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LETTER OF INTENT TO PURSUE ET/P®

Date: _____

Name: _____

Membership Number: _____

Email Address: _____

I plan on completing the requirements that will qualify me to become a Professional Level Educational Therapist (ET/P®).

I understand that to qualify I must:

- Be an Associate member in good standing and maintain my membership throughout the supervision period.
- Have my Masters Degree approved by the Membership Committee.
- Complete the Application Packet including:
 - Application form
 - Documentation verifying 1500 direct service hours over the last 10 years
 - Updated resume
- Successfully complete the supervision hours assigned by the supervision committee.

Signature

Please download this PDF and email the completed form to Jackie Weis at:
aet_membership@aetonline.org.