

National Philosophical Counseling Association

NPCA Membership Application Form

Date: _____ Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Web Page: _____

Highest Degree Earned: _____

Institution: _____ Year: _____

Present Occupation/ Academic Affiliation: _____

Areas of Specialization/Primary Interest: _____

Do you have experience as a counselor? Yes [] No []

Are you a student? Yes [] No []

If yes, specify major field and whether graduate or

undergraduate _____

Are you interested in learning more about philosophical counseling? Yes [] No []

Besides your training as a philosopher, do any of the following apply to you?

Psychiatrist [] Clinical Psychologist [] Marriage/ Family Counselor []

Pastoral Counselor [] Social Worker [] Substance Abuse Counselor []

Certified N.L.P. Counselor [] Certified R.E.B.T. Counselor []

[] Other, please specify _____

Have you any professional degrees, certifications, or licenses in counseling? No []

Yes []

If yes, please specify _____

Have you been an instructor or faculty member for any counseling profession? No []

If yes, please specify _____

In what year did you first begin your experience as a counselor? _____

Briefly describe the nature and extent of any counseling experience.

If qualified, would you be interested in being named a “Fellow,” or “Senior Fellow” of the National Philosophical Counseling Association? Yes No

If qualified, would you be willing to serve as a member of a certification board for philosophical counselors? Yes No

If qualified, would you be willing to serve as an instructor or faculty for training programs or workshops in philosophical counseling? Yes No

Are you a member of the American Philosophical Association? Yes No

If so, which of the divisional meetings do you normally attend? _____

Are you a member of any other professional society related to counseling? Yes No

If yes, please specify _____
