

PHILADELPHIA AREA GROUP PSYCHOTHERAPY SOCIETY POST-A-GROUP

PAGPS maintains a list of groups ("Find-a-Group") on its website (www.pagps.org). This listing is a benefit for **current** PAGPS members. If you would like to have your groups listed, please complete this form for each of your groups. Mail or email this form to Elsa R. Efran, Administrator, pagps@verizon.net, 310 E. Gowen Ave., Philadelphia, PA 19119-1022.

Note: To be listed, you MUST include a copy of the front page of your malpractice insurance policy when you send in your completed Post-a-Group form(s). The website notes that these listings are provided for convenience and should not be considered an endorsement by PAGPS.

Name _____ Phone _____
Mailing Address _____
City/State/Zip _____
Degree _____ License(s)—list state & # _____
e-mail address _____ website _____
PAGPS Membership Status: Full Affiliate Student
Are you an AGPA member? Yes No If Yes, please list your AGPA status:
Are you a Certified Group Psychotherapist? Yes No

The information you provide below will be posted on the PAGPS website (www.pagps.org) under the heading "Find-a-Group." Please list your groups in the following format. You may submit this information on separate sheets.

Sample listing (you may want to look at other listings on the website for more examples):

Men
55+
Men's therapy and support group for men, midlife issues
Mondays, 7:30 p.m., twice a month
LOCATION: Center City
CONTACT: Robert Crawley, Ph.D., CGP, 215-555-1212; rcrawley@gmail.com

Is this a new listing? Yes No
Is this a revision of a current listing? Yes No If yes, please indicate which listing to revise.

Gender: _____

Age: _____

Type of group (e.g., population, diagnoses, issues addressed, therapeutic approach, level of functioning)

Day and time (groups meet weekly unless otherwise specified):

Location/area (e.g., Center City, Main Line, South Jersey—not the actual address):

Contact and Phone (Include e-mail address and website, if you want them to appear in your listing. Where applicable, we will provide a direct link to your website—and we encourage you to provide a reciprocal link to www.pagps.org.)

DON'T FORGET TO INCLUDE A COPY OF THE FRONT PAGE OF YOUR MALPRACTICE INSURANCE POLICY WITH THIS FORM.