

Emeritus Member Application

Please print, complete and mail or email to:
AUCCCD Office
1101 N. Delaware St. Suite 200, Indianapolis, IN 46202
Email: office@aucccd.org; Fax: 317-635-4757

General Membership Criteria:

Emeritus Membership is open to any person who has been a member of AUCCCD for a minimum of 10 years at the time of his/her professional retirement or otherwise departure from the position of Director. While Emeritus members may be employed as consultants to provide expertise on specific topics (e.g., research, training, etc.), they may not serve in a direct or indirect supervisory role over the counseling center director or staff nor be employed as a counselor at a college counseling center. Emeritus members are non-voting members and do not pay membership dues.

Member Information:

All questions marked with an "*" are required.

Name*: _____ Previous School Name*: _____

Mailing Address*: _____ City*: _____ State/Province*: _____ Zip*: _____

Country*: _____ Phone #*: _____ Email*: _____

<p><u>Primary Professional Identity*:</u></p> <p><input type="checkbox"/> Business <input type="checkbox"/> Nursing <input type="checkbox"/> Counseling <input type="checkbox"/> Psychology <input type="checkbox"/> Divinity <input type="checkbox"/> Social Work <input type="checkbox"/> Higher Ed. Admin. Other: <input type="checkbox"/> Law <input type="checkbox"/> _____ <input type="checkbox"/> Medicine</p>	<p><u>Highest Degree*:</u></p> <p><input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Specialist Other: <input type="checkbox"/> _____</p>
<p><u>Director Gender/Race/Ethnicity*:</u></p> <p>Gender:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Self-Identify</p> <p>Racial/Ethnic Origin:</p> <p><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Latino/a <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multi-racial</p>	<p><u>Years as Director*:</u></p> <p><input type="text"/></p> <p><u>Years as AUCCCD Member*:</u></p> <p><input type="text"/></p> <p><u>Years Worked in Higher Education*:</u></p> <p><input type="text"/></p>

Please verify that you meet the following Emeritus membership criteria by initialing next to each requirement below:

_____ I have been a member of AUCCCD for a minimum of 10 years.*

_____ Upon leaving my position as director, I will not have a direct or indirect supervisory role over the counseling center director or staff nor be employed as a counselor at a college counseling center.*

AUCCCD Engagement:	
CURRENT INVOLVEMENT	INTERESTED INVOLVEMENT
<input type="checkbox"/> Listserv <input type="checkbox"/> Conference Attendance <input type="checkbox"/> Conference Presentation <input type="checkbox"/> Conference Planning Committee <input type="checkbox"/> Mentoring at the Conference <input type="checkbox"/> Mentoring outside the Conference <input type="checkbox"/> Governing Board Member <input type="checkbox"/> Strategic plan goal champion <input type="checkbox"/> Strategic plan goal work group member <input type="checkbox"/> Elements of Excellence Member <input type="checkbox"/> Standing Committees <input type="checkbox"/> Work Groups or Task Forces <input type="checkbox"/> Other:	<input type="checkbox"/> Listserv <input type="checkbox"/> Conference Attendance <input type="checkbox"/> Conference Presentation <input type="checkbox"/> Conference Planning Committee <input type="checkbox"/> Mentoring at the Conference <input type="checkbox"/> Mentoring outside the Conference <input type="checkbox"/> Governing Board Member <input type="checkbox"/> Strategic plan goal champion <input type="checkbox"/> Strategic plan goal work group member <input type="checkbox"/> Elements of Excellence Member <input type="checkbox"/> Standing Committees <input type="checkbox"/> Work Groups or Task Forces <input type="checkbox"/> Other:
Describe any coalitions/affinity groups you are currently involved, or if you have interest in involvement:	
CURRENT INVOLVEMENT	INTERESTED INVOLVEMENT
<input type="checkbox"/> Areas of clinical expertise or interest Type of School [art, community college, HSI, HBCU, Religious, etc.] <input type="checkbox"/> Type of Center [integrated centers, comprehensive counseling centers, centers with satellites, etc.] <input type="checkbox"/> Professional Identity [counselor, family therapist, psychiatrist, psychologist, social work, other] <input type="checkbox"/> Technology [EMR, data collection, telehealth, etc.] <input type="checkbox"/> Work with particular populations of students who may be under-represented or marginalized <input type="checkbox"/> Other:	<input type="checkbox"/> Areas of clinical expertise or interest Type of School [art, community college, HSI, HBCU, Religious, etc.] <input type="checkbox"/> Type of Center [integrated centers, comprehensive counseling centers, centers with satellites, etc.] <input type="checkbox"/> Professional Identity [counselor, family therapist, psychiatrist, psychologist, social work, other] <input type="checkbox"/> Technology [EMR, data collection, telehealth, etc.] <input type="checkbox"/> Work with particular populations of students who may be under-represented or marginalized <input type="checkbox"/> Other:
Areas of Expertise: <i>Listed in the private directory for consultation purposes.</i>	
<input type="checkbox"/> Administrative/management <input type="checkbox"/> Behavioral intervention team <input type="checkbox"/> Campaigns/initiatives/promotion of mental health <input type="checkbox"/> Clinical/diagnostic/treatment <input type="checkbox"/> Clinical and learning outcomes <input type="checkbox"/> Clinical management <input type="checkbox"/> Collaborative Services <input type="checkbox"/> Concussions and brain injuries <input type="checkbox"/> Consultation <input type="checkbox"/> Crisis intervention <input type="checkbox"/> Diversity/Multicultural Competence <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Grant-Writing <input type="checkbox"/> Integrated Services <input type="checkbox"/> Legal/Ethical <input type="checkbox"/> Other:	<input type="checkbox"/> Mindfulness-based interventions <input type="checkbox"/> Multi-disciplinary teams <input type="checkbox"/> Outreach program development <input type="checkbox"/> Positive psychology <input type="checkbox"/> Public speaking <input type="checkbox"/> Research <input type="checkbox"/> Resilience/flourishing <input type="checkbox"/> Self-injurious behaviors <input type="checkbox"/> Sexual assault <input type="checkbox"/> Sports psychology <input type="checkbox"/> Suicide prevention/programming <input type="checkbox"/> Suicide risk assessment <input type="checkbox"/> Supervision <input type="checkbox"/> Threat Assessment <input type="checkbox"/> Training graduate students/interns

Satisfaction: How satisfied are you with the current Board structure (President; President-Elect; Past-President; 9 Elected Members; appointed Treasurer and Secretary)?

- 5 – Very Satisfied
- 4 – Satisfied
- 3 – Adequate
- 2 – Dissatisfied
- 1 – Very Dissatisfied

Comment:

Please describe how AUCCCD may assist in your collegiate mental health leadership role?

Please provide suggestions for improving functions and operations (e.g. Board Structure; conferences; listserv; professional development).