



NATIONAL CENTER FOR CRISIS MANAGEMENT

in collaboration with the 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®
in collaboration with 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 or 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Has your professional license/certification ever been revoked, suspended or limited?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: _____

CONTINUED ON REVERSE SIDE

IV. CONTRIBUTIONS TO THE FIELDS OF CRISIS MANAGEMENT AND/OR TRAUMATIC STRESS

In a brief autobiographical synopsis, please describe how you are contributing to the field of crisis management and/or traumatic stress. Successful candidates for Fellowship may have this synopsis published on the Center's website. Your synopsis must not exceed 300 words and should include a brief description of:

- your educational background,
- your knowledge and experience in working with people during times of crisis, and
- an overview of your current professional activities that contribute to the field of crisis management and/or traumatic stress

If you have a professional practice, you may note your office address and telephone number(s) at the end of the synopsis.

V. CONTRIBUTIONS TO THE NATIONAL CENTER FOR CRISIS MANAGEMENT OR THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS

Please provide the National Center and/or the Academy with constructive recommendations, based upon your profession and unique area of specialization, to increase the efficacy of the associations in fulfilling their collective missions. Or, you may provide the Center with a paper or article for publication online.

V. DECLARATION

I hereby certify that all information provided in this application packet is accurate and complete and I give the National Center for Crisis Management and the American Academy of Experts in Traumatic Stress permission to publish any part of this packet on the respective organization's website. I understand that Fellowship is the highest honor the Center and the Academy can bestow upon a Member and that this designation is awarded to Diplomates who have made significant contributions to the field and to the National Center and/or the Academy. I agree to continue to abide by the Center's Code of Ethical & Professional Standards and agree to hold harmless the National Center for Crisis Management and the American Academy of Experts in Traumatic Stress, its officers, consultants and employees for any misrepresentation of my credentials and for any malpractice on my part either willful or through negligent conduct, recklessness, and gross misconduct and for all claims, loss, damage, judgment or expense. I understand that the National Center for Crisis Management and the American Academy of Experts in Traumatic Stress do not practice medicine or psychology or provide direct or indirect patient/client care. Finally, I understand that Fellowship does not attest to my ability to treat people.

Signature

Date

VI. PAYMENT INFORMATION

Enclosed is my check for \$375, or please charge \$375 to my: VISA American Express MasterCard Discover Card

Account No.

Expiration Date

Signature

Date

MAIL TO:

National Center for Crisis Management
8 Arlington Street, Melville, NY 11747

QUICK FAX BACK TO:

If paying by credit card, you may Fax your Application Form and supporting documentation to (631) 543-6977.