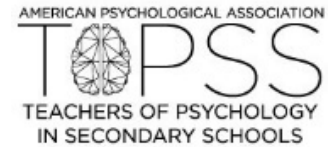




**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**



**High School Psychology Teacher Regional or State Group Form:
For Groups Using TOPSS Name**

Naming Notice

Because Teachers of Psychology in Secondary Schools and the TOPSS initials are trademarks of the American Psychological Association (APA), any local, regional, or state group of high school psychology teachers that uses the TOPSS name or initials, or any other group or person interested in using the TOPSS name or initials, must request permission to do so from APA by completing this form and agreeing to the requirements provided on the following page.

State or regional group name (e.g., *Chicago Teachers of Psychology in Secondary Schools*):

State or regional group acronym, if applicable (e.g., *CHI-TOPSS*):

Region(s) and/or State(s) represented by group (please be as specific as possible):

Are you a legal entity (e.g., incorporated):

YES ☐

NO ☐

If so, what type? _____

Group contact: _____

Group contact phone number: _____

Group contact email address: _____

Group website address: _____

Group social media sites: _____

By signing below, I confirm the group named above ("Group") understands that it can use the TOPSS name and initials only if it makes clear on its website, social media sites, and/or in all relevant electronic or printed public materials that it is not formally affiliated with the American Psychological Association (APA). Specifically, Group agrees to use the following disclaimer on all of the foregoing materials:

“[Name of Group] is not formally affiliated with the American Psychological Association (APA), but is recognized by APA as a local group/conference for high school psychology teachers. The TOPSS initials are a registered trademark of APA and are used with its permission.”

Group also agrees to publicly acknowledge any financial support that the Group receives from the American Psychological Foundation (APF) or APA to convene a meeting or implement an initiative.

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Signature: _____

Printed Name: _____

Title: _____

Date: _____

*Please submit this form to APA at TOPSS@apa.org
APA Education Directorate, 750 First Street, N.E., Washington, DC 20002*