



NATIONAL CENTER FOR CRISIS MANAGEMENT  
AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS

APPLICATION FOR

FELLOW, NATIONAL CENTER FOR CRISIS MANAGEMENT  
FELLOW, AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS

THE FELLOWSHIP CREDENTIAL IS OFFERED BY THE NATIONAL CENTER FOR CRISIS MANAGEMENT  
IN COLLABORATION WITH THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS  
BASED ON AN APPLICANT'S CONTRIBUTIONS TO THE FIELDS OF TRAUMATIC STRESS OR  
CRISIS MANAGEMENT AND CONTRIBUTIONS TO THE CENTER OR THE ACADEMY.

# APPLICATION FOR THE FELLOWSHIP CREDENTIAL



## THE NATIONAL CENTER FOR CRISIS MANAGEMENT® THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS®

The designation of Fellowship is the highest honor the National Center and the Academy can bestow upon a Member. This designation is awarded to Diplomates of either organization who have made significant contributions to the field, Center and/or Academy. Fellows are recognized by both the Center and the Academy and Member's central records, online profile and certificate will all indicate this dual recognition. Applicants who are awarded the designation of Fellow will be denoted as such in the Professional Directory, which can be accessed at [www.NC-CM.org](http://www.NC-CM.org) or [www.AAETS.org](http://www.AAETS.org). If an applicant is unsuccessful in meeting the criteria for Fellowship, the individual will be informed as to the reason for denial. He/she will be given a second opportunity, if needed, to provide additional supporting documentation. This application reevaluation will be offered at no additional charge.

In order for the Center and the Academy to consider you for the Fellowship Credential, you must complete the application, sections IV and V (see reverse page), provide a copy of your resume/vita and copies of your State License and/or Certification (if not on file in the Center/Academy offices) and enclose one time payment of \$375.

### I. PERSONAL INFORMATION

|                   |      |                |               |          |  |
|-------------------|------|----------------|---------------|----------|--|
| FIRST NAME        |      | MIDDLE NAME    | LAST NAME     |          |  |
| ADDRESS           | CITY | STATE/PROVINCE | COUNTRY       | ZIP CODE |  |
| WORK PHONE NUMBER |      |                | EMAIL ADDRESS |          |  |

### II. PROFESSIONAL/ETHICAL/LEGAL INFORMATION

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Have you ever been convicted of a felony?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been disciplined for any type of unethical or illegal conduct?         | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your professional license/certification ever been revoked, suspended or limited? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there action pending related to your professional practice?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there action pending to revoke or limit your professional license/certification?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever voluntarily surrendered your license/certification?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you abuse alcohol or other substances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been denied professional liability insurance?                          | <input type="checkbox"/> | <input type="checkbox"/> |

### III. ORGANIZATIONAL INFORMATION

The Fellowship status is recognized by both the *National Center for Crisis Management* and the *American Academy of Experts in Traumatic Stress*. However, applicants have the option of receiving their Fellowship from either the Center or the Academy, which will be reflected on the Fellowship certificate and in how the applicant identifies him/herself. Please indicate which organization you are applying for Fellowship status.

National Center for Crisis Management (F.N.C.C.M.)  American Academy of Experts in Traumatic Stress (F.A.A.E.T.S.)

Please indicate your name and title as you would like it to appear on your certificate: \_\_\_\_\_

