

Maryland Psychological Association

MPA Referral Service Information

PLEASE COMPLETE THIS FORM AND THE 2008 MEMBER FACT SHEET:

By Phone: callers will be given the names of three Referral Service members according to geographic area and services requested. Referrals are made, as best as possible, on a rotating basis.

By Web: Web searchers will be given information for all Referral Service members who meet their chosen criteria for geographic area and needed services, in groups of five, again on a rotating basis.

Membership Fees: *First time early career members (less than 7 years from licensure) may join the first year at **no charge** (a listing in one geographic location); second year for \$75 (a listing in more than one geographic location for an additional \$25 each). Joining the referral service for the third year the following rates apply: one listing for \$150, a listing in a second geographic location for an additional \$75, a third and/or fourth geographic listing for \$60 each.

* New MPA members and Current MPA members who are not early career psychologists and are joining the referral service for the first time may join for \$75 (a listing in one geographic location). If you wish a listing in more than one geographic location add an additional \$25 each).

After the first year (except for Early Career Members) the following rates apply: one listing for \$150, a listing in a second geographic location for an additional \$75, a third and/or fourth geographic listing for \$60 each.

* MD Licensed psychologists who are not MPA members are charged double the rates listed above.

PLEASE ANSWER THE FOLLOWING STATEMENTS/QUESTIONS AND return to:

MPA Referral Service, 10025 Governor Warfield Parkway, Suite 102, Columbia, MD 21044.

Please print name _____ am a Maryland State Licensed Psychologist.

Referral Office Location (1) _____ Phone _____

Referral Office Location (2) _____ Phone _____

Referral Office Location (3) _____ Phone _____

(1) this completed application with Ethics Questionnaire,

(2) the 2008 MPA Referral Service Fact Sheet, (Check for accuracy and changes)

(3) a copy of your liability insurance certificate face sheet, and

(4) your yearly membership fee

Remember to include a copy of your insurance policy face sheet indicating the limits and rates of coverage with this form--we cannot refer callers to you without having it on file.

Ethics Questionnaire

License # _____ I am an MPA member Yes No

1. Do you carry \$1,000,000/3,000,000 or more professional liability insurance? Yes No

2. Have you ever been the subject of any disciplinary action (of any form, including, but not limited to, suspension or revocation of license, reprimand, etc.) by any national, state, local or professional agency, board, or organization? * Yes No

3. Are you now the subject of any investigation or disciplinary action (of any form, including but not limited to, suspension or revocation of license, reprimand, etc.) by any national, state, local, or professional agency, board or organization? * Yes No

4. Have you ever been the defendant in any lawsuit wherein claims were asserted against you for malpractice or breach of duty and wherein judgment was rendered against you? * Yes No

5. Are you presently the defendant in any lawsuit wherein claims are asserted against you for malpractice or breach of duty? * Yes No

(If so, provide detailed information regarding circumstance on a separate sheet of paper.)

Signature: _____ Date: _____