



Two things are needed to provide your information as a referral:

1. Update your profile
2. Opt-in to Referral Service

1. Profile Update

The categories that are used to search for possible referrals are listed below and have the same name in the back end of your profile. Please make sure these are up to date:

- Name
- City/Town
- Postal Code
- Populations Served
- Practice Focus Areas
- Special Techniques
- Insurance Accepted
- Languages Spoken

You can find this information to update in your membership profile by logging in [here](#). If you have any problems logging in, you can reset your password [here](#), or contact wspa@wapsych.org for more information.

2. Opt in to Referral Service

You must also opt in to our online referral service. This question is at the bottom of the “Professional Information” section. If you do not wish to be involved in our referral service or contacted about joining, please select No in the dropdown menu for “Referral Service Member”. By Selecting “Yes”, you are agreeing to WSPA’s Referral Service Agreement pasted below:

Referral Service Agreement

As a participant in WSPA’s Information and Referral Service, I understand that I must meet the membership criteria and agree to the conditions of participation in the Service listed below:

1. I am currently licensed as a psychologist in the state of Washington.
2. I maintain professional liability insurance for the practice of psychology with a minimum coverage of at least \$1,000,000 per occurrence and \$3,000,000 aggregate.
3. I agree to keep my membership dues current. I understand that my listing will not be placed in active status until all membership dues and fees are received by the WSPA Business Office.
4. I further understand that any loss or suspension of my license will result in automatic and immediate deletion of my listing from the roster until my license is reinstated.
5. I agree to immediately notify the WSPA Business Office of any circumstances that would change my eligibility for inclusion in the Referral Service, and I understand that the following circumstances may be cause for removal of my name from the Service listing:
 - a. Failure to maintain a current State of Washington psychologist license.
 - b. Failure to maintain minimum professional liability insurance.
 - c. Under formal review by the Washington State Examining Board of Psychology following issuance of a “Statement of Charges” to the psychologist.
 - d. Sanctioned by the Washington State Examining Board of Psychology through issuance of a Board Order.
6. I understand that any restriction applied by the Washington State Examining Board of Psychology to my professional practice will be reflected in my listing until the restriction is removed.
7. I assume liability for any legal causes of action that may arise from use or involvement with the Service, and further, I waive any right or remedy in any legal cause of action against the Service for any acts or omissions or conduct constituting ordinary negligence on the part of the Service.
8. I understand that I may remove my name from the Service at any time, which I may do by giving written notice to the WSPA Business Office.