

#### Please complete and send to:

AUCCCD Office | 1101 N. Delaware St., Suite 200, Indianapolis, IN 46202 Fax: 317-635-4757, Email: office@aucccd.org

Membership Application: July 1, 2020 - June 30, 2021

# **REQUIRED\*: Please indicate:**

\*Member transfers can typically bypass the payment section if your university has already paid. Renewing Member

**New Member** 

Membership Transfer

### **General Membership Criteria:**

Membership is limited to institutions of higher education with a counseling center that provides confidential mental health counseling and developmental counseling to college students per state mental health laws and professional ethical guidelines. Visit the website to learn more about membership criteria. Membership Dues Structure: The AUCCCD Membership Year runs from July 1 - June 30 annually. Dues are \$350.00 until July 17, 2020. On July 18, 2020 the new membership rate will be \$400.

Member Information All questions marked with a				
		Institution Name*:		
Address*:		City*:	State/Province*	*: Zip*:
Country*:		Phone #*:	Email*:	
Director Title*:		<b>Director Primary Professional Id</b>	lentity*:	Highest Degree*:
Assistant/Associate Director		Business	Nursing	Bachelors
Assistant/Associate Vice President/ Vice Chancellor		Counseling	Public Health	Doctorate
Chief Mental Health Officer		Divinity	Psychology– Clinical	Masters
Clinical Director		Higher Ed. Admin.	Psychology- Counseling	M.D.
Director		Law	Social Work	R.N.
Executive Director		Marriage & Family Therapy	Other:	Other:
Other:		Medicine		
Direct Report*:		Gender *:		Years as Director*:
Assist/Assoc. Vice P	President/Chancellor	Cis-Female	Trans-Female	< 1
Vice President/Vice Chancellor		Cis-Male	Trans-Male	Years as AUCCCD
Dean of Students		Non-Binary/Non-conforming/Fluid		Member*:
Director		Self-Identify:		<1
Executive Director		Racial/Ethnic Origin*:		Are you Licensed?
President		Asian/Asian American/ Pacific Islander	American Indian/ Native American	Yes
Provost		Black/African American	LatinX/Hispanic	No
Other:		White/European American	Biracial/Multiracial	Public or Private*?
		Self-Identify:		Public Private
Institution Enrollment Size*:		Institution Type*: Select all that	apply.	Is Your Center?
Under 1,501	15,001 – 20,000	4-Year College/University	2-Year College/University	One Clinician Only
1,501 – 2,500	20,001 – 25,000	Health Professional School	Creative Focus (including Art, Music, Dance, Drama, Film, Culinary)	IACS Accredited
2,501 – 5,000	25,001 – 30,000	(e.g. nursing, chiropractic)		AAAHC Accredited
5,001 – 7,500	30,001 – 35,000	Community College	HBCU	CCMH Member
7,501 – 10,000	35,001 – 45,000	Religious-Affiliated School	Tribal	JCAHO
10,001 – 15,000	45,001+	STEM Institution	Other:	APA
Payment Information: (Tax ID 94-3191200) Type*: Credit Card PO / Check (Payable to AUCCCD)				
Name on Card: Billing Zip Code:				
CC A and #1		0.07	For all for Description	
CC Acct #:		CVV:	Email for Receipt:	



<u>AU</u>	CCCD	<u>Engagement</u>	:

### **CURRENT INVOLVEMENT**

Listserv

Conference Attendance Conference Presentation

Conference Planning Committee

Mentoring at the Conference

Mentoring outside the Conference

Governing Board Member

Strategic plan goal champion

Strategic plan goal work group member

Elements of Excellence Member

**Standing Committees** 

Work Groups or Task Forces

Other:

## **INTERESTED INVOLVEMENT**

Listserv

Conference Attendance

**Conference Presentation** 

**Conference Planning Committee** 

Mentoring at the Conference

Mentoring outside the Conference

**Governing Board Member** 

Strategic plan goal champion

Strategic plan goal work group member

Elements of Excellence Member

**Standing Committees** 

Work Groups or Task Forces

Other:

## Describe any coalitions/affinity groups/listservs you are currently involved, or if you have interest in involvement:

#### **CURRENT INVOLVEMENT**

Areas of clinical expertise or interest

Type of School [art, community college, HSI, HBCU,

Religious, etc.]

Type of Center [integrated centers, comprehensive counseling centers, centers with satellites, etc.]

Professional Identity [counselor, family therapist,

psychiatrist, psychologist, social work, other]

Technology [EMR, data collection, telehealth, etc.]
Work with particular populations of students who may be

under-represented or marginalized

Other:

# INTERESTED INVOLVEMENT

Areas of clinical expertise or interest

Type of School [art, community college, HSI,

HBCU, Religious, etc.]

Type of Center [integrated centers,

comprehensive counseling centers, centers with

satellites, etc.]

Professional Identity [counselor, family therapist,

psychiatrist, psychologist, social work, other]

Technology [EMR, data collection, telehealth, etc.]

Work with particular populations of students who

may be under-represented or marginalized

Other:

# Areas of Expertise: Listed in the private directory for consultation purposes.

Administrative/management

Behavioral intervention team

Campaigns/initiatives/promotion of mental health

Clinical/diagnostic/treatment

Clinical and learning outcomes

Clinical management

Collaborative Services

Concussions and brain injuries

Consultation

Crisis intervention

Diversity/Multicultural Competence

**Eating Disorders** 

**Grant-Writing** 

**Integrated Services** 

Legal/Ethical

Other:

Mindfulness-based interventions

Multi-disciplinary teams

Outreach program development

Positive psychology

**Public speaking** 

Research

Resilience/flourishing

Self-injurious behaviors

Sexual assault

Sports psychology

Suicide prevention/programming

Suicide risk assessment

Supervision

**Threat Assessment** 

Training graduate students/interns



Please describe how AUCCCD may assist in your collegiate mental health leadership role?
<u>Please provide suggestions for improving functions and operations (e.g. Board Structure; conferences; listserv; professional development).</u>
If AUCCCD is able to sponsor a series of webinars that will offer CEU's on a variety of professional topics, what are the topics you would most like to see offered?