



2012-2013 MEMBERSHIP QUESTIONNAIRE

The undersigned hereby subscribes to the By-laws of CAPDA and undertakes to comply with the rules and regulations of the Association. The revised by-laws are attached and should be reviewed carefully.

Contact Information (for the CAPDA directory and website)

Area of Practice: _____

**Dr. Deborah Cowman, Ph.D., C.Psych.
Cowman Psychological Services
203-419 Lawrence Avenue West
Toronto, Ontario. M5M 1V7**

Phone: (416) 985-5067
Fax: (416) 932-0855
E-mail: dcowman@sympatico.ca
Website URL: _____

PRACTICE INFORMATION (for the CAPDA directory and website)

Assessment Services:

Do you conduct disability assessments? YES NO

If YES, please answer the following questions.

What percentage of your work are disability assessments? _____%

Check the types of disability assessments conducted:

Clinical _____
Neuropsychological _____
Psychovocational _____
Other (describe) _____

Check the age groups for which this is provided:

- Infants _____
- Children _____
- Adolescents _____
- Adults _____
- Elderly _____
- Other (describe) _____

Check referral sources for disability assessments:

- Insurers _____
- Lawyers _____
- Rehab personnel _____
- Physicians _____
- Assessment agencies _____
- Self _____
- Other (describe) _____

Therapy Services:

Do you provide rehabilitation-oriented therapy? YES NO

If YES, please answer the following questions:

What percentage of your work is rehabilitation-oriented therapy? ____%

Check the age groups for which this is provided:

- Infants _____
- Children _____
- Adolescents _____
- Adults _____
- Elderly _____
- Other (describe) _____

Check referral sources for rehabilitation-oriented therapy:

- Insurers _____
- Lawyers _____
- Rehab personnel _____
- Physicians _____
- Self _____
- Other (describe) _____

Scope of rehabilitation therapy services includes:

Type of intervention:

- Cognitive _____
- Behavioural _____
- Psychodynamic _____

Biofeedback _____
 Hypnosis _____
 Rehabilitation counseling _____
 Cognitive retraining _____
 Marital _____
 Family _____
 Other (describe) _____

Types of conditions:

Anxiety disorders _____
 Mood disorders _____
 Post-traumatic stress disorder _____
 Anger and impulse disorders _____
 Adjustment disorders _____
 Cognitive impairment _____
 Chronic pain/Somatoform _____
 Behavioural disorders _____
 Other (describe) _____

Languages in which you provide services

French _____
 English _____
 Other (please specify) _____

Authorization

Would you like the above contact and practice information published on the CAPDA website and in the directory? YES NO

(By indicating “yes” you authorize CAPDA to publish the above contact and practice information on the CAPDA web site, and acknowledge that it is your responsibility to inform the Association of any changes to your contact information)

Interest in CAPDA Committee Activities

Please indicate your interest in assisting CAPDA’s working committees and/or your interest in being a Board member.

- Education Committee Education Chair
- Membership Committee Membership Chair
- Standards and Guidelines Committee Standards and Guidelines Chair
- Position Papers Symposium/workshops
- Coordination/affiliation with other organizations
- Jurisprudence rulings and assessment article databases Education and Credentialing

MEMBERSHIP INFORMATION (for internal records only)

Do you currently hold registration, license, or full membership as a doctoral level Psychologist with a provincial or state regulatory body? YES NO

Has your practice been restricted by a provincial or state regulatory body? YES NO

Are you a member in good standing of the Psychology profession? YES NO

Have you completed at least 50 continuing education hours in disability assessment over the past year? (Note: peer consultation and supervisory hours [both as supervisor or supervisee], self-directed reading and research, formal workshops all count as continuing education hours) YES NO

Name _____ Signature: _____
(Please print)

Additional Comments:

