or proof of graduation from a relevant degree- or certificate-granting program within the last 3 years

PART III

a) Experience as a Group Psychotherapist	
Supervisor	Total hours leading as group therapist
Supervisor's Professional or	
Academic Affiliation	

Guideline: Please indicate the credentials of your clinical group supervisor (a clinical supervisor may be your instructor, mentor, or co-therapist). If you have led several different groups other lines have been provided; please duplicate the preceding process.

PART IV

Letters of reference

For Full Membership, two referees are required and both must be qualified group psychotherapy supervisors.

For Associate Membership, one of the referees must be a qualified group psychotherapy supervisor.

A qualified group psychotherapy supervisor is a full member of CGPA or AGPA or is eligible for such membership, and has three full years beyond Full Membership criteria. A referee must be knowledgeable of your ethical character, professional qualifications, and training in group psychotherapy. The referee must include who they are with a brief description of their work as a group therapist and supervisor in their letter. Any exceptions to the qualifications of a referee must be explained in a cover letter from the applicant and will require approval by the Membership Committee. To avoid delay we recommend that you obtain each of your reference letters in a sealed envelope with your referee's signature across the seal and enclose them with your application. If this is not possible, it is your responsibility to make sure that your referees send their letters directly to the CGPA Membership Committee. It is the policy of the Association to keep all letters of reference confidential.

References: 1. _____ 2. _____

Questions? Please contact the Membership Co-chair: _____

Sandy Ramsay
Phone: (250) 565-2151 Fax: (250) 565-2016
sandy.ramsay@northernhealth.ca

REMINDER FOR ALL APPLICANTS:

Please submit all information together. This would include:

Student and New Professional - Application Form and proof of student enrollment or graduation

Associate and Full Members - Application Form, Updated CV, two letters of reference

Forward your application materials to:

Sandy Ramsay
7633 Toombs Drive
Prince George, B.C. V2K 4Z5

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