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 [ ]
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 ___________________________________________________________

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