



SCN
SOCIETY OF CLINICAL NEUROPSYCHOLOGY
(Malaysia)

Membership Application Form

INFORMATION ABOUT THE APPLICANT

Name:		
Date of birth:	Age:	Gender:
Nationality:	NRIC / Passport Number:	
Email:		
Phone (Work):	Phone (Home):	
Mailing address:		
Current Employer/Place of Work:		Job Title:

INFORMATION ABOUT PROFESSIONAL QUALIFICATIONS

Highest degree attained/currently attaining:	
Institution & Country:	
Date degree attained/expected to be attained (month/year):	
Is this highest degree attained/being attained from an accredited program? Yes / No	
If yes, by which accreditation board(s)?	
Number of supervised clinical neuropsychology hours completed to-date:	
Name(s) of clinical neuropsychology supervisor(s):	
Do you hold any clinical practice licensure? Yes / No	
Please state license identification / number and licensing board:	
Is this license currently active? Yes / No	Expiration date:
Research/Practice interests (5-6 keywords):	

INFORMATION ABOUT MEMBERSHIP APPLICATION

Professional Membership (Practitioner) Clinical Neuropsychologist with a doctorate in Clinical Neuropsychology [Doctor of Philosophy (PhD/DPhil) or Doctor of Psychology (PsyD)] or post-doctoral qualification in Clinical Neuropsychology (minimum 2 years). Applications with Master's degree in Clinical Neuropsychology with clinical training will be considered on a case by case basis.	RM180/year
Provisional Membership	RM120/year

	Trainee in Clinical Neuropsychology who completed a minimum Master's degree in Clinical Neuropsychology with at least 1500 hours of supervised clinical practice	
	Graduate Student Membership Postgraduate student in Neuropsychology or Clinical Neuropsychology (Master's/Doctorate)	RM90/year
	International Members Clinical neuropsychologists who are non-Malaysian citizens who have been residing in Malaysia for a period of not less than 12 months	RM180/year
	International Affiliate Clinical Neuropsychologist who is not a citizen and/or who is not currently residing in Malaysia	RM120/year
	Professional Membership (others) Membership for Neuropsychology Academics or Researchers with PhD qualifications in related fields (e.g., Cognitive Neuroscience, Clinical Neuroscience). Applications with related Master's degree will be considered on a case by case basis.	RM120/year
	Affiliate Membership Membership for allied health or medical professionals (e.g., medical doctors, surgeons, clinical psychologists, occupational therapists, physiotherapists, speech pathologists, etc.)	RM120/year

NOTE: All new applicants are charged a one-time non-refundable processing fee of RM 50. No processing fee is charged for yearly renewal. SCN membership runs from January 1 – December 31 yearly, regardless of when membership dues are received. Dues received after March 31 will be applied to the following year's membership.

MEMBERSHIP REGISTRY

Please indicate your permission for SCN to release your name, qualification, email, address, and professional interests to the following:

In SCN print and electronic directories: Yes / No	To prospective employers and clients: Yes / No
To other professional organizations: Yes / No	To media representatives: Yes / No

REFERENCE

Name of SCN Full/International member who referred/proposed you for membership:

SCN membership number of primary referee:

This part is to be completed by your primary referee:

"I hereby verify that this applicant is eligible for SCN membership based on my knowledge of his/her qualification and professional conducts. I recommend him/her to become a member of SCN and believe he/she would make a significant contribution to our field."

Signature of primary referee

Date

Name of SCN Full/International member who referred/seconded you for membership:

SCN membership number of secondary referee:

This part is to be completed by your secondary referee:

"I hereby verify that this applicant is eligible for SCN membership based on my knowledge of his/her qualification and professional conducts. I recommend him/her to become a member of SCN and believe he/she would make a significant contribution to our field."

Signature of secondary referee

Date

APPLICANT SIGNATURE

"I acknowledge that all information submitted in this form is truthful and I have provided sufficient documentations to support them. I permit SCN to verify the information with relevant party/organizations when needed."

Signature of applicant

Date

PAYMENT METHOD

Total payment: RM _____ + RM _____ = RM _____

Payment method: Cash / Cheque / Direct Banking

Cheques payable to "Persatuan Neuropsikologi Klinikal"; Direct deposit to CIMB Account: 8009820231

OTHER DOCUMENTS REQUIRED

1. One passport size photo (Please write name behind photo)	
2. Proof of identity – a copy of identity card / passport (Please cross out and label FOR SCN USE ONLY).	
3. Evidence of academic records: academic transcripts (original/certified), and copies of certificates from all relevant degrees.	
4. Proof of professional experiences – copies of certificates and log of doctoral/postdoctoral training, licensure, and supervised clinical hours.	
5. Updated curriculum vitae (CV).	
6. Proof of processing fee (RM 50) and membership payments.	

All completed application can be submitted to:
Society of Clinical Neuropsychology (Malaysia)
2a Jalan 20/10 Taman Paramount,
46300 Petaling Jaya, Selangor

Or email scanned copies of the required documents to the following email address:

scn.malaysia@gmail.com