**DIVISION 22 STUDENT LEADERSHIP NETWORK**

**AMERICAN PSYCHOLOGICAL ASSOCIATION, DIVISION 22 – REHABILITATION PSYCHOLOGY**

**NEW CAMPUS CHAPTER APPLICATION**

*Instructions: Please review the Student Leadership Network (SLN) Handbook for clarification of the structure of the SLN and duties of the Chapter Student Chair and Chapter Faculty Sponsor prior to completing this application. By completing and submitting this form, you agree to all responsibilities involved in establishing a new Campus Chapter. Please email completed applications and any questions to the Division 22 Student Representative (Abbey Hughes, abbeyjhughes@gmail.com).*

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| GENERAL INFORMATION | |
| Campus Chapter Information | |
| Name of Institution: | |
| Program & Department: | |
| Student Chair Contact Information | |
| Name (Last, First, MI): | |
| Year in Program: | Anticipated Degree/Graduation Date: |
| Preferred Mailing Address: | |
| Preferred Email Address: | Preferred Telephone Number: |
| Faculty Sponsor Contact Information | |
| Name (Last, First, MI): | |
| Current Professional Title: | Degree(s)/Year Obtained: |
| Please list any licensures or other professional credentials (e.g., ABRP): | |
| Preferred Email Address: | Preferred Telephone Number: |
| Campus Chapter Member Information | |
| Have you recruited at least two (2) prospective Student Members for your Campus Chapter?  \_\_\_ Yes (your Campus Chapter will be granted active status)  \_\_\_ No (your Campus Chapter will be granted pending status until you recruit two Student Members) | |

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| **CAMPUS CHAPTER STUDENT CHAIR AGREEMENT** |

*Please read each of the following statements and type your initials in the space provided to the left of each statement. By initialing, you accept the position of Division 22 SLN Campus Chapter Student Chair and the responsibilities of the position as outlined in the SLN Handbook.*

Initials Statement

**I certify that my institution does not currently participate in the Division 22 SLN Campus Chapter program and that I agree to serve as my institution’s first Campus Chapter Student Chair.**

**As a new Campus Chapter Student Chair, I have read and understand the *SLN Handbook* and its contents. I have identified a Campus Chapter Faculty Sponsor and have recruited two (2) prospective Student Members.**

**I agree to abide by all outlined duties and responsibilities outlined in the *SLN Handbook*. Should I no longer be able to fulfill this role, I will provide immediate notification to the Campus Chapter Faculty Sponsor and to the SLN Committee, and, if necessary, assist in locating an appropriate replacement.**

**I understand that if I do not abide by these duties and responsibilities, the SLN Committee reserves the right to provide warning, followed by temporary deactivation of the Campus Chapter. If there are continued difficulties, I understand that the SLN Committee reserves the right to deactivate the Campus Chapter.**

**If requested to provide additional documentation to the SLN Committee, I will do so in a timely and thorough manner.**

**I understand that this is a leadership position, that I am acting as a role model for my Campus Chapter Members, and that I am representing the interests of APA Division 22.**

**I agree to keep in regular contact with my Campus Chapter Faculty Sponsor to update him or her regarding chapter issues. I agree to facilitate a minimum of one Campus Chapter meeting/event per academic term. I agree to submit an annual report to the SLN Committee detailing the activities and number of Student Members involved in my Campus Chapter.**

**I am a current graduate psychology student in good standing at my institution. I am also a current member of APA Division 22 – Rehabilitation Psychology.**

**My most current contact information is as listed above. If any of my contact information or my chapter’s contact information changes, I will notify the SLN Committee.**

In lieu of a signature, please type your full name below in agreement of the terms listed above and those contained in the *SLN Handbook.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name (First, MI, Last) Date (mm/dd/yy)

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| **NEW CAMPUS CHAPTER FACULTY SPONSOR AGREEMENT** |

*Please read each of the following statements and type your initials in the space provided to the left of each statement. By initialing, you accept the position of Division 22 SLN Campus Chapter Faculty Sponsor and the duties and responsibilities of the position as outlined in the SLN Handbook.*

Initials Statement

**I certify that my institution does not currently participate in the Division 22 SLN Campus Chapter program and that I agree to serve as my institution’s first Campus Chapter Faculty Sponsor.**

**As a new Campus Chapter Faculty Chair, I have read and understand the *SLN Handbook* and its contents. My Campus Chapter has a prospective Campus Chapter Student Chair who is in good standing at this institution and who has recruited at least two (2) prospective Student Members.**

**I agree to abide by all outlined duties and responsibilities outlined in the *SLN Handbook*. Should I no longer be able to fulfill this role, I will provide immediate notification to the Campus Chapter Student Chair and to the SLN Committee, and, if necessary, assist in locating an appropriate replacement.**

**I understand that if I do not abide by these duties and responsibilities, the SLN Committee reserves the right to provide warning, followed by temporary deactivation of the Campus Chapter. If there are continued difficulties, I understand that the SLN Committee reserves the right to deactivate the Campus Chapter.**

**I agree to keep in regular contact with my Campus Chapter Student Chair to mentor him or her regarding chapter activities. I agree to work with the Student Chair to facilitate a minimum of one Campus Chapter meeting/event per academic term. I understand that the Student Chair is required to submit an annual report to the SLN Committee detailing the activities and number of Student Members involved in my Campus Chapter.**

**I am a current assistant- or associate-level professor in a graduate psychology program at my institution. I am also a current member of APA Division 22 – Rehabilitation Psychology and of APA.**

**My most current contact information is as listed above. If any of my contact information or my chapter’s contact information changes, I will notify the SLN Committee.**

In lieu of a signature, please type your full name below in agreement of the terms listed above and those contained in the *SLN Handbook.*

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Name (First, MI, Last) Date (mm/dd/yy)