The Utah Association of School Psychologists (UASP) is the state affiliate of the National Association of School Psychologists (NASP).

Benefits of Membership
The mission of UASP is to empower school psychologists by advancing effective practices, research, and policy development to improve students’ learning, behavior, and mental health, and by advocating for the profession of school psychology and the rights and welfare of children and youth.

- Join fellow school psychologists across Utah in a statewide network to exchange ideas, share concerns, and collaborate on solutions.
- Qualify for reduced rates at UASP-sponsored workshops and UASP’s annual professional development conference featuring nationally recognized speakers.
- Receive UASP’s news updates and stay current about research outcomes, state and national events, and helpful resource materials.
- Benefit from public relations efforts to promote and support the profession of school psychology and stay informed about national and local legislative issues.

Membership Categories
- **Regular** – One who is currently licensed by the Utah State Board of Education as a school psychologist or by the State of Utah as a psychologist; currently functions as a Utah school psychologist, psychologist, supervisor in school psychological or closely related services; or engages in training of school psychologists at a Utah university.
- **Associate** – One who provides mental health services to children and currently functions in a role similar to that of a school psychologist, but is not a Utah licensed school psychologist.
- **Student** – One who is currently enrolled in a school psychology training program and is not currently licensed as a school psychologist or psychologist in the state of Utah.
- **Retired** – One who has been a Regular member of UASP and is now retired.
Utah Association of School Psychologists

Membership Application
October 1, 2019 to September 30, 2020

Type of Application:  □ Renewal  □ New Member

Membership Category / Dues (please check one):  □ Regular ($50.00)  □ Associate ($50.00)  □ Retired ($25.00)  □ Student* ($15.00) *(verification required)

Title:  □ Dr.  □ Mr.  □ Mrs.  □ Ms.  First Name: ___________________________  MI: _____  Last Name: ___________________________

Home Address: ___________________________________________  City: ___________________________  State: _________  ZIP: ______________

Which address do you prefer to receive UASP mailings?  □ Home  □ Work  NOTE: If you prefer mailings at work, please provide your work address below:

Work Address: ___________________________________________  City: ___________________________  State: _________  ZIP: ______________

E-mail Address (for UASP listserv): ___________________________________________

Preferred Telephone Number: ___________________________  Type of phone:  □ Home  □ Office  □ Cell  □ Other

Employer: ___________________________________________  Current Position: ___________________________________________

Certified/licensed school psychologist in Utah (by USBE)?  □ Yes  □ NoNCSP Credentialed?  □ Yes  □ No  □ Pending

Licensed psychologist in Utah (by DOPL)?  □ Yes  □ No  Current member of:  □ NASP  □ APA  □ Division 16 (APA)  □ UPA  □ None of the above

Highest Degree: __________  Year Received: __________  Degree Program: ___________________________  University: ___________________________

UASP is an all-volunteer organization. If you would be willing to help on a UASP committee, please check all below that may be of interest to you:

☐ Publications  ☐ Legislative  ☐ Membership  ☐ Conference  ☐ Public Relations  ☐ Multicultural Issues  ☐ Technology  ☐ Nominations and Awards  ☐ Fundraising and Charitable Gifts  ☐ Any/all of the above – contact me  ☐ Other: ___________________________

“I affirm that all of the information provided on this form is accurate and I hereby agree to abide by the professional standards and ethical code of my profession.”

Applicant Signature: ___________________________________________  Date: ___________________________

*Student Status Verification:  Date ___________________________  Faculty/Advisor Signature ___________________________  University ___________________________

Apply/renew online:  https://uasp@wildapricot.org

OR

Mail completed Membership Application with appropriate payment (make checks payable to Utah Association of School Psychologists) to:

Membership Committee
Utah Association of School Psychologists
358 S. 700 East, B-312
Salt Lake City, UT 84102