

# Request to Begin Upgrade from an Associate Educational Therapist to an **EDUCATIONAL THERAPIST/PROFESSIONAL (ET/P®)**



## Application Information

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Associate Membership Status (*Acknowledgement Required*)

Year Approval as Associate Educational Therapist: \_\_\_\_\_

Current Term of AET Membership (*e.g., March 2024 – February 2025*): \_\_\_\_\_

Please check all that apply:

- I have been approved as an Associate Educational Therapist by AET
- My Associate membership is **active and in good standing**
- My dues are paid in full
- I understand that I must **maintain active membership throughout the supervision period**

## Statement of Intent and General Requirements

Please read carefully and check each item to confirm your understanding.

- I am applying for **Educational Therapist/Professional (ET/P®)** membership
- I understand that submission of this form **initiates the upgrade process** but does not guarantee approval
- I understand that I must submit a **complete ET/P® Application Packet**, which includes:
  - This application form
  - Documentation verifying **1,500 direct service hours** completed within the past 10 years
  - Verification letters for direct service hours
  - A current resume
- I understand that all application materials must be submitted together by uploading them on the AET website.
- I understand that additional documents will be sent from [supervision@aetonline.org](mailto:supervision@aetonline.org) that will be required before I am assigned a supervisor.
- I understand that the work I do with my supervisor requires payment (amount agreed upon by myself and the supervisor).

## Academic Qualifications (*Acknowledgment Required*)

Please check each item to confirm that you have read and understand the academic requirements.

- I understand that ET/P® applicants must meet **all academic qualifications required for Associate status**
- I understand that I must hold one of the following:
  - A Master's degree in educational therapy, special education, or general education
  - A Master's degree in a discipline focused on human development, with clinical training, that meets AET academic requirements
  - A Master's or terminal degree related to the intended focus of educational therapy practice
- If my degree does not clearly fall into one of the categories above, I understand that:
  - The Membership Committee will review my academic training
  - I may be required to attest that I am qualified to purchase and administer B-level assessments
  - I must demonstrate training in research design and methodology or authorship of peer-reviewed research

## Supervision Requirement (*Acknowledgment Required*)

Please check each item to confirm your understanding of the supervision process.

- I understand that ET/P® applicants must complete **formal supervision with a Board Certified Educational Therapist (BCET®)**
- I understand that the number of assigned supervision hours will be determined by the Supervision Committee and may range from **8-30 hours**, based on my experience
- I understand that supervision follows a **10:1 ratio** (10 hours of direct service for each hour of supervision)
- I understand that the Supervision Chair will provide guidance regarding supervision requirements and documentation

Requested BCET Supervisor (*if known*): \_\_\_\_\_

- I do not have a BCET supervisor in mind and request assistance locating one.

## Direct Service Hours Requirement (*Acknowledgment Required*)

Please check each item to confirm that you have reviewed the direct service criteria.

- I understand that AET requires documentation of **at least 1,500 direct service hours** completed within the past ten years
- I understand that qualifying direct service hours may include:
  - Individual remediation or teaching (excluding record review)
  - Individual assessment (excluding report writing)
  - Classroom observations conducted on behalf of a client
  - Parent conferences and IEP meetings when serving as the educational provider
  - Consultations with allied professionals on behalf of a client
  - Fieldwork or practicum hours that meet AET criteria
  - Direct service completed as part of supervision
- I understand that verification letters are required for documented hours
- I understand that incomplete or unverified hours may delay application review

## Continuing Education Requirement (*Acknowledgment*)

- I understand that once approved as an ET/P<sup>®</sup> member, I must complete **10 hours (not units) of continuing education annually** in accordance with AET guidelines, including a minimum of 3 hours of ethics continuity education every three years.

## Application Certification

Please check and sign below.

- I certify that the information provided in this application is accurate and complete
- I understand that misrepresentation may result in delay or denial of my application

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submission Instructions

Please upload this completed ET/P<sup>®</sup> application **along with**:

- Direct service hour documentation and verification letters from all supervisors
- Your current resume

Submit all materials using the button on the website at:

<https://www.aetonline.org/memberships/et-p-membership>