



***Thank you for your interest in listing your practice with the British Columbia Association for Marriage and Family Therapy (BCAMFT)!***

**BCAMFT GUIDELINES:**

**SUBMITTING:** Please email your completed application (next page) to the BCAMFT Website Coordinator at [info@bcamft.bc.ca](mailto:info@bcamft.bc.ca). Members are responsible for all content and any claims arising from their listing material. Listings are subject to BCAMFT Board approval.

**FORMAT:** Listings are limited to one page and must be emailed as an attachment in PDF Adobe format when submitting your application.

**PAYMENT:** Payment must be received prior to listing your practice. Payments are to be made via PayPal only.

**YEARLY SCHEDULE:** The year start and end dates correspond with your AAMFT yearly membership start and end dates.

**RATE:** Clinical and Pre-Clinical Fellows -- \$25 per year.

PLEASE NOTE: G.S.T. does not apply to the listing fee and is not included in the price.

BCAMFT does not endorse products or services in paid listings and reserves the right, at all times, to refuse or to withdraw any and all listings that BCAMFT deems inaccurate, demeaning, or misleading.



*ncouver Main, 349 West Georgia St., Vancouver, BC V6B 3Z4*

# **BCAMFT PRACTICE LISTING APPLICATION**

**CONTACT INFORMATION:**

NAME:

PRACTICE ADDRESS:

EMAIL:

PRACTICE PHONE:

**PRACTICE INFORMATION ( HOURS, ACCESSIBILITY, PARKING, TRANSIT):**

**PRACTICE DESCRIPTION (AREAS OF EMPHASIS):**

**AAMFT MEMBER STATUS:**

**RELEVANT LICENSES, CERTIFICATIONS, AWARDS, MEMBERSHIPS:**

**LANGUAGES SPOKEN:**

**INSURANCE & THIRD PARTY COVERAGE (EHC, EAP, Victim's Services, etc.):**

***THANK YOU FOR LISTING YOUR PRACTICE WITH BCAMFT!***