**Anxiety and Depression Association of America**

Professional Membership Application

Apply online at **www.adaa.org** or send this completed application to
ADAA 8701 Georgia Ave., Suite 412 Silver Spring, MD 20910
Fax 240-485-1035 | Phone 240-485-1030

**Contact information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current institution/business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_­­\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Include in your online practice profile? [ ]  Yes [ ]  No

**Do you want your practice profile listed in the ADAA *Find a Therapist* online directory?** [ ]  Yes [ ]  No

**I am a** *(check all that apply)* [ ]  Clinician [ ]  Researcher [ ]  Researcher/Clinician

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred mailing address *(if different from above)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My Practice Profile** (What you want clients to know about you and your practice)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enhance my *Find a Therapist* listing:**

 [ ]  One additional practice address ($40)

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State/Zip/Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Link to your website ($55) published on your online listing.

 URL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fees Payment**

Annual dues . . . . . . . . . . . . . . . . . . . . . . **$229**\_ [ ]  Check

Additional office address ($40) . . . . . . . . \_\_\_\_\_ [ ]  Visa [ ]  MasterCard

Website link ($55) . . . . . . . . . . . . . . . . . \_\_\_\_\_ Card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donation to ADAA . . . . . . . . . . . . . . . . . \_\_\_\_\_ Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security code \_\_\_\_\_\_\_\_\_

 **Total amount due** . . . . . . . **$\_\_\_\_\_\_\_\_** Name on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADAA Online Profile**

**Years in practice**

Fewer than 5 [ ]  6 to 10 [ ]  11 to 15 [ ]

16 to 20 [ ]  More than 20 [ ]

**Payments**

Accept credit cards [ ]

Accept insurance [ ]

Medicare [ ]

Medicaid [ ]

Sliding scale [ ]

**Treatment** *(check all that apply)*

Adolescents/Teens [ ]

Adults [ ]

Children [ ]

Clinical trial enrollment [ ]

Couples [ ]

Families [ ]

Home visits [ ]

Inpatient [ ]

LGBT [ ]

Older adults (over 65) [ ]

Research only (no practice) [ ]

Online Treatment available [ ]

**Disorders treated** *(check all that apply)*

Agoraphobia [ ]

Anxiety/Fear [ ]

Anxiety and depression [ ]

Attention-deficit/hyperactivity disorder (ADHD) [ ]

Autism spectrum disorder [ ]

Bipolar disorder [ ]

Body dysmorphic disorder (BDD) [ ]

Body-focused repetitive behaviors [ ]

Depression [ ]

Eating disorders [ ]

Generalized anxiety disorder (GAD) [ ]

Hoarding [ ]

Obsessive-compulsive disorder (OCD) [ ]

Panic attacks/panic disorder [ ]

Phobias [ ]

Posttraumatic stress disorder (PTSD) [ ]

**Disorders treated, *continued***

Selective mutism disorder [ ]

Separation anxiety [ ]

Social anxiety disorder [ ]

Substance Abuse [ ]

Tourette and tic disorders [ ]

Trauma [ ]

Trichotillomania [ ]

**Practices** *(check all that apply)*

Acceptance and commitment therapy (ACT) [ ]

Breathing and relaxation techniques [ ]

Cognitive-behavioral therapy (CBT) [ ]

Dialectical behavioral therapy (DBT) [ ]  EMDR [ ]

Exposure therapy [ ]

Intensive exposure protocols [ ]

Interpersonal therapy (IPT) [ ]

Medication prescription [ ]

Medication referral [ ]

Mindfulness [ ]

**Licenses**

Clinician license #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note: You may add anything not listed
above to your online practice profile.*

[ ]  I have enclosed a copy of my licensure or certification.

**Ethics statement***In signing below, I verify that I have no ethical violations according to my state and professional code of conduct and I have maintained state licensing requirements.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date