



NCSP RENEWAL PAYMENT

Account or Member # _____

Mail all forms and payment to: National Association of School Psychologists
 P.O. Box 79469, Baltimore, MD 21279-0469
 phone: (301) 657-0270 or (866) 331-NASP • web: www.nasponline.org • e-mail: cert@naspsweb.org

Please visit www.nasponline.org/certification for a detailed explanation of the CPD requirements.

1. **Effective January 2009** 3 CPDs in ethical practice or legal regulation of school psychology are required.
2. **Effective January 2010** 10 of the 75 CPDs required for renewal must be obtained from NASP- or APA-approved providers.

Name _____ Certification # _____

Address _____

City _____ State _____ Zip _____

NCSP Certification Expiration _____ NASP Membership Expiration _____

Certification and NASP Membership	Fees Enclosed	Amount
Certification Renewal Fee If you aren't already a member, join NASP by submitting your dues today and save \$100 on your NCSP renewal.		
Certification Fee for NASP Member	\$99	
Certification Fee for Nonmember	\$199	
Certification Late Fees Late fees apply when renewing more than one month after your expiration date.	See schedule below	
NASP Membership Dues Complete the enclosed membership form when joining NASP.	See enclosed membership form	
Total Amount Due		

I understand that all fees are nonrefundable: _____

Signature _____

Please make check payable to NASP and attach to this form, or complete the credit card information below. All checks must be in U.S. dollars and drawn on a U.S. bank. Please note that NASP is unable to accept purchase orders.

Check Visa MasterCard

Card # _____

Exp. Date _____

Name as It Appears on Credit Card _____

Authorized Signature _____

Cardholder's Billing Address (if different from above) _____

Schedule of Late Fees		
Number of Months Since Exp. Date	NASP Members	Nonmembers
>1 and ≤ 6	\$13	\$29
>6 and ≤ 12	\$26	\$58
>12 and ≤ 18	\$39	\$87
>18 and ≤ 24	\$52	\$116
>24 and ≤ 30	\$65	\$145
>30 and ≤ 36	\$78	\$174

If you are already a NASP member, please disregard this form.

National Association of School Psychologists 2011–2012 MEMBERSHIP



Yes, I want to join the National Association of School Psychologists or renew my membership. Please complete the form below or to speed your membership, visit www.nasponline.org.

First Name _____	Initial _____	Last Name _____	NASP Member # _____
Address _____			Work Phone _____
Address _____			Home Phone _____
City _____	State _____	Zip _____	E-mail _____
Name of NASP Member Who Recommended NASP (if applicable) _____			Member # of NASP Member Who Recommended NASP _____

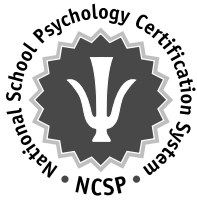
NASP Needs Your E-mail Address to Provide You With More Member Benefits

Provide NASP with your e-mail address to receive your membership card and e-communications with the latest professional news, resources, and member benefits. You can select which communications you receive or opt out at any time by logging into www.nasponline.org and clicking "View My Account."

Select Your Membership Term	Select Your Membership Category	
<p>NASP's membership year runs from July 1–June 30. Select your expiration date depending on the time of year you are submitting your dues.</p> <p><input type="checkbox"/> Join or renew before December 31, 2011—Pay the indicated dues rate and your membership is valid through June 30, 2012.</p> <p><input type="checkbox"/> Join or renew after January 1, 2012—Pay the indicated dues rate and your membership will continue through June 30, 2013.</p>	Visit www.nasponline.org/membership for descriptions of the membership categories.	
	Membership Through June 30, 2012 Available Through December 31, 2011	Membership Through June 30, 2013 Available January 1–March 31, 2012
	Regular <input type="checkbox"/> \$190	<input type="checkbox"/> \$285
	Student <input type="checkbox"/> \$65	<input type="checkbox"/> \$95
	Early Career—1st Year <input type="checkbox"/> \$130	<input type="checkbox"/> \$195
	Early Career—2nd Year <input type="checkbox"/> \$160	<input type="checkbox"/> \$240
	Retired <input type="checkbox"/> \$75	<input type="checkbox"/> \$110
	Canadian <input type="checkbox"/> \$190	<input type="checkbox"/> \$285
	International <input type="checkbox"/> \$210	<input type="checkbox"/> \$315
	Associate <input type="checkbox"/> \$190	<input type="checkbox"/> \$285
	Student Associate <input type="checkbox"/> \$65	<input type="checkbox"/> \$95
	Common Address <input type="checkbox"/> \$150	<input type="checkbox"/> \$225
	Leave of Absence <input type="checkbox"/> \$60	<input type="checkbox"/> \$90

Student Members	Common Address Members	Leave of Absence Members
Name of University _____	Name of Regular Member with Whom You Reside _____	Explanation of Leave of Absence _____
Expected Graduation Year (Terminal Degree) _____	Regular Member's Membership Number _____	_____

Ways to Join or Renew	Method of Payment
<p>Online: www.nasponline.org</p> <p>Mail: NASP P.O. Box 79469 Baltimore, MD 21279-0469</p> <p>Fax: (301) 657-0275</p> <p>Phone: (866) 331-NASP toll free or (301) 657-0270</p> <p>TTY: (301) 657-4155</p>	<p style="text-align: center;"><i>Purchase orders are not accepted for NASP membership.</i></p> <p><input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Card # _____ Exp. Date _____</p> <p>Total Payment (U.S. Dollars) \$ _____ Name on Card _____</p> <p>I verify the information I have provided is true and accurate, and I meet eligibility requirements for the membership category marked. I further affirm that I will abide by NASP's <i>Principles for Professional Ethics</i> and agree to submit to NASP's procedures for adjudicating alleged violation of same.</p> <p>Signature _____ Date _____</p>



AFFIDAVIT OF CONTINUING PROFESSIONAL DEVELOPMENT CREDITS

Account or Member # _____

Please visit www.nasponline.org/certification for a detailed explanation of the CPD requirements.

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Name _____ Certification # _____

Activity Category	CPD Credit Allowances	Maximum Credit per Renewal Period	Number of NASP or APA Approved CPDs	Total Hours Earned
A. Workshops, Conferences, Inservice Training	One hour: 1 CPD credit	None		
B. College and University Coursework	One semester credit hour: 15 CPD credits One quarter credit hour: 10 CPD credits	None		
C. Training and Inservice Activities	One hour of development and presentation: 1 CPD credit	Credit may only be claimed the first time content is presented. Maximum of 30 CPD credits.		
D. Research and Publications	Actual hours, up to maximum specified per project	Empirical research: Up to 10 CPD credits per project Professional publication: Up to 5 CPD credits per project Maximum per renewal period: 25 CPD credits		
E. Supervision of Graduate Students	Supervision of one intern: Up to 10 CPD credits per academic year Supervision of one practicum student: Up to 5 CPD credits per semester	20 CPD credits		
F. Supervised Experience	One hour per month: Up to 10 CPD credits Two hours per month: Up to 20 CPD credits	20 CPD credits		
G. Program Planning and Evaluation	One hour of participation: 1 CPD credit	25 CPD credits		
H. Self-Study	One hour of participation: 1 CPD credit	25 CPD credits		
I. Professional Organization Leadership	Officer, board member, committee chair: 5 CPD credits per position	10 CPD credits		
Total CPD Hours Claimed				

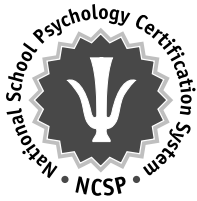
ETHICS REQUIREMENT

Are at least 3 of the hours recorded above in the areas of ethical practice and/or the legal regulation of school psychology? (If no, visit www.nasponline.org/certification to learn how to fulfill this requirement.) Yes No

At least 75 CPD credits are required to renew your NCSP. Credits are no longer valid after 36 months. Credits from a previous renewal cycle may not be resubmitted.

My signature attests that the information above is true and accurate, and that my 75 CPD credits are within the 36-month period directly prior to submission of this form. My credential will not be renewed if the hours do not meet renewal requirements. I understand that if I am audited, I must provide documentation of these CPD hours. If I fail to do so, my credential will no longer be valid and I cannot represent myself as an NCSP.

Signature _____ Date _____



NCSP DIRECTORY INFORMATION AND RENEWAL QUESTIONNAIRE

Account or Member # _____

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NCSP DIRECTORY INFORMATION

Name _____ Certification # _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

E-mail Address _____

Please check this box if you do **NOT** give permission for the information above to appear in the NCSP directory, available to NCSPs and NASP members on the NASP website.

RENEWAL QUESTIONNAIRE

Since your last renewal, have you:

1. Been found in violation of ethical principles by an ethics or professional practices board?
2. Voluntarily surrendered a professional credential in response to an ethics charge?
3. Received disciplinary action from an ethics or professional practices board?
4. Had a professional credential revoked, suspended, or limited by an ethics or professional practices board?
5. Been convicted of, or pleaded guilty or nolo contendere to a felony, misdemeanor, or other offense, other than a minor traffic offense, in a federal, state, or municipal court?
6. Received formal disciplinary action by an employer or supervisor based wholly or in part on ethical issues?

Yes	No

If the answer to any of the above question is "Yes," please attach a complete description.

I verify that the information above is true and accurate. I further affirm that I will abide by NASP's *Principles for Professional Ethics* and I agree to submit to NASP's procedures for adjudication of any alleged violations of same.

Signature _____ Date _____