



Celebrating Our Past - Building Our Future
1947 - 2007

ONTARIO PSYCHOLOGICAL ASSOCIATION

730 YONGE STREET, SUITE 221,
TORONTO, ONTARIO, M4Y 2B7

TEL (416) 961-5552 • FAX (416) 961-5516

opa@psych.on.ca

www.psych.on.ca

OPA SPEAKERS' DIRECTORY - APPLICATION

OPA BRINGS PSYCHOLOGY TOGETHER

The OPA Public Education Committee is continuing with its effort to make psychology more available to the public and to involve more psychologists and psychological associates in promoting our profession and practices.

Would you like to represent psychology in the public arena? We are looking to update our 'Speakers' Directory' which lists all OPA members who have particular areas of interest, and who would be interested in speaking to the media and/or members of the public should the need arise. If this describes you, please fill out the following 3-page 'Speakers' Directory Application' and fax or mail it to:

730 Yonge Street, Suite 221,

Toronto, Ontario, M4Y 2B7

Tel (416) 961-5552 • Fax (416) 961-5516 • opa@psych.on.ca

BACKGROUND INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Work): _____ Phone (Home): _____ Cell: _____

Fax: _____ Email: _____

Education (starting with the highest degree obtained and listing all of your degrees)

Institution

Degree

_____	_____
_____	_____

Present Position(s): _____

Principle Work Setting (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Mental Health Centre |
| <input type="checkbox"/> University | <input type="checkbox"/> Business & Industry |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Criminal Justice System |
| <input type="checkbox"/> Military | <input type="checkbox"/> Other _____ |

Primary Practice Area

- | | |
|--|--|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Health Psychology |
| <input type="checkbox"/> School Psychology | <input type="checkbox"/> I/O Psychology |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Forensic |
| <input type="checkbox"/> Other _____ | |

Primary Client/Patient Population

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Child | <input type="checkbox"/> Adolescent |
| <input type="checkbox"/> Couples | <input type="checkbox"/> Families |
| <input type="checkbox"/> Other _____ | |



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TOPICS OF INTEREST/EXPERTISE

Please indicate your knowledge/expertise in the following broad areas and then add any specific topics about which you would like to be contacted. For the areas of interest you indicate, please tell us about your previous experience speaking, writing, and/or talking with the media: Limited (L), Moderate (M), or Extensive (E).

Please tell us if your experience has been speaking to community groups (e.g., parent groups, professional groups, corporations, etc.), speaking to the media (e.g., radio, print, television), and/or writing (brochures, tip sheets, newspaper or magazine columns, feature articles, internet, etc.)

Interest?	Topic	Level of Experience L, M, E	Previous Media Experience (spoke to community group, wrote article, did radio/TV interview, etc.)
<input type="checkbox"/>	Addictions/Substance Abuse/ Gambling/Internet	<input type="checkbox"/>	_____
<input type="checkbox"/>	Adolescent Assessment/Issues	<input type="checkbox"/>	_____
<input type="checkbox"/>	Adult Assessment/Issues	<input type="checkbox"/>	_____
<input type="checkbox"/>	Aging/Elderly/Geriatric Psychology	<input type="checkbox"/>	_____
<input type="checkbox"/>	AIDS/HIV	<input type="checkbox"/>	_____
<input type="checkbox"/>	Anger/Assertiveness	<input type="checkbox"/>	_____
<input type="checkbox"/>	Anxiety Disorders	<input type="checkbox"/>	_____
<input type="checkbox"/>	Career Counselling/Organizational Issues	<input type="checkbox"/>	_____
<input type="checkbox"/>	Child/Adolescent Psychology Assessment	<input type="checkbox"/>	_____
<input type="checkbox"/>	Chronic Illness	<input type="checkbox"/>	_____
<input type="checkbox"/>	Crisis/Trauma/Disaster Response	<input type="checkbox"/>	_____
<input type="checkbox"/>	Death and Bereavement	<input type="checkbox"/>	_____
<input type="checkbox"/>	Depression/Mood/Personality/Psychotic Disorders	<input type="checkbox"/>	_____
<input type="checkbox"/>	Developmental/Learning Disabilities/Lifecycle	<input type="checkbox"/>	_____
<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	_____
<input type="checkbox"/>	Ethnic/Minority/Cultural Issues	<input type="checkbox"/>	_____
<input type="checkbox"/>	Exercise and Sport	<input type="checkbox"/>	_____
<input type="checkbox"/>	Family Issues (e.g., Parenting, Divorce, Custody, etc.)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Gay/Lesbian/Bi/Trans Issues	<input type="checkbox"/>	_____



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TOPICS OF INTEREST/EXPERTISE

Interest?	Topic	Level of Experience L, M, E	Previous Media Experience (spoke to community group, wrote article, did radio/TV interview, etc.)
<input type="checkbox"/>	Internet	<input type="checkbox"/>	_____
<input type="checkbox"/>	Men's Issues	<input type="checkbox"/>	_____
<input type="checkbox"/>	Pastoral Counselling/Spirituality	<input type="checkbox"/>	_____
<input type="checkbox"/>	Pet Psychology	<input type="checkbox"/>	_____
<input type="checkbox"/>	Psychological Testing	<input type="checkbox"/>	_____
<input type="checkbox"/>	Sexual Issues	<input type="checkbox"/>	_____
<input type="checkbox"/>	Stress	<input type="checkbox"/>	_____
<input type="checkbox"/>	Violence	<input type="checkbox"/>	_____
<input type="checkbox"/>	Women's Issues	<input type="checkbox"/>	_____
<input type="checkbox"/>	Workplace	<input type="checkbox"/>	_____

Please list any other issues/topics about which you would like to be contacted:

<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

I am interested in responding to requests from the *media* to speak on these psychology-related areas/topics.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I am interested in responding to requests from *community groups* to speak on these psychology-related areas/topics.

<input type="checkbox"/>	<input type="checkbox"/>

Comments/Questions? _____



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**Thank you for your
interest and support.**