

RENEWAL APPLICATION

(Please Print)

NAME: _____ DATE: _____

PRIOR NAME IF CHANGED: _____

ACCOUNT: _____

POLICY #: _____

PHONE #: _____

EMAIL Address: _____

Date of Birth: _____

Please make checks payable to:
American Professional Agency
95 Broadway
Amityville, NY 11701

IF YOU ARE RENEWING YOUR INSURANCE AS A STUDENT FOR YOUR FIELD PLACEMENT REQUIREMENTS, THE FOLLOWING MUST BE COMPLETED AND RETURNED WITH YOUR PAYMENT BY YOUR EFFECTIVE DATE.

1. Academic Training

Name of college or university (Including current enrollment)	City and State	Curriculum Major	Years of Attendance	Title of Degree(s) Received or Expected (ie. BA, MA)	Date Degree Received or Expected mm/yy

2. Limits of Liability: (check one)

\$1,000,000/1,000,000 \$23.00 \$1,000,000/3,000,000 \$35.00 \$2,000,000/4,000,000 \$41.00

3. Since your last renewal, have you had a new claim, potential claim, licensing board complaint, ethics violation, professional misconduct, sexual misconduct or conviction of a crime, if yes, please send complete details on a separate sheet of paper along with any pertinent papers regarding the situation. If you have reported a board complaint and it has been adjudicated you must send us the outcome.
(YES) ____ (NO) ____

4. Is any person covered under this policy engaged in or ever been engaged in any sexual misconduct with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (for example a guardian, blood relative of the patient or spouse or any person sharing the patient's domicile)? (YES)____ (NO)____

5. Is the applicant a member in good standing of any professional association? If so, state the organization and type of membership. (i.e. Regular, Clinical, Associate, Student, etc.) _____

6. Address Change (if any): _____

7. Phone #: _____ Email Address: _____

DATE: _____ Signature: _____
(Student)

Signature and
Payment Required 

STUDENTS THAT HAVE GRADUATED PLEASE COMPLETE THIS SECTION

IF YOU ARE NO LONGER ELIGIBLE FOR STUDENT COVERAGE AND WISH TO OBTAIN AN APPLICATION FORM TO APPLY AS A PROFESSIONAL, PLEASE COMPLETE THIS SECTION AND RETURN IT TO OUR OFFICE OR REFER TO OUR WEB SITE: www.americanprofessional.com AND SELECT YOUR PROFESSION TO PRINT A FORM.

ACCOUNT NO: _____ POLICY NO: _____

NAME _____ PHONE NO.: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DEGREE RECEIVED _____ FIELD OF STUDY _____ DATE RECEIVED _____
MM DD YY

MEMBERSHIP: NASP NASW OTHER _____ CLASSIFICATION (i.e. Student, Full): _____
(if any) (Circle one)



Please make check payable to:

American Professional Agency, Inc.

Mail to:

American Professional Agency, Inc.

95 Broadway

Amityville, New York 11701

Special Note:

If paying by credit card or *Vcheck** (virtual check), please indicate the method on the application.

* *Vcheck* is a method where you enter your check information in an easy-to-use secure online form. This information is used to generate a one-time check that we take to the bank. You tell the system your routing and account number, payee, check number and dollar amount (Information that is already on your check).

Click Here!

For your FREE, first-time listing in [Psychology Today's Therapy Directory](#).

Start getting clients-A \$180 value from APA, Inc.