

**APPLICATION FOR MEMBERSHIP – MENTAL HEALTH
PROFESSIONAL AS A FAMILY PROFESSIONAL
COLLABORATIVE DIVORCE ASSOCIATION
OF THE CAPITAL DISTRICT**

EARLY BIRD SPECIAL! If you submit your dues by December 31, 2016, dues will only be \$300.00 instead of \$325.

For Membership Calendar Year 2017

Name: _____
First
Middle
Last

Occupation: _____

Office Address: _____

Telephone: _____ Facsimile: _____

Email: _____ Website Address: _____

Degree and Date Awarded: _____

Number of Collaborative Cases in 2016: _____

I am currently involved in a practice group: YES NO

I am interested in joining a practice group: YES NO

Membership/Licensing:

- Mental Health Professional** – New York license in good standing as:
 - Licensed Clinical Social Worker (LCSW)
 - Doctorate of Philosophy (PhD)
 - Doctorate of Psychology (PsyD)
 - Licensed Mental Health Counselor (LMHC)
 - Licensed Marriage and Family Therapist (LMFT)
 - Psychiatrist
 - Other _____

I plan to participate as a Family Professional:

1. I have completed three years of post-graduate clinical experience (master's level or above). My background, education and experience is in: Family systems theory, Individual and family life cycle and development, Assessment of individual and family strengths, Assessment and challenges of family dynamics in separation and divorce and the challenges of restructuring families after separation

I have not yet met the above guideline.

I plan to participate as a Child Specialist:

2. I have completed three (3) years of post-graduate clinical experience (master's level or above). I have expertise in child development, clinical experience with a specialty focus on children and an in-depth understanding of children's unique issues in divorce

I have not yet met the above guideline.

Training Guidelines:

1. I have completed Mediation Training (including divorce mediation) as follows:
(If renewing membership, please only indicate 2016 training information.)

Course/Trainer(s) _____

Location/Date: _____

Number of Hours: _____

Course/Trainer(s) _____

Location/Date: _____

Number of Hours: _____

I have not yet met the above guideline.

2. I have completed Interdisciplinary Collaborative Practice Training taught by trainers who meet the IACP minimum standards for trainers as follows:
(If renewing membership, please only indicate 2016 training information.)

Course/Trainer(s) _____

Location/Date: _____

Number of Hours: _____

I have not yet met the above guideline.

3. I have completed a minimum of three hours of Family Law training designed to give the mental health professional a basic understanding of family law in this jurisdiction as follows:

(If renewing membership, please only indicate 2016 training information.)

Course/Trainer(s) _____
Location/Date: _____
Number of Hours: _____

- I have not yet met the above guideline.
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By signing below, I agree to the following (check each individually and sign below):

- I commit to follow the purpose and mission of the Collaborative Divorce Association of Capital District which is “to advance and promote the principles of collaboration in divorce and family law, which fosters marriage dissolution and the resolution of family related matters in an environment without animosity or recrimination; to elevate the standards of integrity, honor and courtesy in the legal profession, and to foster cooperation among the legal profession, mental health profession, financial profession and other professionals serving the public in divorce and family matters.” I will strive to practice in a manner consistent with the International Academy of Collaborative Professionals Principles of Collaborative Practice and Ethical Standards.
- I agree to abide by the standard Participation Agreement issued by CDACD, and to commit to the principles and guidelines of CDACD, including all provisions requiring confidentiality and that professionals withdraw if the matter results in contested litigation.
- I agree to attend at least ten (10) hours of continuing education every two (2) years which may include at least four (4) hours each year of collaborative training offered by CDACD or its equivalent. Such training may include topics specific to the collaborative process, or, "cross-training", i.e., courses in disciplines, other than my own profession, which are useful in the collaborative process. I understand that if I do not complete this training during the requisite time frame, I may not be eligible for renewal of my membership.
- I understand that I will be listed as a member professional in CDACD brochures, advertising materials, and on the CDACD website, and I consent to receive emails from CDACD regarding membership issues, meetings, and general information (not advertisements).

I AGREE TO ABIDE BY THE FOREGOING AGREEMENTS AND PRINCIPLES.

Signature of Applicant: _____ *Date:* _____

Please submit the following with your application no later than JANUARY 31, 2017 to:

CDACD
P.O. Box 38165
Albany, New York 12203

- Completed Membership Application.
- Annual Dues of **\$325.00**, payable to “CDACD”

Note: The dues will be for the calendar year 2017 and the amount due includes \$100.00 for IACP membership for 2017. Timely payment of annual dues is required to maintain your membership in CDACD.

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