



**AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS
NATIONAL CENTER FOR CRISIS MANAGEMENT**

**APPLICATION FOR CERTIFICATIONS UNDER THE
CRISIS MANAGEMENT SPECIALTIES PROGRAM**

CERTIFICATION IN EMERGENCY CRISIS RESPONSE (C.E.C.R.)
CERTIFICATION IN SCHOOL CRISIS RESPONSE (C.S.C.R.)
CERTIFICATION IN UNIVERSITY CRISIS RESPONSE (C.U.C.R.)
CERTIFICATION IN CORPORATE CRISIS RESPONSE (C.C.C.R.)

CERTIFICATIONS ARE OFFERED BY THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS IN
COLLABORATION WITH THE NATIONAL CENTER FOR CRISIS MANAGEMENT BASED ON
AN APPLICANT'S KNOWLEDGE, EXPERIENCE, EDUCATION AND TRAINING

**AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS
NATIONAL CENTER FOR CRISIS MANAGEMENT**

127 ECHO AVENUE • MILLER PLACE, NY 11764 • 800-810-7550 • 631-543-2217

APPLICATION FOR CERTIFICATION UNDER THE CRISIS MANAGEMENT SPECIALTIES PROGRAMS



THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS® THE NATIONAL CENTER FOR CRISIS MANAGEMENT®

The American Academy of Experts in Traumatic Stress® in collaboration with the National Center for Crisis Management® offer members the opportunity to achieve certification in traumatic stress and crisis management specialty areas. There are 18 specialty certifications which fall into one of two programs: *Certifications in Traumatic Stress Specialties* or *Certifications in Crisis Management Specialties*.

Members are awarded certification under these programs by virtue of their knowledge, experience, training and education in the specialty area. All certifications and credentials obtained by members are recognized by both the *American Academy of Experts in Traumatic Stress* and the *National Center for Crisis Management*. The applicant's official Academy records, online registries and certificate indicate this dual recognition. All awarded certifications are included in the member's profile in the *International Registry of the American Academy of Experts in Traumatic Stress* available online through a searchable database at www.AAETS.org.

Candidates must achieve or exceed a total score of 200 points by completing *Section IV – Credentialing Information*. Applicants who fail to demonstrate that they have met the requisite criteria for certification in the specialty area will be informed as to the reason for denial. The candidate will be given a second opportunity to provide additional supportive documentation.

In order for the Center and the Academy to consider your specialty application, you must complete the application, provide a copy of your resume/vita, provide copies of your State License and/or Certification and enclose one-time payment of \$250.00.

I. PERSONAL INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

STATE/PROVINCE

COUNTRY

ZIP CODE

WORK PHONE NUMBER

EMAIL ADDRESS

II. PROFESSIONAL/ETHICAL/LEGAL INFORMATION

Have you ever been convicted of a felony?

YES

NO

Have you ever been disciplined for any type of unethical or illegal conduct?

Has your professional license/certification ever been revoked, suspended or limited?

Is there action pending related to your professional practice?

Is there action pending to revoke or limit your professional license/certification?

Have you ever voluntarily surrendered your license/certification?

Do you abuse alcohol or other substances?

Have you ever been denied professional liability insurance?

III. CERTIFICATION IN CRISIS MANAGEMENT SPECIALTIES - Please indicate which specialty area you are applying.

- CERTIFICATION IN EMERGENCY CRISIS RESPONSE (C.E.C.R.)
- CERTIFICATION IN SCHOOL CRISIS RESPONSE (C.S.C.R.)
- CERTIFICATION IN UNIVERSITY CRISIS RESPONSE (C.U.C.R.)
- CERTIFICATION IN CORPORATE CRISIS RESPONSE (C.C.C.R.)

IV. CREDENTIALING INFORMATION - Please place a check in the appropriate boxes:

EDUCATION (Select highest level of Education)

- Doctoral level education/training with relevant course work concerning the specific specialty area **(60)**
- Masters level education/training with relevant course work concerning the specific specialty area **(50)**
- Bachelor level education/training with relevant course work concerning the specific specialty area **(30)**

CERTIFICATIONS AND LICENSURE (Select All that Apply)

- Specific Certification relevant to the specialty area (e.g., Paramedic, EMT) **(30)**
- State License or Certification **(40)**

KNOWLEDGE AND TRAINING (Select All that Apply)

- Author/Co-author/Editor of a book related to the specific specialty area **(40)**
- Author/Co-author of an article, paper and/or presentation related to the specific specialty area **(15 per article)**
- Trained or presented to colleagues information related to the specific specialty area **(10 per presentation topic)**
- Taught courses at college or graduate level related to the specific specialty area **(15 per course)**
- Attended presentations or received supervision related to the specific specialty area **(1 per contact hour)**
- College or graduate coursework/continuing education related to the specific specialty area **(1 per contact hour)**
- Hold an Administrative/supervisory position related to the specific specialty area **(25)**
- Hold Certification, Diplomate and/or Fellow designations with other related association(s) **(25)**

EXPERIENCE (Select One)

- Twenty (20) or more years in the specific specialty area **(35)**
- Ten (10) to nineteen (19) years in the specific specialty area **(30)**
- Five (5) to nine (9) years in the specific specialty area **(25)**
- Three (3) to four (4) years in the specific specialty area **(20)**

TOTAL SCORE: _____

V. DECLARATION

I hereby certify that all the information provided in this Application Form is accurate and complete. I understand that the certifications offer by the American Academic of Experts in Traumatic Stress in collaboration with the National Center for Crisis Management aims to identify applicants' expertise by virtue of their knowledge, experience, training and education. I agree to abide by the Academy's Code of Ethical and Professional Standards and agree to hold harmless the American Academy of Experts in Traumatic Stress and the National Center for Crisis Management, its officers, consultants and employees for any misrepresentation of my credentials and for any malpractice on my part either willful or through negligent conduct, recklessness, and gross misconduct and for all claims, loss, damage, judgment or expense. I understand that the American Academy of Experts in Traumatic Stress and the National Center for Crisis Management do not practice medicine or psychology or provide direct or indirect patient/client care. Furthermore, I understand that certifications offer by the American Academy of Experts in Traumatic Stress and the National Center for Crisis Management do not attest to my ability to treat people.

Signature

Date

Please indicate your name and title as you would like it to appear on your certificate:

VI. PAYMENT INFORMATION

Enclosed is my check for \$250, or please charge \$250 to my: VISA American Express MasterCard Discover Card

Account No.

Expiration Date

Signature

Date

MAIL TO:
 American Academy of Experts in Traumatic Stress
 127 Echo Avenue, Miller Place, NY 11764

QUICK FAX BACK TO:
 If paying by credit card, you may Fax your Application Form and supporting documentation to (631) 543-6977.