



## ARGYLE INSTITUTE OF HUMAN RELATIONS

### Application for Clinical or Associate Membership

The Argyle Institute is a collection of mental health professionals dedicated to providing accessible mental health treatment to clients from diverse sectors of society. A member of the Argyle Institute agrees to uphold the Mission statement and the mandates with respect to all Argyle policies.

**Please check one:**

**I am applying as:**

- Clinical Member (Access to referrals from clinic sliding fee roster and private fee roster, as well as privilege to rent office onsite): I agree to pay the annual Clinical Membership Fees of \$1,380.00 in one payment or Monthly.
- Transitory Clinical Member (Same as Clinical Member, but reserved for clinicians in the process of, or awaiting, obtaining their OPQ psychotherapy permit. Granted for a maximum of 18 months): I agree to pay the annual Clinical Membership Fees of \$1,380.00
- Associate Member: (Reserved for mental health clinicians who would like to participate in the educational, professional development and peer relations offered by the Argyle Institute without access to the client clinic): I agree to pay the annual membership fee of \$180.00.

#### 1. Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (residence) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail \_\_\_\_\_

**2. Academic Qualifications Related to Theory & Practice of Mental Health**

Highest degree obtained: \_\_\_\_\_

(Specify degree and area of specialization, e.g., M.Ed. – Counselling, M.Sc. – Psychology)

University \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**3. Post-graduate Mental Health Training (if applicable) which includes at least 500 hours of supervised clinical training.**

Program: \_\_\_\_\_

Year of completion: \_\_\_\_\_

**4. Professional Affiliation**

What professional regulatory body or Quebec professional corporation do you belong to?

1. \_\_\_\_\_

2. \_\_\_\_\_

Membership #s: \_\_\_\_\_

OPQ Permit is a requirement for membership.

OPQ Psychotherapy permit # \_\_\_\_\_

- Please provide a photocopy of memberships and permits.

**5. Insurance**

Professional liability insurance is a requirement for membership.

Name of your insurance carrier: \_\_\_\_\_

Policy # \_\_\_\_\_

- Please provide a photocopy proof of your current policy

6. Have you ever been investigated by a professional order for a breach in ethical behavior related to the profession of psychology/psychotherapy following a complaint made by a client or colleague? Yes\_\_\_\_ No\_\_\_\_

If yes, when? \_\_\_\_\_

What was the charge and discipline? \_\_\_\_\_

**7. Professional Orientation**

Please specify your:

1) Theoretical frame(s) \_\_\_\_\_

2) Clinical approach(es) \_\_\_\_\_

8. Have you engaged in your own personal psychotherapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, what is the reason for not doing so? \_\_\_\_\_

**9. Professional Autobiography**

Please attach a brief autobiography of your professional development and interests. Your outline may include information on areas such as:

- Courses, seminars, conferences or workshops attended or given.
- Teaching experience
- Publications
- Research projects/interests
- Volunteer activities
- Other interests, hobbies, passions

**10. Sponsors**

Please request a confidential letter of sponsorship from two Clinical Members or Associates of the Argyle Institute. Your sponsors are required to submit the sponsorship letter directly to the Chair of the Membership Committee. If you are not familiar with an Argyle sponsor, please request confidential letters of reference from sponsors who can attest to your clinical work and character in a work setting.

My sponsors are: \_\_\_\_\_

and \_\_\_\_\_

**11. Volunteer Requirement**

I am aware of the needs and opportunities for volunteer work at the Argyle Institute and would like to contribute in the following ways/committees :

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As a mental health professional, I am concerned with the well-being of individuals, couples, and families, and I am committed to high standards of professional and ethical conduct in their treatment. I agree with and understand the values and the mission of the Argyle Institute in serving the community and I recognize the right of the Board of Directors to govern the Institute and its Associates.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application form and supporting documents to:

**Lisa MacMartin**  
**Membership Committee Chair**  
**Argyle Institute of Human Relations**  
**4150 Ste. Catherine street W. suite 328**  
**Westmount, Quebec**  
**H3Z 2Y5**  
**Or by email:**  
**macmartinlisa@gmail.com**