

MEMBERSHIP APPLICATION



THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS®
in collaboration with the National Center for Crisis Management

Last Name	First Name	M.I.	Title (Dr., Mr., Mrs., Ms.)
Street Address	City	State	Zip Code
Home Telephone (non-published)	Office Telephone(s)	Fax Number	
E-mail Address	Highest Educational Degree	Years of Experience	
Profession			
Specialties			

All Members will be included in the Academy's International Registry located at **www.AAETS.org**. I wish to apply for:

☐ **Membership** with the American Academy of Experts in Traumatic Stress demonstrates a commitment to the field. Full members may hold a Doctorate, Masters, Bachelors, Associates or High School Degree. Those holding an Associates Degree or High School Diploma should have a minimum of two (2) years experience working with survivors of traumatic events or crisis situations. The Executive Officers reserve the right to grant membership to an individual who does not meet the aforementioned criteria, but who has made important contributions to the field or to the Academy. The first year membership dues are discounted at **\$80.00**. Renewal dues are **\$125.00**.

☐ **Associate Membership** with the American Academy of Experts in Traumatic Stress demonstrates a commitment to the field. This level of membership is reserved for students who are still attending school or individuals who have retired from their profession. Associate Members are afforded all benefits of membership with the exception of qualifying for the Diplomate and Fellowship credentials; however, the Executive Board has the right to allow Associate Members to apply for the Diplomate and Fellowship credentials based on individual circumstances and/or credentials. The first year membership dues are discounted at **\$60.00**. Renewal dues are **\$80.00**.

The Academy offers the following certifications in Traumatic Stress and Crisis Management Specialties in addition to the Diplomate and Fellowship credentials and Certification in Acute Traumatic Stress Management:

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| <input type="checkbox"/> CERTIFICATION IN FORENSIC TRAUMATOLOGY™ | <input type="checkbox"/> CERTIFICATION IN BEREAVEMENT TRAUMA™ |
| <input type="checkbox"/> CERTIFICATION IN MOTOR VEHICLE TRAUMA™ | <input type="checkbox"/> CERTIFICATION IN ACUTE TRAUMATIC STRESS MANAGEMENT™ |
| <input type="checkbox"/> CERTIFICATION IN DISABILITY TRAUMA™ | <input type="checkbox"/> CERTIFICATION IN SEXUAL ABUSE™ |
| <input type="checkbox"/> CERTIFIED CRISIS CHAPLAIN™ | <input type="checkbox"/> CERTIFICATION IN RAPE TRAUMA |
| <input type="checkbox"/> CERTIFICATION IN PAIN MANAGEMENT™ | <input type="checkbox"/> CERTIFICATION IN STRESS MANAGEMENT™ |
| <input type="checkbox"/> CERTIFICATION IN ILLNESS TRAUMA™ | <input type="checkbox"/> CERTIFICATION IN WAR TRAUMA™ |
| <input type="checkbox"/> CERTIFICATION IN CHILD TRAUMA™ | <input type="checkbox"/> CERTIFICATION IN SCHOOL CRISIS RESPONSE™ |
| <input type="checkbox"/> CERTIFICATION IN CRISIS INTERVENTION™ | <input type="checkbox"/> CERTIFICATION IN CORPORATE CRISIS RESPONSE™ |
| <input type="checkbox"/> CERTIFICATION IN DOMESTIC VIOLENCE™ | <input type="checkbox"/> CERTIFICATION IN UNIVERSITY CRISIS RESPONSE™ |
| | <input type="checkbox"/> CERTIFICATION IN EMERGENCY CRISIS RESPONSE™ |

Membership dues payment must accompany this application. Please make personal/company check (from an American Bank only) payable to **American Academy of Experts in Traumatic Stress**. All members receive dual membership in the **American Academy of Experts in Traumatic Stress** and the **National Center for Crisis Management**. Upon approval of the Academy, a Membership/Associate Membership certificate, suitable for framing, will be mailed to you.

I certify that the information provided on this application is accurate and complete:

Signature _____ Date _____

Enclosed is my check for \$ _____ or please charge \$ _____ to my ☐ VISA ☐ American Express ☐ MasterCard ☐ Discover Card

Account No. _____ Expiration Date _____ Signature _____ Date _____