

Please complete the following:

1. The degree you presently hold is:
Doctorate _____ Masters _____ Other _____
 2. Your degree is in the field of _____

 3. University or college where you obtained degree:

 4. National Certification(s) you hold and certificate number(s) _____

 5. State Professional License(s) you hold and license number(s) _____

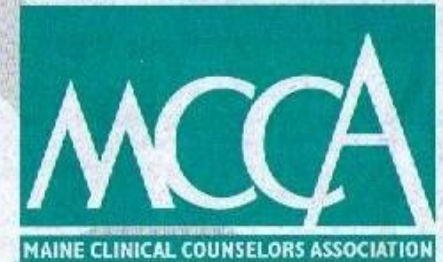
 6. Is your license or certification presently under review or suspension? Yes _____ No _____
 7. Work Setting:
_____ Independent Practice _____ University
_____ Agency _____ Hospital
_____ School _____ Other
 8. Please list all national and state counseling organizations of which you are a member.

 9. Would you be interested in mentoring another MCCA clinician? Yes _____ No _____
 10. Would you like to have a MCCA mentor? Yes _____ No _____
- Referred by _____
Signature _____
Date _____

SEND COMPLETED FORM AND CHECK TO:

Maine Clinical Counselors Association
P O Box 2563
Waterville, ME 04903
207-780-6065

P O Box 2563
Waterville, ME 04903



The only professional organization
serving clinical counselors and allied
mental health professionals in Maine.

**MEMBERSHIP
INFORMATION
AND
APPLICATION**



MCCA is a chartered
State Chapter of the
American Mental Health Counselors Association

www.mcca-info.org



The Maine Clinical Counselors Association is an award-winning statewide organization that safeguards and promotes the interests and licenses of Licensed Clinical Professional Counselors and Allied Mental Health Professionals.

Members work in independent practice, public and private agencies, hospitals, schools, universities, businesses, and other areas.

MCCA plays a significant role in the vitality of the counseling profession, and strives to include all LCPC's in Maine in our membership.

MCCA membership serves you by:

- Legislative advocacy in Augusta and Washington including equality for all mental health professionals.
- Public education and support for mental health counseling.
- Licensure advocacy and monitoring.
- State and regional workshops at reasonable costs.
- Networking with other mental health professionals across the state.
- Continuing education to enhance therapeutic skills and C.E.U.'s for re-licensure.

On Line Services:

- Newsletter to keep members informed.
- Email updates and alerts with information relevant to clinical practice and licensure.
- Online directory that consumers can use to locate clinicians.
- Links from MCCA to member's websites.
- Reduced advertising rates on MCCA website and newsletter.
- MCCA website designer offers 15% discount for certain website packages.

Types of Membership

PROFESSIONAL (voting)

Applicants certify that they meet the standards of entry-level professional recognition as a clinical counselor, have a master's degree in mental health counseling or a closely related field from an accredited institution of higher learning. Includes the following licenses: LCPC, LCSW, LMFT, Licensed Pastoral Counselor, Clinical Psychologist and all conditional clinical licenses.

New Professional (voting)

A conditional professional (LCPC, LCSW, LMFT, Licensed Pastoral Counselor, Clinical Psychologist) in their **first year** of practice only.

ASSOCIATE (Non-Voting)

Applicants include bachelor or masters level without clinical licensure: LPCs, case managers, and retired counselors.

STUDENT (Non-Voting)

Any student who is enrolled in a graduate degree program in mental health counseling or related field is eligible to become a student member for a period not to exceed four years.

Become a MCCA and AMHCA member today.

We encourage counselors to join the American Mental Health Counselors of America (AMHCA), which includes membership in MCCA. There is a unified dues agreement that provides a 20% discount for professional members. Call 1-800-326-2642 x103 or send an email to lmorano@amcha.org for more information.

We welcome your support and involvement.

MCCA subscribes to the Ethical Code of Practice adopted by AMHCA



MCCA Membership Application

Please Check Membership Category:

- _____ Professional Member \$60. Annually
- _____ Professional (new) Member \$30.
- _____ Associate Member \$30. Annually
- _____ Student Member \$15. Annually

Apply and Pay on-line at: www.mcca-info.org

To apply and pay by check, complete the information below and make the check payable to MCCA.

To pay by credit card, please access our website at www.mcca-info.org for an on-line application and payment.

Application Information:

Name _____

Mailing Address _____

City/Town _____

State _____ ZIP _____

Home Phone _____ Office Phone _____

Fax _____ Email _____

Student Applicants Must Complete the Following:

Institution in which you are enrolled _____

Degree you plan to obtain _____

Year you plan to graduate _____

Please have a Faculty or On-Site Supervisor Sign Below:

Signature _____ Date _____

(Continued on reverse side)