



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

APPLICATION FOR

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

THE FELLOWSHIP CREDENTIAL IS OFFERED BY
THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS
IN COLLABORATION WITH THE NATIONAL CENTER FOR CRISIS MANAGEMENT
AND IS BASED ON AN APPLICANT'S CONTRIBUTIONS TO THE FIELD OF TRAUMATIC STRESS
OR CRISIS MANAGEMENT AND CONTRIBUTION TO THE ACADEMY OR THE CENTER.

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 FELLOWSHIP CREDENTIAL



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

The designation of Fellowship is the highest honor the American Academy of Experts in Traumatic Stress and the National Center for Crisis Management can bestow upon a Member. This designation is awarded to Diplomates of either organization who have made significant contributions to the field, Academy and/or Center. Fellows are recognized by both the Academy and the Center and Member's central records, online profile and certificate will all indicate this dual recognition. Applicants who are awarded the designation of Fellow will be denoted as such in the International Registry of the American Academy of Experts in Traumatic Stress, which can be accessed at www.AAETS.org or www.NC-CM.org. If an applicant is unsuccessful in meeting the criteria for Fellowship, the individual will be informed as to the reason for denial. He/she will be given a second opportunity, if needed, to provide additional supporting documentation. This application reevaluation will be offered at no additional charge.

In order for the Academy and the Center to consider you for the Fellowship Credential, you must complete the application, sections IV and V, provide a copy of your resume/vita and copies of your State License and/or Certification (if not on file in the Academy/Center offices) and enclose one-time payment of \$375.

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

	YES	NO
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been disciplined for any type of unethical or illegal conduct?	<input type="checkbox"/>	<input type="checkbox"/>
Has your professional license/certification ever been revoked, suspended or limited?	<input type="checkbox"/>	<input type="checkbox"/>
Is there action pending related to your professional practice?	<input type="checkbox"/>	<input type="checkbox"/>
Is there action pending to revoke or limit your professional license/certification?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever voluntarily surrendered your license/certification?	<input type="checkbox"/>	<input type="checkbox"/>
Do you abuse alcohol or other substances?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been denied professional liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>

III. ORGANIZATIONAL INFORMATION

The Fellowship status is recognized by both the *American Academy of Experts in Traumatic Stress* and the *National Center for Crisis Management*. However, applicants have the option of receiving their Fellowship from either the Academy or the Center, which will be reflected on the Fellowship certificate and in how the applicant identifies him/herself. Please indicate which organization you are applying for Fellowship status.

American Academy of Experts in Traumatic Stress (F.A.A.E.T.S.) National Center for Crisis Management (F.N.C.C.M.)

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

IV. CONTRIBUTIONS TO THE FIELDS OF TRAUMATIC STRESS AND/OR CRISIS MANAGEMENT

In a brief autobiographical synopsis, please describe how you are contributing to the field of crisis management and/or traumatic stress. Successful candidates for Fellowship may have this synopsis published on the Academy’s website. Your synopsis must not exceed 300 words and should include a brief description of:

- your educational background,
- your knowledge and experience in working with people during times of crisis, and
- an overview of your current professional activities that contribute to the field of traumatic stress and/or crisis management

If you have a professional practice, you may note your office address and telephone number(s) at the end of the synopsis.

V. CONTRIBUTIONS TO THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS OR THE NATIONAL CENTER FOR CRISIS MANAGEMENT

Please provide the Academy and/or Center with constructive recommendations, based upon your profession and unique area of specialization, to increase the efficacy of the associations in fulfilling their collective missions. Or, you may provide the Academy with a paper or article for publication online and/or in the *Journal of the American Academy of Experts in Traumatic Stress*.

VI. DECLARATION

I hereby certify that all information provided in this application packet is accurate and complete and I give the American Academy of Experts in Traumatic Stress and the National Center for Crisis Management permission to publish any part of this packet on the respective organization’s website. I understand that Fellowship is the highest honor the Academy and the Center can bestow upon a Member and that this designation is awarded to Diplomates who have made significant contributions to the field and to the Academy and/or the National Center. I agree to continue to abide by the Academy’s Code of Ethical & 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. Finally, I understand that Fellowship does not attest to my ability to treat people.

Signature

Date

VII. PAYMENT INFORMATION

Enclosed is my check for \$375, or please charge \$375 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.