



# Request to Begin Upgrade from Associate ET to Educational Therapist/Professional (ET/P)

AET Membership Department  
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Wales, WI 53183

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**Applicants must have been approved at the Associate ET level before advancing to ET/P.** In order to begin the process of upgrading your Associate ET membership to ET/P, please follow these steps: (1) complete the one-page form below and (2) submit the complete form, together with your Direct Service Hours documentation, to both the AET office ([AET\\_membership@aetonline.org](mailto:AET_membership@aetonline.org)) and the Supervision Chair: Mary Marthe ([mfmarthe@gmail.com](mailto:mfmarthe@gmail.com)).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Approval as Associate ET\*: \_\_\_\_\_

\* If more than one year has elapsed since you became an Associate, please include an updated résumé.

Current term of membership\* in AET (e.g. March 1, 2020 to February 28, 2021): \_\_\_\_\_

\* **Membership status must be Active** with dues paid in full in order to begin the upgrade process.

## Requirements for ET/P Upgrade

There are two requirements to move from **Associate ET** to **ET/Professional**:

- (1) The candidate must complete an assigned number of **supervised hours** with a Board Certified Educational Therapist (BCET).
- (2) The candidate must provide documentation of at least **1,500 hours of direct service**.

### (1) Supervision/Mentorship:

The goal of these assigned hours is to provide mentorship and support to new educational therapists and to offer a valuable professional growth opportunity for more experienced practitioners. It also affords AET a way of assuring that members understand AET’s goals and expectations. Depending upon the levels of individual experience, 50 to 500 hours will be assigned to be completed on a 10:1 ratio, meaning 10 hours of direct service with students for each hour of formal supervision. The Supervision Chair will provide details about completing the process.

If you know a BCET with whom you would like to work please provide that information below.

Requested BCET Supervisor/Mentor: \_\_\_\_\_

I do not have a BCET Supervisor in mind; please help me locate one.

**(2) Direct Service Hours:**

AET requires a minimum of 1,500 direct service hours with clients within the past ten years. 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. (See the attached sample letter). Qualifying 1,500 direct service hours may include:

- Individual sessions of remediation or teaching. (Note: this does NOT include time spent on review of records.)
- Individual sessions of assessment. (Note: this does NOT include time spent on report preparation.)
- Classroom observations on behalf of a client or student when you are the special education provider or are the private provider.
- Parent conferences and/or attendance at IEP meetings on behalf of a client or student when you are the special education provider or are the private provider.
- Consultations with allied professionals on behalf of a client or student when you are the special education provider or are the private provider.
- Fieldwork or practicum hours from higher education and/or credential programs which meet the above criteria
- Direct service completed as part of supervision/mentorship.

Please document your completed direct service hours and submit verification letters with your ET/P application. You may use the attached letter as a guide.



## Direct Service Hours Verification

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Number of hours accumulated: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of school/clinic/private practice: \_\_\_\_\_

Year range in which you accumulated the Hours: \_\_\_\_\_

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

Verified by:

Work site Administrator.      Professional Supervisor      Colleague

Other \_\_\_\_\_

Verifying Signature: \_\_\_\_\_

OR

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

Name of Person Verifying Hours: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_