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# Ψ ROCKLAND COUNTY PSYCHOLOGICAL SOCIETY Ψ

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December, 2011

**Dear RCPS Member:**

Please find enclosed your Proposed Slate of Officers for 2012 and 2013, your Statement of Dues, and your Ballot. Considering the current economic condition of our country, the RCPS Executive Board has once again kept dues for 2012 at \$50 (\$25 for retirees and students); they are due by **January 2, 2012**. In order to **support our field and foster the professional development of young psychologists**, as well as **increase our own networking possibilities**, we are offering an opportunity for you to *sponsor a graduate student*, at a discounted rate of \$65 for *both memberships*.

Renew now to be sure that you don't miss out on our **full schedule** this year, including more FREE Networking Events and such presentation topics as: Depression (Panel Discussion), Ethics and Legal Issues, Fertility and Adoption, Family Therapy, Gestalt Therapy, Acceptance and Commitment Therapy (ACT), Bullying in the 21<sup>st</sup> Century, A Community Mental Health Forum on "Parenting Challenges of the 21<sup>st</sup> Century: The Pressure to Raise Successful Children," and "Using Family Relationships in the Treatment of Mental Illness."

## **Dues**

The Executive Board set the dues for the year 2012 at \$50. Students enrolled in study on a full-time basis, and members who are retired from all gainful employment, including private practice, may renew for \$25. If you feel you qualify, please contact us. Please also consider supporting new developments in our field by *sponsoring* a graduate student.

## **Form of Payment: Check by Mail or Pay ONLINE!**

Please return your **Ballot and Dues Statement** (page 3) and your corrected **Resource Directory Listing** (attached) or completed **Directory Information Form** (page 4) along with a check in the appropriate amount. Checks should be made payable to Rockland County Psychological Society (RCPS) and mailed to:

**Tracey Polizzi, PhD  
30 Minerick Drive  
Stony Point, NY 10980**

You may pay your dues on the **Membership** page of our website: [www.RocklandPsychSociety.org](http://www.RocklandPsychSociety.org). On the right side of the page, you will find a section for **Renewing Members**. There's a drop-down menu for the type and amount of your dues. The **"Add to Cart"** button goes to PayPal, where you can use your own PayPal account and the bank/card information remains confidential to us, or you can pay by credit card directly to our PayPal account.

A hard copy of these documents will be mailed to you shortly. If you do NOT need one mailed, please let us know at [info@rocklandpsychsociety.org](mailto:info@rocklandpsychsociety.org).

I look forward to sharing with you another year of professional growth. Wishing all the best to you and your families.

Sincerely,



Jennifer Walker, Psy.D. and Tracey Polizzi, Ph.D., Co-Presidents

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**Proposed Slate of Officers  
January 2012 – December 2013**

<b>Co-Presidents:</b>	Jennifer Walker Tracey Polizzi
<b>Executive Vice President:</b>	Alan Hack
<b>Vice President (Membership):</b>	Bea Alpert
<b>Secretary:</b>	Fredelyn Engelberg
<b>Treasurer:</b>	Stephen Jay Levy
<b>Clinical Division Chairperson:</b>	David Drassner
<b>Information Services Chairperson:</b>	Margaret Alvarez
<b>School Division Chairperson:</b>	Lyle Becourtney
<b>NYPSA Representative (2011)</b>	Rita Perlin
<b>Members of the Board of Directors-at-Large: ("Members-at-Large")</b>	Virginia Hall-Apicella Judy Weber Rita Perlin

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## 2012 Dues Statement and Ballot

Professional Membership	\$50.00
Retired Professional Membership	\$25.00
Student Membership	\$25.00
Professional & Sponsored Student Memberships	\$65.00

Please return the bottom of this Statement, which is also your Ballot, along with your reviewed / corrected Resource Directory entry or your completed Directory Information Form, and a check for the amount appropriate for you. Checks should be made out to:

Rockland County Psychological Society (RCPS)  
and mailed to:

Tracey Polizzi, PhD  
30 Minerick Drive  
Stony Point, NY 10980

You may also pay your Dues on the **Membership** page of our website: [www.RocklandPsychSociety.org](http://www.RocklandPsychSociety.org).

Thank you,



Jennifer Walker, Psy.D. and Tracey Polizzi, Ph.D., Co-Presidents

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Dues Amount: (check one)**

**Method of Payment: (circle one)**

- |   |         |                         |
|---|---------|-------------------------|
| <input type="checkbox"/> Professional Membership                          | \$50.00 | Check Enclosed / Online |
| <input type="checkbox"/> Retired Professional Membership                  | \$25.00 | Check Enclosed / Online |
| <input type="checkbox"/> Student Membership                               | \$25.00 | Check Enclosed / Online |
| <input type="checkbox"/> Professional & Sponsored Student Memberships     | \$65.00 | Check Enclosed / Online |
| <input type="checkbox"/> Please find a graduate student for me to sponsor |         |                         |

Name of student I would like to sponsor: \_\_\_\_\_

Approval of the proposed Slate of Officers:

Yes \_\_\_\_\_

No \_\_\_\_\_

**Please note:** If you have not been receiving email from RCPS, please send us an email at [info@rocklandpsychsociety.org](mailto:info@rocklandpsychsociety.org). Type "RCPS Member" on the subject line and type your name in the text box.

# Ψ ROCKLAND COUNTY PSYCHOLOGICAL SOCIETY Ψ

## Membership Directory Information Form

Please **TYPE** or **PRINT** all information as you would like your listing to read.

DEADLINE: **January 2, 2012**

Name \_\_\_\_\_ Highest Degree \_\_\_\_\_

Please indicate with a [✓] address to which RCPS mail should be sent.

Please indicate with an [X] address(es) to be listed in Membership Directory, including apartment or suite number.

Please indicate with an [+] if address has changed in the past 12 months, or is new to RCPS.

[ ] Home Address \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

[ ] Office Address \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_ Fax #: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

[ ] Office Address \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_

Psychologist License # \_\_\_\_\_ State \_\_\_\_\_

School Psychologist Certification # \_\_\_\_\_ State \_\_\_\_\_

Diplomate, ABPP: Clinical \_\_\_ Counseling \_\_\_ Group \_\_\_ School \_\_\_ Hypnosis \_\_\_ Neuropsychology \_\_\_

**SCHOOL PSYCHOLOGISTS:** Please list your School: \_\_\_\_\_

District/Address \_\_\_\_\_ Tel #: \_\_\_\_\_

**Major Field** (Please note: This section is intended for psychologists & students **in academic & teaching settings**. Limit 3 fields)

Clinical Neuropsych _____	Experimental Psych _____	Psychology of Women _____
Clinical Psychology _____	Forensic Psych _____	Psychopharmacology _____
Community Psych _____	Industrial/Organizational _____	Rehabilitation Psych _____
Counseling Psych _____	Medical Psych _____	School Psych _____
Developmental Psych _____	Personality Psych _____	Social Psych _____
Educational Psych _____	Physiological Psych _____	Other (specify) _____
Environmental Psych _____	Professional Psych _____	

**Professional Setting** (check as many as apply):

Independent Practice _____	Correctional Facility _____	University/College _____
Industry _____	Hospital _____	Social Agency _____
Developmental Ctr _____	Clinic _____	Medical _____
Psychiatric Center _____	School _____	Other (specify) _____

If in independent practice, please check all that apply below. You must give license # above.

<b>Psychotherapy</b>	<b>Psychological Testing</b>	<b>Educational Testing</b>	<b>Vocational Testing</b>
Children _____	Children _____	Children _____	Children _____
Adolescents _____	Adolescents _____	Adolescents _____	Adolescents _____
Adults _____	Adults _____	Adults _____	Adults _____
Family _____			
Couple _____			
Group _____			

State specialty practice (e.g., behavior therapy, biofeedback, psychoanalysis, etc.) **only if you are in independent practice.**  
(Maximum three specialties)

Do you accept Medicaid? \_\_\_\_\_ Other Insurance Accepted: \_\_\_\_\_

Languages fluent in: \_\_\_\_\_

Are you a member of APA: \_\_\_\_\_ NYSPA \_\_\_\_\_ NYASP \_\_\_\_\_ Others \_\_\_\_\_