

**Enrollment Form for the
APA Early Career Psychologist Network (ECPN)**

Please enter ALL information on both sides and send completed form to asittig@apa.org or

**Alex Sittig
American Psychological Association
Membership & Convention Marketing
750 First St., NE
Washington, DC 20002**

ECPN REPRESENTATIVE

Last Name: _____ First Name: _____

Email Address: _____ Phone Number: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City: _____ State: _____ Zip Code: _____

ECPN Representative for:

APA Division (enter #1-56): _____

OR

State, Provincial, or Territorial Psy. Assoc. (SPTA): _____

ECPN Term:

Start of Term: _____

End of Term: _____

(e.g., 1/1/2007 to 12/31/2009; CECP recommends a two-year term for ECPN Representatives)

DATE OF GRADUATION FROM DOCTORAL PROGRAM: _____

(Representatives must be within 7 years of receipt of psychology doctorate degree at the start of ECPN Term)

DIVISION/SPTA EXECUTIVE DIRECTOR

Last Name: _____ First Name: _____

Email Address: _____ Phone Number: () _____

ASSESSMENT OF ECP REPRESENTATION AND ACTIVITIES

1. Does your Division or SPTA have a committee on early career psychologists? Yes No

2. Does your Division or SPTA designate a slate for an early career psychologist on the:

a. Executive Board? Yes No

b. Other? Yes No Name of Board or Committee (s): _____

3. Do you have an early career resource section on your website? Yes No

If yes, please provide URL: _____

4. Do you have a mentoring program for early career psychologists? Yes No

If yes, please provide URL for directions on how to join: _____

5. Do you have a listserv for early career psychologists? Yes No

If yes, please provide URL for directions on how to join: _____

6. Please list additional ECP activities and programs:
