



Associate Educational Therapist Membership Application

AET Membership Dept
11300 W. Olympic Blvd. Suite 600
Los Angeles, CA 90064
membership@aetonline.org / www.aetonline.org

Instructions

Please submit your application when complete. When mailing hard copies please DO NOT staple your documents. Approval can take from 3 to 6 weeks AFTER receipt of all documents.

[Direct Service Hour Verification Letters](#) and [Reference Letters](#)

These letters may be partially filled out by you, the applicant, for the person making the referral or verification for you. You may send these letters by email or print them out and mail them to your contacts who may return them to you or send them to the office when completed.

Transcripts must be Official Transcripts or scans or copies of Official Transcripts. Printouts from university or college websites will not be accepted. Transcripts need NOT be in sealed envelopes direct from the university or college. **Graduates from Holy Names University ET Program need only submit the certificate in lieu of transcripts.**

A \$35.00 application fee is to accompany your application form. Upon approval, you will receive a dues invoice for \$200.00. Payment can be made by check or credit card. Complete the boxes below to provide your credit card information or mail a check made payable to AET to the office.

Please fill out the sections required and provide the office with additional documentation. You may scan and attach it to email as electronic files to membership@aetonline.org or mail hard copies to the address above.

Associate Educational Therapist Members:

- \$35.00 Application Fee is enclosed. (Upon approval, you will receive a dues invoice for \$200).
- Applicant Contact Information and Payment Method is complete ([page 1](#))
- Directory Information is filled out ([page 2](#))
- Reference letters ([page 3](#)) are being sent by:

--	--

- Academic Worksheet is filled out ([pages 4, 5](#))
- Attached are Direct Service Hour Verification letters ([page 7, 8](#)) mailed separately
- Attached are copies of Official Transcripts (or HNU ET Certificate) mailed separately
- Attached is copy of Résumé mailed separately

How did you hear about AET? AET Member School Parent/Client AET Website Other _____

APPLICANT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>	Middle Name	<input type="text"/>
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>	Email	<input type="text"/>
Current Occupation	<input type="text"/>			Title	<input type="text"/>

Payment Method Online at www.aetonline.org Check Check # Amount

Please charge my Credit Card* Visa Master Card American Express

Credit Card # Expiration Amount

Signature *Indicates acceptance of terms and conditions of transaction in absence of physical signature when document is transmitted electronically.

DIRECTORY INFORMATION

Your primary address will be the one used by AET for all mailings, billing and contact. If you wish to have a second address listed in the AET Directory please supply it below. Each address may have up to 3 designated codes. If you supply us with information in these fields they will be printed in the AET Directory, which is available to the public. **DO NOT SUPPLY ANY INFORMATION HERE THAT YOU DO NOT WANT PUBLISHED IN THE AET DIRECTORY.** If the Primary Address information is identical to that supplied on the initial page of the application and you want it published as entered there, you do not need to fill out the Primary Address information again. You may indicate the correct codes below, check here and skip to the Secondary Address Fields. If you wish your Primary Address information to be released in an edited version please fill in the fields below accordingly.

Codes: PP - Private Practice EdC - Educational Consultant C - Center PS - Public School PrvS - Private School RSP - Resource Specialist SDC - Special Day Class CO - College MC - Medical Center U - University TR - Travel

Primary Address: Codes

First Name Last Name Middle Name

Address

City State Zip Code

Phone Fax Email

Secondary Address: Codes

First Name Last Name Middle Name

Address

City State Zip Code

Phone Fax Email

Degrees:

License: Issuing organization License #

ET/Professional & Associate ET Specialization: Please check as many as apply.

- | | | | | | |
|-------|--------------------------|------------------------------------|-------|--------------------------|----------------------------|
| LRW | <input type="checkbox"/> | Learning/Reading/Writing Disorders | Psy/T | <input type="checkbox"/> | Psychological Testing* |
| StSk | <input type="checkbox"/> | Study Skills | P Sec | <input type="checkbox"/> | Post-Secondary |
| Math | <input type="checkbox"/> | Math | Adv | <input type="checkbox"/> | Advocacy |
| Test | <input type="checkbox"/> | Educational Testing | Adm | <input type="checkbox"/> | Administration |
| Sp/L | <input type="checkbox"/> | Speech & Language* | ESL | <input type="checkbox"/> | English as Second Language |
| Psy/C | <input type="checkbox"/> | Psychotherapy/Counseling* | Tech | <input type="checkbox"/> | Educational/Assistive |

*Requires filing copy of appropriate license with office.

Ages Served: All Ages OR select as many as apply Pre School Elementary
 Adolescent Adult

Geographic Listing: Listing in the AET Directory is arranged by geographic area first, membership category second, and in alphabetical order third. YOUR PRIMARY ADDRESS WILL BE USED TO DETERMINE YOUR GEOGRAPHICAL LISTING.

State County Region (LA County only)

NOTE: ET/Professional, Associate ET and Allied Professional applicants MUST have their professional application completed AND approved by the Membership Committee on or before November 1 of the preceding year to be eligible for listing in the Annual Directory.

SAMPLE DIRECTORY LISTING

ET/PROFESSIONAL and ASSOCIATE ET

DOE, JANE S., MA
LRW, Math, Test, Pre-S, Elem, Adol

PPH 1234 Maple Street (101) 234-5678
TR Anytown, USA 10001

PrvS Montessori School (102) 234-9876
5678 Oak Ave.
Anytown, USA 10001

ALLIED PROFESSIONAL

SMITH, JOHN S., PhD, CCC
Speech & Language Pathologist, All Ages

PP 3322 Madison Ave. (102) 987-6543
Anytown, USA 10001 Fax (102) 987-1234

PP Anytown Medical Center (102)654-2345
MC 5678 Major Blvd.
Anytown, USA 10001

REFERENCE FORM

PLEASE MAIL OR EMAIL DIRECTLY TO:
AET Membership Dept
11300 W. Olympic Blvd. Suite 600
Los Angeles, CA 90064
membership@aetonline.org

APPLICANT'S NAME

ADDRESS PHONE

The above has applied for Associate Membership in The Association of Educational Therapists. Please fill out this form and add any comments you feel would be helpful in evaluating this applicant. Please use reverse side if additional space is required. Your time is greatly appreciated.

	WEAK	ADEQUATE	ABOVE AVERAGE	OUTSTANDING	NOT APPLICABLE
ABILITY TO COMMUNICATE WITH:					
a. CLIENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PROFESSIONALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CLIENT'S FAMILY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO EVALUATE LEARNING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO DESIGN AND IMPLEMENT AN APPROPRIATE PROGRAM OF REMEDIATION FOR LEARNING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEGREE OF PROFESSIONAL COMPETENCY IN:					
a. CHILD DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PSYCHOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. METHODOLOGY IN SPECIAL EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Any strengths/weaknesses you feel are important to share.)

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Name Professional Title

Place of Employment and Address

Phone Email

I am submitting this reference letter electronically and indicate by this check that I am the person named above as verifying this document.

Signature _____ Date

Associate Educational Therapist Membership Coursework Requirements Worksheet

Academic Degrees: (Copies of Official Transcripts or Credential must be submitted.)

School/Training Program	
Degree/License earned	

School/Training Program	
Degree/License earned	

School/Training Program	
Degree/License earned	

School/Training Program	
Degree/License earned	

Requested BCET Supervisor:

I do not have a BCET Supervisor in mind, Please help me locate one.

Transcripts or documentation must verify the following courses or equivalent fieldwork. All course work must be completed before Associate ET Membership can be approved.

**Curriculum, Methods, and Remediation
Techniques Relating to Individuals with
Reading and Learning Differences – Three
courses, 3 units each**

Institute:

Course:

Institute:

Course:

Institute:

Course:

**Diagnosis and Assessment of Individuals
with Reading and Learning Differences –
Two courses, 3 units each**

Institute:

Course:

Institute:

Course:

Human Learning – One course, 3 units

Institute:

Course:

Overview Special Education – One course, 3 units

Institute:

Course:

**Psychoeducational Interventions
Combining Educational and Psychological
Techniques – One course, 3 units - can also
be met with experience related knowledge**

Institute:

Course:

General Reading – One course, 3 units

Institute:

Course:

**Child/Adolescent (Human) Development –
One course, 3 units**

Institute:

Course:

Course Descriptions

The following course descriptions are intended to assist you in determining which classes can be used to fulfill specific requirements.

Curriculum, Methods, and Remediation Techniques Relating to Individuals with Reading and Learning Differences—Three courses, 3 units each

These courses must include program planning, remediation techniques, adaptation of curriculum, and program evaluation. One course must specifically address the identification and remediation of reading disorders and include a multi-sensorial technique or program for remediation. This reading remediation course cannot be counted towards the General Reading requirement. Examples of course titles may include:

Diagnosis and Remediation of Reading Disabilities
Reading Disabilities
Reading for the Special Needs Child
Adapting Reading Strategies for the Special Needs Child
Remediation of Reading Disabilities
Correcting Reading Disabilities
Math Instruction for Special Needs Students
Strategies for Remediation of Reading Disabilities
*Orton-Gillingham

*Lindamood-Bell LIPs
*Slingerland
*Wilson Reading System
*Language!
Technology Strategies for Special Needs Classes
Adaptation of (curriculum area) in Special Education
Language Learning – Language Instruction In Special Education

**Diagnosis & Assessment of Individuals with Reading & Learning Differences—
Two courses, 3 units each**

The courses must cover the foundations of formal (standardized) and informal test development, administration, and interpretation. These courses are usually presented sequentially, beginning with a basic course and followed with an advanced and/or practicum course. Examples of course titles may include:

Assessment in Special Education
Tests and Measurement in Special Education
Foundations in Educational Assessment

Assessing the Special Needs Child
Woodcock-Johnson Test Administration and Interpretation

Human Learning—One course, 3 units

This type of course focuses specifically on the learning process, meaning how do we learn. It can include the psychological and emotional aspects of learning as well as such things as information processing, and social impacts. Piaget's perspective is often covered in a course such as this. Examples of course titles may include:

Human Learning
Cognitive and Psychological Development
Human Development and Learning

Psychology of Learning
Educational Psychology (focused on Learning)
How Children Learn/Develop

Overview of Special Education—One course, 3 units

This course must cover the characteristics of children categorized as having learning differences such as being gifted, mentally retarded, emotionally disturbed, or neurologically impaired. Sensory and motor disturbances and speech and language impairments are included. The course must also incorporate information regarding federal laws for individuals with special needs. Examples of course titles may include:

The Exceptional Child
Mainstreaming the Exceptional Child

Overview of the Child with Special Needs
Introduction to Special Education

Psychoeducational Interventions Combining Educational and Psychological Techniques—This requirement in particular does not need to be met with an actual class, but can be experience related

This area is typically fulfilled by an applicant's practicum experience. Documentation should include counseling techniques for working with the family, school, and student, which help support the student's learning. Documentation (such as supervisor's notes, practicum or field work requirements, and/or coursework) should demonstrate that supervised experience was obtained in working with schools, families and allied professionals. Some examples of courses in this area are titled:

Principles of Educational Therapy
Working with Parents of Special Needs Children
Counseling Techniques in Special Education
Special Education Child and Family

Behavioral Strategies in Special Education
Guidance of the Special Needs Child and Family
Advocacy in Special Education

General Reading—One course, 3 units

This course must be related to teaching general reading, not reading remediation, and must include phonological skills.

Child/Adolescent (Human) Development—One course, 3 units

This course is broader than Human Learning, and typically involves the physical, cognitive, emotional, and psychological stages of development from birth to adulthood. Examples of course titles may include:

Human Development

Child Development

Adolescent Development

Direct Service Hours: This section for Associate Educational Therapists Members only.

To make the transition from Associate ET to ET/Professional Member, AET requires a minimum of 1500 direct service hours with clients within the past ten years. Associate ET applicants are not expected to have their full quota of service hours when submitting for membership, but it is helpful for the committee to have as complete a representation as possible of the direct service hours that you have accrued. These may include fieldwork or practicum hours required in a higher education program, in educational therapy or in a closely related discipline. Verification for the 1,500 direct-service hour requirement may include signed supervisory contracts and letters of verification from work site administrators and professional colleagues. The 1,500 direct-service hours shall include, but not be limited to:

1. Direct work with clients
2. School visits
3. Parent conferences
4. Professional consultations
5. Observations of clients for purposes of diagnosis and information gathering
6. Consultations related to clients' work and independent living

Please note: Candidates who submit hours not gained under the auspices of a higher education program and/or hours which do not demonstrate clinical teaching (for example, hours spent in regular classroom instruction) may be required to obtain additional hours that clearly demonstrate clinical teaching.

Upon approval of Associate ET membership, the hours accrued thus far will be used in conjunction with information in the résumé, to determine the number of BCET supervised hours to be assigned. All new Associate ET members are assigned supervised hours. Depending upon the levels of individual experience 50 to 500 hours will be assigned to Associate ET members, who will work with students in a 10 to 1 ratio under the supervision of a Board Certified Educational Therapist. The goal of these assigned hours is to provide mentorship and support to new educational therapists. For the experienced Associates collaborative work is viewed as valuable, and provides AET a way of assuring that new Associate ET members understand AET's goals and expectations. If you know a BCET with whom you would like to work please provide that information in the space on the academic worksheet under Supervised Hours.

I understand that I am accepted as an Associate ET member to the time I move to Educational Therapist/ Professional (ET/P) and that I will be contacted by AET's Supervision Chair to make arrangements for the next two steps: fulfilling remaining direct service hours and supervision/mentoring with a Board Certified Educational Therapist (BCET).

Signature _____

The following letter on Page 8 is a template that you may use for submission of direct service hours.

Date

To The Association of Educational Therapists
11300 W. Olympic Blvd. Suite 600
Los Angeles, CA 90064
membership@aetonline.org

Dear Membership Committee:

This letter documents (number) hours which I accumulated as a
(job title)

at (name of place)

during (year) to (year)

During these hours, I performed the following Educational Therapy related activities:

Sincerely,

Verified by

Signature: _____

I am submitting this letter electronically and indicate by this check that I am the person named above as verifying this document.

Name (printed):

Title:

Address:

Email

Phone