

ASSOCIATE EDUCATIONAL THERAPIST MEMBERSHIP APPLICATION



Instructions

Welcome, your application must include the following parts*:

- The application information ([page 1](#))
- Course Requirements Worksheet ([pages 1-2](#))
- A current résumé
- Transcripts
- Two letters of reference
- \$35 application fee + \$225 Associate ET Membership fee
- (\$100 discount if currently a student member)

**AET reserves the right to request further information about the applicant's proficiency in the language in which his or her practice is conducted, should questions arise during the application process.*

Please complete this (fillable) PDF application and email it with all required documents to CustomerCare@aetonline.org. Submitting application parts separately will delay the processing of your application.

Approval can take from 3 to 6 weeks after receipt of **all documents**.

Transcripts and Reference Letters

Transcripts may be scans or copies of Official Transcripts. Transcripts need NOT be in sealed envelopes direct from the university or college. Reference Letter: The applicant may fill out the top portion of the reference letters while the rest is filled out by the person serving as reference. You may send these letters by email or print them out and mail them to your contacts. Please ask those people providing references to return the letters to you so that you may submit them together with the other parts of your application.

A \$35 application fee will be charged when your complete application is received as well as the Associate Membership fee of \$225. Upon approval, you will receive your Welcome Letter. 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 at 262 West Main Street, Wales, WI, 53183.

Associate Educational Therapist Application Checklist:

- ☐ \$35.00 Application Fee and \$225 Associate ET Membership Fee are enclosed or made through the payment information provided below. (\$35 Application Fee and \$125 only if you are a student member already)
- ☐ Applicant Contact Information and Payment Method pages are complete ([page 1-3](#)).
- ☐ Course Requirements Worksheet is filled out ([pages 1-2](#)); see [Supplemental Documents Part A](#) for course descriptions.
- ☐ Two Reference letters ([Supplemental Documents Part B](#)) are attached or enclosed.
- ☐ Scans or copies of Official Transcripts are attached or enclosed.
- ☐ Résumé is attached.
- ☐ ALL documents and transcripts must be submitted in English and you will have a two (2) year period to finish any requirements not met.

How did you hear about AET?

- ☐ AET Member ☐ School ☐ Parent/Client ☐ AET Website ☐ Other _____

Associate Educational Therapist Membership Coursework Requirements Worksheet

(Please see supplementary documents for [course descriptions](#).)

Academic Degrees: (Copies or scans of **Official Transcripts** or **Credentials** must be submitted.)

School/Training Program: _____

Degree/License earned: _____

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Degree/License earned: _____

School/Training Program: _____

Degree/License earned: _____

Transcripts or documentation must verify the following courses or equivalent fieldwork. A course may only be used to complete one requirement. Both graduate and undergraduate work can be listed and all coursework must be completed before Associate ET Membership can be approved. *Experience may only be considered for the “Psychoeducational Interventions Combining Educational and Psychological Techniques” requirement, all other courses are required.*

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

Institute: _____

Course Title: _____

Course #: _____ Units: _____

Institute: _____

Course Title: _____

Course #: _____ Units: _____

Institute: _____

Course Title: _____

Course #: _____ Units: _____

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

Institute: _____

Course Title: _____

Course #: _____ Units: _____

Institute: _____

Course Title: _____

Course #: _____ Units: _____

Human Learning - One course, 3 units

Institute: _____

Course Title: _____

Course #: _____ Units: _____

Overview Special Education - One course, 3 units

Institute: _____

Course Title: _____

Course #: _____ Units: _____

General Reading - One course, 3 units

Institute: _____

Course Title: _____

Course #: _____ Units: _____

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

Institute: _____

Course Title: _____

Course #: _____ Units: _____

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

Institute: _____

Course Title: _____

Course #: _____ Units: _____

My signature below acknowledges the following:

1. I agree that, once accepted, I will abide by AET's Code of Ethics in all aspects of my professional practice (<https://www.aetonline.org/about/governance-and-affiliations>).
2. I understand that I must maintain membership at the Associate ET level in order to upgrade and advance to an Educational Therapist/Professional (ET/P).*

Signature: _____ Date: _____

Please add AET_Membership@aetonline.org to your contacts for future correspondence related to your application.

**The Associate ET is considered an entry level during which members complete experience-based requirements to attain full professional status. It is the responsibility of the applicant to contact AET's Supervision Chair to make arrangements for the next steps: fulfilling direct service hours and supervision/mentorship with a Board Certified Educational Therapist (BCET). Please note that a Master's degree in a related field is required for ET/P and BCET membership levels.*

Application Information

First Name: Last Name: Middle Name: Address: City: State: Zip: Phone: Fax: Email: Current Occupation/Title:

Payment Method:

I accept the terms and conditions when submitting electronically and understand that I will be charged a \$35 application fee + \$225 Associate ET Membership fee.

Credit Card

Visa Mastercard American Express

Credit Card Number: Expiration: Amount \$:

Signature: I accept the terms and conditions when submitting electronically.

SUPPLEMENTARY APPLICATION DOCUMENTS

Part A: 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 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 identified as neurodivergent or as having learning differences, including giftedness, emotional or neurological conditions, sensory and motor challenges, and speech and language impairments. 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:

- 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. Examples of course titles may include:

- Teaching Reading (elementary, middle school, or high school)
- Literacy Instruction (elementary, middle school, or high school)

(Human) Development

One course, 3 units

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

- Human Development
- Child Development
- Adolescent Development
- Lifespan Development

Part B: Reference Form

Please return to the applicant by email or regular mail.

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 the 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	☐	☐	☐	☐	☐
B. PROFESSIONALS	☐	☐	☐	☐	☐
C. CLIENT'S FAMILY	☐	☐	☐	☐	☐
ABILITY TO EVALUATE LEARNING PROBLEMS	☐	☐	☐	☐	☐
ABILITY TO DESIGN AND IMPLEMENT AN APPROPRIATE PROGRAM OF REMEDIATION FOR LEARNING PROBLEMS	☐	☐	☐	☐	☐
DEGREE OF PROFESSIONAL COMPETENCY IN:					
A. CHILD DEVELOPMENT	☐	☐	☐	☐	☐
B. PSYCHOLOGY	☐	☐	☐	☐	☐
C. EDUCATION	☐	☐	☐	☐	☐
D. METHODOLOGY IN SPECIAL EDUCATION	☐	☐	☐	☐	☐

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: _____

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C. CLIENT'S FAMILY	☐	☐	☐	☐	☐
ABILITY TO EVALUATE LEARNING PROBLEMS	☐	☐	☐	☐	☐
ABILITY TO DESIGN AND IMPLEMENT AN APPROPRIATE PROGRAM OF REMEDIATION FOR LEARNING PROBLEMS	☐	☐	☐	☐	☐
DEGREE OF PROFESSIONAL COMPETENCY IN:					
A. CHILD DEVELOPMENT	☐	☐	☐	☐	☐
B. PSYCHOLOGY	☐	☐	☐	☐	☐
C. EDUCATION	☐	☐	☐	☐	☐
D. METHODOLOGY IN SPECIAL EDUCATION	☐	☐	☐	☐	☐

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