

REQUIRED*: Please indicate:

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

- New Member
- Renewing Member
- Membership Transfer

Please complete and send to:

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

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.**

Member Information:

All questions marked with an "*" are required.

Director Name*: _____ Institution Name*: _____

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

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

Director Title*	Director Primary Professional Identity*		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 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 (e.g. nursing, chiropractic)	Creative Focus (<i>including Art, Music, Dance, Drama, Film, Culinary</i>)	IACS Accredited
2,501 – 5,000 25,001 – 30,000	Community College	HBCU	AAAH Accredited
5,001 – 7,500 30,001 – 35,000	Religious-Affiliated School	Tribal	CCMH Member
7,501 – 10,000 35,001 – 45,000	STEM Institution		JCAHO
10,001 – 15,000 45,001+	Other: _____		APA

Payment Information: (Tax ID 94-3191200)	Type*	Credit Card	PO / Check (Payable to AUCCCD)
Name on Card: _____	Expires: ____/____		Billing Zip Code: _____
CC Acct #: _____	CVV: _____		Email for Receipt: _____

AUCCCD Engagement:	
CURRENT INVOLVEMENT	INTERESTED INVOLVEMENT
<ul style="list-style-type: none"> 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: 	<ul style="list-style-type: none"> 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	INTERESTED INVOLVEMENT
<ul style="list-style-type: none"> 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: 	<ul style="list-style-type: none"> 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: <i>Listed in the private directory for consultation purposes.</i>	
<ul style="list-style-type: none"> 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 Group Therapy Integrated Services Legal/Ethical 	<ul style="list-style-type: none"> 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 Other:

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).

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?