



Confidential Information

The information you provide on this form is used only: 1) to verify your qualification; 2) to certify your membership level; and 3) to communicate among IMHPJ members regarding IMHPJ-related matters. Your information will not be used for any other purpose and will not be shared with any third parties.

Name: _____

Home Address

Home TEL _____

Home FAX _____

Email _____

Work Address

Work TEL _____

Work FAX _____

Work Email _____

Please send IMHPJ communications to my Home address Work address

IMHPJ's Board of Directors chair a number of committees within the organization. Please select any committees you would like to serve on or learn more about, and the committee chair will contact you.

Liaison with Japanese Mental Health System

Annual Conference Planning

Disaster Response

Continuing Education/Professional Development

Resource Directory

Website Maintenance/Development

Community Outreach/Advertising

Membership Development

Ethics

Other

How did you hear about IMHPJ?

Levels of IMHPJ Membership

IMHPJ is a voluntary association of professionals and is not a licensing body. Membership is divided into two levels, **Clinical** and **Associate**, based on your qualifications and level of experience. Please use the following information to determine the level of membership for which you qualify.

Clinical Members must have either:

- A Master's Degree or higher, or equivalent professional training, in a field of Clinical Mental Health, from an institution which is recognized by a regional or national accreditation body. Such training should include both theoretical courses in the specific Mental Health Field and supervised Clinical work experience.
- At least two years of documented, full-time, well-supervised clinical experience in their field – or the equivalent thereof. (For your reference, one year of full-time, well-supervised Clinical work experience would be 1,250 hours of actual clinical work experience and at least 125 hours of direct supervision, 50 of which were completed post-graduation.

OR

- A Bachelor's Degree in a field of clinical practice, if one is permitted to practice professionally as a clinician with just a Bachelor's degree in the country or state of your training.
- Ability to document at least 10 (ten) years of full-time, well-supervised, post-baccalaureate clinical practice.

Associate Members include postgraduate degree holders not eligible for Clinical Membership, paraprofessionals, graduate and undergraduate students, social service volunteers and others who are interested and involved in mental health and related fields of clinical practice.

To apply for Clinical Membership...

Please begin by outlining the eligibility criteria for registration/licensure as a mental health professional in your home country. Please include website addresses (if any) that will enable our Membership Secretary to confirm this criteria, check the status of your registration/licensure, etc.

Please explain how your academic degree meets the academic requirements for Clinical Membership. (Please attach photocopies of all relevant degrees, registrations, licenses, etc. to this application.)

Please explain how you have fulfilled the requirements for supervised clinical experience for Clinical Membership. (Please attach photocopies of all relevant documentation of supervised clinical experience to this application.)

Example :

- 20 hours/week of supervised clinical experience x 40 weeks/year x 2 years = 1,600 hours
- 40 hours/week of supervised clinical experience x 45 weeks/year x 3 years = 5,400 hours

TOTAL = 7,000 hours of supervised clinical experience

Please explain how you have fulfilled the supervision requirements for Clinical Membership. (Please attach photocopies of all relevant documentation of supervision to this application.)

Example :

- 1 hour/week of individual supervision session x 40 weeks/year x 2 years = 80 hours
 - 1 hour/week of group supervision session x 40 weeks/year x 2 years = 80 hours
 - 1 hour/week of post-graduate individual supervision session x 45 weeks/year x 3 years = 135 hours
 - 1 hour of twice-monthly post-graduate group supervision session x 12 months x 3 years = 72 hours
- TOTAL = 367 hours of direct supervision
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To apply for **Associate Membership...**

Please specify what makes you eligible for Associate Membership.

If you are practicing or planning to practice in Japan as a mental health professional but do *not* qualify for Clinical Membership, are you currently receiving supervision? If yes, please provide details. If no, please explain.

Please note that Associate Members are not listed under "Search for Therapists" on the IMHPJ website (only Clinical Members are listed in the Therapist Search). The profiles of Associate Members are listed in the Membership Search.

Ethics

IMHPJ is committed to supporting the highest standards of ethical and professional practice by the international community of therapists here in Japan. With that in mind, please review the [IMHPJ Code of Ethics](#) and respond to the following questions.

Do you have any history of legal convictions, in Japan or in any other country? Yes No

If yes, please explain:

Have you ever lost your professional license, been subject to disciplinary action by your licensing organization (including any pending or ongoing professional reviews that might limit or revoke your license to practice)? Yes No

If yes, please explain:

Please read the [IMHPJ Code of Ethics](#) on our website (http://www.imhpj.org/about/code_of_ethics.html), print out this form, and sign below.

Your signature here indicates that you have read, understood, and agree to abide by the [IMHPJ Code of Ethics](#).

Signature: _____

Date: _____

Your Credential/Licensure: _____

After you have completed and signed this form, please mail or fax it to the IMHPJ Membership Secretary at the following address. (*NOTE: In order to be listed publicly on our website and in other directories, photocopies of all your relevant academic degrees, licenses, registrations and professional organization memberships must be included with this application.*) The Membership Secretary and/or others designated by the IMHPJ Board will review your application and documentation and then contact you with their decision regarding membership.

Aska Aoshima
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