**SIMHA New Member Application**

***CONFIDENTIAL INFORMATION***

*Please fill out this form and email it to the membership chair (Yang Lu, yanglumh@gmail.com).*

*Note: Information submitted on this form will be retained by SIMHA for two purposes: (1) membership verification and certification, and (2) communication within SIMHA regarding SIMHA affairs. It will not be put to any other use or released to any other party.*

**Membership Category:** [ ] Clinical [ ]  Associate [ ]  Student

**Name:** Click or tap here to enter text.

**Contact:**

Office Add Click or tap here to enter text.

Mobile Click or tap here to enter text.

Email Click or tap here to enter text.

**Highest Degree:**Choose an item.

**Profession** (Choose one that best describes): Choose an item.

**Current Professional Title:** Click or tap here to enter text.

**For Clinical and Associate Membership Application:**

1. Please outline how specifically your education background meets the academic requirements for Clinical or Associate Membership (membership criterial attached):

Click or tap here to enter text.

1. Please indicate your current clinical license and expiration date:

Click or tap here to enter text.

1. Please outline the criteria for and method of becoming eligible for registration or obtaining a license in your mental health profession/s in the country you’re licensed:

Click or tap here to enter text.

1. Please indicate the website addresses or a phone number of your licensing board for reference:

Click or tap here to enter text.

1. Clinical Members: please outline how specifically you meet the supervision requirements for Clinical Membership

Click or tap here to enter text.

1. Associate members: please describe your current supervision (include your supervisor’s name, credentials, contact info and frequency of supervision, e.g. hours per week or month)

Click or tap here to enter text.

**What areas are you able to provide continuing education or training in?**

Click or tap here to enter text.

**Are you able to provide consultation/supervision to other SIMHA members?** *Please provide details with regards to your supervisory experience and/or training if ‘Yes’.*

[ ]  Yes [ ]  No

Click or tap here to enter text.

**Do you have any record of legal convictions?** [ ]  Yes [ ]  No

**Have you lost your professional license or had any other disciplinary action including any pending professional reviews or actions to limit your practice?**[ ]  Yes [ ]  No

*If yes to either of these two previous questions, please attach an explanation to this application.*

**Web Directory:**

*If you are applying for Clinical or Associate membership, please indicate if you would like your profile published in our web directory:*

[ ]  yes [ ]  no

**Supporting Documents Checklist**

*Be sure to include the following documents if applicable when submitting your signed application form*

* Copy of resume
* Copy of highest degree
* Copy of active license from country of training
* Copy of current non-tourist visa
* Evidence of supervision for clinical members: e.g. supervision agreement/contract or letter of verification signed by supervisor
* Evidence of student status for student members: e.g. current transcript, verification letter of enrollment etc.

Membership fee (payable upon acceptance): Clinical 1000 RMB, Associate 750 RMB, Student 375 RMB. Membership dues are non-refundable.

*Please read the* ***Code of Ethics*** *available on the Shanghai International Mental Health Association website:* [***https://s-imha.com/code-of-ethics/***](https://s-imha.com/code-of-ethics/) *and print out this form and sign below to indicate your agreement to abide by the SIMHA Code of Ethics*

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBERSHIP CRITERIA:**

**Clinical Members must have:**

1)  A Master's Degree or higher, or equivalent professional training, in a field of clinical mental health from an institution which is recognized by a regional or national accreditation body. Such training should include both theoretical courses in the specific mental health field and supervised clinical work experience.

2)  Have completed at least two years of full-time well-supervised post-master’s clinical experience in their field (or equivalent) defined as:  2,500 contact hours of clinical experience including at least 250 hours of direct supervision with the appropriate discipline.

3) Active licensure/registration for clinical practice in the country of training for their field of practice, if such licensure or registration with a relevant authority is available or expected to practice clinically

4)  Clinical Members must reside in Shanghai as evidenced by 1) possession of non-tourist visa, and 2) presence in, and availability to serve, the Shanghai International community a minimum of eight (8) months per year.

**Associate Members must have:**

1)  A Master's Degree or higher, or equivalent professional training, in a field of clinical mental health from an institution which is recognized by a regional or national accreditation body BUT not eligible for Clinical Membership due to insufficient contact/supervision hours. Such training should include both theoretical courses in the specific mental health field and supervised clinical work experience. *OR*

2)  (i) Bachelor's degree in a field of clinical practice, if permitted to practice with a Bachelor's degree in country or state of training, (ii) Licensed for clinical practice in the country or state of training for their field of practice at the Bachelor's level if such licensure is available, (iii) Able to document ten (10) years' supervised full-time post-baccalaureate clinical practice.

3) Associate Members must reside in Shanghai as evidenced by 1) possession of non-tourist visa, and 2) presence in, and availability to serve, the Shanghai International community a minimum of eight (8) months per year.

4) Associate Members must provide reasonable evidence of supervision received (as is suggested by their regional or national accreditation body) for their clinical work they have been, and are, engaged in for the duration of clinical practice in Shanghai.

**Student Members are:**

1)     Graduate and undergraduate students in mental health fields of clinical practice.