

NCSP (Inactive) Reactivation Payment

Account or Member # _____

Mail your forms with original signature and payment to: National Association of School Psychologists,
P.O. Box 79469, Baltimore, MD 21279-0469.

Name _____ Certification # _____

Address _____

City _____ State _____ Zip _____

Years of NCSP (Inactive) Status _____ NASP Membership Expiration _____

Certification Reactivation and NASP Membership	Fees Enclosed	Amount
Certification Reactivation Fee If you aren't already a member, join NASP by submitting your dues today and save \$100 on your NCSP reactivation.		
Certification Reactivation Fee for NASP Member	\$99	
Certification Reactivation Fee for Nonmember	\$199	
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 _____

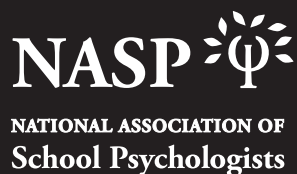
Name as It Appears on Credit Card _____

Authorized Signature _____

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

NCSP Reactivation CPD Requirements			
Years as NCSP (Inactive)	Total CPD credits	NASP- or APA- Approved	Ethics/ Legal Regulation
Up to 1 year	10	3	1
Up to 2 years	20	6	2
Up to 3 years	30	9	3
Up to 4 years	40	12	4
Up to 5 years	50	15	5
Up to 6 years	60	18	6

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



2018–2019 MEMBERSHIP

First Name	Initial	Last Name	NASP Member #
E-mail			Work Phone
Address			Home Phone
City	State	Zip	Mobile Phone

Select Your Membership Category and Term

NASP's membership year runs from July 1–June 30. Visit www.nasponline.org for an explanation of the member categories.

	Join or renew before December 31, 2018 — Your membership is valid through June 30, 2019.	Join or renew between January 1 and March 31, 2019 —Your membership will continue through June 30, 2020.
Regular	<input type="checkbox"/> \$210	<input type="checkbox"/> \$315
Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$110
Early Career—1st Year	<input type="checkbox"/> \$135	<input type="checkbox"/> \$200
Early Career—2nd Year	<input type="checkbox"/> \$165	<input type="checkbox"/> \$245
Retired	<input type="checkbox"/> \$85	<input type="checkbox"/> \$125
Canadian	<input type="checkbox"/> \$210	<input type="checkbox"/> \$315
International	<input type="checkbox"/> \$220	<input type="checkbox"/> \$330
Associate	<input type="checkbox"/> \$210	<input type="checkbox"/> \$315
Student Associate	<input type="checkbox"/> \$75	<input type="checkbox"/> \$110
Common Address	<input type="checkbox"/> \$160	<input type="checkbox"/> \$240
Leave of Absence	<input type="checkbox"/> \$70	<input type="checkbox"/> \$105

Common Address Members

Name of Regular Member With Whom You Reside

Regular Member's Membership Number

Leave of Absence Members

Explanation of Leave of Absence

Ways to Join or Rejoin

Online: www.nasponline.org/join

Mail: NASP
P.O. Box 79469
Baltimore, MD 21279-0469

Fax: 301-657-0275
Phone: 866-331-6277 toll free or
301-657-0270

E-mail: membership@naspsweb.org

Method of Payment

Purchase orders are not accepted for NASP membership.

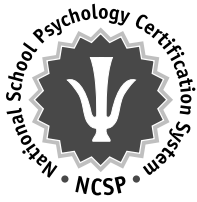
Check VISA MasterCard Card # _____ Exp. Date _____

Total Payment (U.S. Dollars) \$ _____ Name on Card _____

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 *Principles for Professional Ethics* and agree to submit to NASP's procedures for adjudicating alleged violation of same.

Signature _____ Date _____

Dues are not deductible as charitable contributions for federal tax purposes. Dues may be partially deductible under other provisions of the Internal Revenue code, such as trade or business expenses. The portion of your dues payment that supports lobbying efforts, 0.75%, is not deductible.



AFFIDAVIT OF CONTINUING PROFESSIONAL DEVELOPMENT CREDITS

Account or Member # _____

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

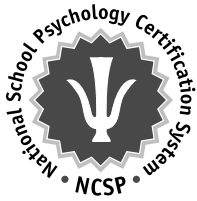
Name _____ Certification # _____

You must document 10 CPD credits (a minimum of 3 of which are NASP- or APA-approved, and 1 in ethics or legal regulation) per year of inactive status or fraction thereof. Documentation of the CPD must be provided with this form.

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				

My signature attests that the information above is true and accurate. My credential will not be reactivated if the hours do not meet reactivation requirements.

Signature _____ Date _____



NCSP DIRECTORY INFORMATION AND REACTIVATION QUESTIONNAIRE

Account or Member # _____

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

NCSP DIRECTORY INFORMATION

Name _____ Certification # _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

E-mail Address _____

REACTIVATION QUESTIONNAIRE

Since becoming an NCSP (Inactive), 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 _____