



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

APPLICATION FOR

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

THE DIPLOMATE CREDENTIAL IS 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 THE DIPLOMATE CREDENTIAL



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

The designations *Diplomate, American Academy of Experts in Traumatic Stress and Diplomate, National Center for Crisis Management* are awarded to Members in good standing that demonstrate expertise in the field of crisis management and/or traumatic stress by virtue of their knowledge, experience, training and education. This Application Form is offered only to Members of the Academy and the Center. Candidates must achieve or exceed a total score of 200 points (see below).

Diplomates are recognized by both the Academy and the Center and all of the member's Academy records, online profile and certificate will all indicate this dual recognition. Furthermore, successful applicants are identified online through the *International Directory of the American Academy of Experts in Traumatic Stress*. It can be accessed at www.AAETS.org or www.NC-CM.org. Applicants who fail to demonstrate that they have met the requisite criteria for Diplomate status will be informed as to the reason for denial. The applicant will be given a second opportunity to provide additional supportive documentation. There is no additional charge for the second review.

In order for the Academy or the Center to consider you for the Diplomate Credential, you must complete the application, sign the declaration statement, provide a copy of your resume and State License and/or Certifications, include the required supporting documentation and enclose a 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 Diplomate 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 choosing which organization awards the Diplomate status. The organization awarding the Diplomate will be reflected on the Diplomate certificate, in the applicant's central records and online. Please indicate which organization you are applying for Diplomate status.

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

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

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 crisis management/traumatic stress **(60)**
- Masters level education/training with relevant course work concerning crisis management/traumatic stress **(50)**
- Bachelor level education/training with relevant course work concerning crisis management/traumatic stress **(30)**

CERTIFICATION AND LICENSURE (Select All that Apply)

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

EXPERIENCE (Select One)

- Twenty (20) or more years working with crisis management and/or survivors of traumatic events **(35)**
- Ten (10) to nineteen (19) years working with crisis management and/or survivors of traumatic events **(30)**
- Five (5) to nine (9) years working with crisis management and/or survivors of traumatic events **(25)**
- Three (3) to four (4) years working with crisis management and/or survivors of traumatic events **(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 offered by the *American Academy 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 offered 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

VI. 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.