



ONLINE DIRECTORY

A BENEFIT FOR IPAA MEMBERS

Your IPAA Membership allows you an Online Directory listing on the IPAA website,
www.myipaa.org

Please note that all information posted on the Online Directory is open for public view.

ONLINE DIRECTORY INFORMATION SHEET

NAME _____ DEGREE _____

TITLE (ie., Licensed Psychologist, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Registered Psychologist, Registered psychological Assistant, etc.)

LICENSE (CERTIFICATE) NUMBER (if applicable) _____

PRIMARY OFFICE ADDRESS _____

_____ City _____ zip code

PRIMARY OFFICE PHONE NUMBER () _____ - _____

SECONDARY OFFICE ADDRESS : _____

_____ City _____ zip code

SECONDARY OFFICE PHONE NUMBER () _____ - _____

FAX NUMBER () _____ - _____

E-MAIL ADDRESS _____

PERSONAL PROFESSIONAL WEBSITE ADDRESS : _____

PRACTICE INFORMATION

Please Note: The following information will be published only for those IPAA members who have their current California Board of Psychology license or other Board granted number on file with IPAA.

Types of Professional Services provided (check all that apply):

Psychotherapy Counseling Clinical Psychology Marriage Family Therapy
 Clinical Social Work Assessment/Testing Academic Consulting

Populations Served (check all that apply):

Young Children (ages 5 and under)
 Children (ages 6 through 12)
 Adolescents (ages 12 through 17)
 Adults (ages 18 through 64)
 Senior Adults (ages 65 and over)

Treatment Types (check all that apply):

Individual Couples/Marital Family Group

List languages other than English THAT YOU ARE PROFICIENT AND utilize during delivery of services: _____

Problems Treated and Topics Addressed (Select FIVE or less from the following list):

Codependency, Adjustment Disorders, Anxiety Disorders, Attention Deficit Disorders, Autism/Asperger's, Blended Families, Brain Injury/Neurological, Chemical Dependence/Substance Abuse, Child Custody, Chronic Illness, Chronically Mentally Ill, Couple/Relationship Issues, Depression, Divorce, Domestic Violence, Eating Disorders, Ethnic/Cultural, Forensics, Lesbian/Gay/Bisexual/Transgender, Gender/Identity, Geropsychology, Grief/Bereavement, Health Psychology, HIV/AIDS, Incest/Rape/Adult Sexual Abuse, Learning Disabilities, Mood Disorders, Obsessive Compulsive Disorders, Parenting, Perpetrators of Crime, Personality Disorders, Persons with Disabilities, Phobias, Post Traumatic Stress Disorder, Self Esteem/Personal Growth, Sexual Dysfunctions, Sleep Disorders, Terminal Illness, Victims of Crime/Violence, Other (please specify)

Please list FIVE or LESS from the Problems/Topics list
in the order in which you would like them to appear:

1. _____
2. _____
3. _____
4. _____
5. _____

Treatment Modalities (Select FIVE or less from the following list):

Anger Management, Assertiveness, Assessment, Biofeedback, Career Counseling, Child/Play Therapy, Cognitive Behavioral Therapy, Corporate Coaching, Couples Therapy, Crisis Interventions, Divorce Mediation, Educational Therapy, EMDR, Family Therapy, Group Therapy, Humanistic, Hypnosis/Imagery, Industrial/Organizational, Jungian, Mind-Body Psychotherapy, Neuropsychology, Pain Management, Psychoanalysis, Psychodynamic Therapy, Sex Therapy, Other (please specify)

Please list FIVE or LESS from the Treatment Modalities list
in the order in which you would like them to appear:

1. _____
2. _____
3. _____
4. _____
5. _____

I, _____, agree to hold IPAA harmless and to defend its administrators, officers, directors, and employees from any and all litigation costs, attorney fees, claims, judgments, liability, and damages that may result from services I have rendered to users of the IPAA Online Directory.

By submitting this form to IPAA, I affirm that the aforementioned statements are true and that the information that I have provided in this form is not false, fraudulent, misleading, or deceptive in violation of the APA Code of Ethics. A statement that qualifies as false, fraudulent, misleading, or deceptive: (a) misrepresents fact, (b) fails to state any fact necessary to make a statement, in light of all circumstances, not misleading, (c) is intended to or is likely to create an unjustified expectation or false impression. IPAA reserves the right to edit or delete any information it deems necessary. I declare that under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Signature

Date

Please, Fill out, Print, Sign, and Mail To:

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(IPAA)
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