



Associate Educational Therapist Membership Application

AET Membership Department
7044 S 13th Street
Oak Creek WI 53154

AET_membership@aetonline.org / www.aetonline.org

Instructions

Your application consists of the following parts*:

<ul style="list-style-type: none"> The application form (pages 1) Course Requirements Worksheet (Pages 2-3) A current résumé Transcripts Two letters of reference \$35.00 application fee 	<p>*AET reserves the right to request further information about the applicant's proficiency in the language in which his or her practice is conducted, should questions arise during the application process.</p>
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Please submit your entire application **when complete** (to fill out on the computer, first "lock" the document on the Forms toolbar). You may scan and attach all parts and email to membership@aetonline.org or mail hardcopies to the address above. Submitting application parts separately will delay the processing of your application. When mailing hard copies please do not staple your documents. Approval can take from 3 to 6 weeks after receipt of **all documents**.

Transcripts and Reference Letters

Transcripts must be Official Transcripts or scans or copies of Official Transcripts. Printouts from university or college websites will not be accepted. Transcripts need NOT be in sealed envelopes direct from the university or college. **Graduates from Holy Names University (HNU) and California State Northridge (CSUN) ET Programs need only submit the certificate in lieu of transcripts.**

The applicant may fill out the top portion of the reference letters. The rest is filled out by the person serving as reference. You may send these letters by email or print them out and mail them to your contacts. Please ask those people providing references **to return the letters to you** so that you may submit them together with the other parts of your application.

A \$35.00 application fee must accompany your application form. Upon approval, you will receive a dues invoice for \$225.00. Payment can be made by check or credit card. Complete the boxes below to provide your credit card information or mail a check made payable to AET to the office.

Associate Educational Therapist Application Checklist:

- \$35.00 Application Fee is enclosed or payment information provided.
- Applicant Contact Information and Payment Method is complete ([page 1](#)).
- Course Requirements Worksheet is filled out ([pages 2-3](#)); see [Supplemental Documents Part A](#) for course descriptions.
- Two Reference letters ([Supplemental Documents Part B](#)) are attached or enclosed.
- Copies of Official Transcripts (or HNU/CSUN ET Certificate) are attached or enclosed.
- Résumé is attached or enclosed.

How did you hear about AET? AET Member School Parent/Client AET Website Other _____

APPLICANT INFORMATION

First Name:	Last Name:	Middle Name:
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Current Occupation/Title:		

Payment Method Online at www.aetonline.org Check Please charge my Credit Card* Visa Master Card American Express

*Credit Card Number:	Expiration:	Amount: \$
Signature:	<input type="checkbox"/> Check box to indicate acceptance of terms and conditions when submitted electronically.	



**Associate Educational Therapist Membership
Coursework Requirements Worksheet**
(Please see supplementary documents for [course descriptions](#).)

Academic Degrees: (Copies of **Official Transcripts** or **Credential** must be submitted.)

School/Training Program	
Degree/License earned	
School/Training Program	
Degree/License earned	
School/Training Program	
Degree/License earned	
School/Training Program	
Degree/License earned	

Transcripts or documentation must verify the following courses or equivalent fieldwork. All coursework must be completed before Associate ET Membership can be approved.

**Curriculum, Methods, and Remediation
Techniques Relating to Individuals with Reading
and Learning Differences – Three courses, 3
units each**

**Diagnosis and Assessment of Individuals with
Reading and Learning Differences – Two
courses, 3 units each**

Institute:	
Course Title:	
Course #:	Units:
Institute:	
Course Title:	
Course #:	Units:
Institute:	
Course Title:	
Course #:	Units:

Institute:	
Course Title:	
Course #:	Units:
Institute:	
Course Title:	
Course #:	Units:

Human Learning – One course, 3 units

Institute:	
Course Title:	
Course #:	Units:

Overview Special Education – One course, 3 units

General Reading – One course, 3 units

Institute:	
Course Title:	
Course #:	Units:

Institute:	
Course Title:	
Course #:	Units:

Psychoeducational Interventions Combining Educational and Psychological Techniques – One course, 3 units - can also be met with experience related knowledge

Child/Adolescent (Human) Development – One course, 3 units

Institute:	
Course:	
Course #:	Units:

Institute:	
Course:	
Course #:	Units:

My signature below acknowledges the following:

- 1. I agree that, once accepted, I will abide by AET’s Code of Ethics in all aspects of my professional practice (<http://aetonline.org/about/ethics.html>).**
- 2. I understand that I must maintain membership at the Associate ET level in order to upgrade to Educational Therapist/Professional (ET/P).***

Signature _____

Date _____

*The Associate ET level is considered a transitional level during which members complete experience-based requirements to attain full professional status. It is the responsibility of the applicant to contact AET's Supervision Chair to make arrangements for the next steps: fulfilling direct service hours and supervision/mentorship with a Board Certified Educational Therapist (BCET).

Supplementary Application Documents

Part A: Course Descriptions

Part B: Reference Form

COURSE DESCRIPTIONS

The following course descriptions are intended to assist you in determining which classes can be used to fulfill specific requirements.

Curriculum, Methods, and Remediation Techniques Relating to Individuals with Reading and Learning Differences—Three courses, 3 units each

These courses must include program planning, remediation techniques, adaptation of curriculum, and program evaluation. One course must specifically address the identification and remediation of reading disorders and include a multi-sensorial technique or program for remediation. This reading remediation course cannot be counted towards the General Reading requirement. Examples of course titles may include:

Diagnosis and Remediation of Reading Disabilities	*Lindamood-Bell LIPs
Reading Disabilities	*Slingerland
Reading for the Special Needs Child	*Wilson Reading System
Adapting Reading Strategies for the Special Needs Child	*Language!
Remediation of Reading Disabilities	Technology Strategies for Special Needs Classes
Correcting Reading Disabilities	Adaptation of (curriculum area) in Special Education
Math Instruction for Special Needs Students	Language Learning – Language Instruction In Special Education
Strategies for Remediation of Reading Disabilities	
*Orton-Gillingham	

Diagnosis & Assessment of Individuals with Reading & Learning Differences—Two courses, 3 units each

The courses must cover the foundations of formal (standardized) and informal test development, administration, and interpretation. These courses are usually presented sequentially, beginning with a basic course and followed with an advanced and/or practicum course. Examples of course titles may include:

Assessment in Special Education	Assessing the Special Needs Child
Tests and Measurement in Special Education	Woodcock-Johnson Test Administration and Interpretation
Foundations in Educational Assessment	

Human Learning—One course, 3 units

This type of course focuses specifically on the learning process, meaning how we learn. It can include the psychological and emotional aspects of learning as well as such things as information processing, and social impacts. Piaget's perspective is often covered in a course such as this. Examples of course titles may include:

Human Learning	Psychology of Learning
Cognitive and Psychological Development	Educational Psychology (focused on Learning)
Human Development and Learning	How Children Learn/Develop

Overview of Special Education—One course, 3 units

This course must cover the characteristics of children categorized as having learning differences such as being gifted, mentally retarded, emotionally disturbed, or neurologically impaired. Sensory and motor disturbances and speech and language impairments are included. The course must also incorporate information regarding federal laws for individuals with special needs. Examples of course titles may include:

The Exceptional Child
Mainstreaming the Exceptional Child

Overview of the Child with Special Needs
Introduction to Special Education

Psychoeducational Interventions Combining Educational and Psychological Techniques— This requirement in particular does not need to be met with an actual class, but can be experience-related.

This area is typically fulfilled by an applicant's practicum experience. Documentation should include counseling techniques for working with the family, school, and student, which help support the student's learning. Documentation (such as supervisor's notes, practicum or field work requirements, and/or coursework) should demonstrate that supervised experience was obtained in working with schools, families and allied professionals. Some examples of courses in this area are titled:

Principles of Educational Therapy
Working with Parents of Special Needs Children
Counseling Techniques in Special Education
Special Education Child and Family
Behavioral Strategies in Special Education
Guidance of the Special Needs Child and Family
Advocacy in Special Education

General Reading—One course, 3 units

This course must be related to teaching general reading, not reading remediation, and must include phonological skills.

Child/Adolescent (Human) Development—One course, 3 units

This course is broader than Human Learning, and typically involves the physical, cognitive, emotional, and psychological stages of development from birth to adulthood. Examples of course titles may include:

Human Development

Child Development

Adolescent Development



REFERENCE FORM

PLEASE RETURN TO APPLICANT
BY EMAIL OR REGULAR MAIL

APPLICANT'S NAME

ADDRESS PHONE

The above has applied for Associate Membership in the Association of Educational Therapists. Please fill out this form and add any comments you feel would be helpful in evaluating this applicant. Please use reverse side if additional space is required. Your time is greatly appreciated.

	WEAK	ADEQUATE	ABOVE AVERAGE	OUTSTANDING	NOT APPLICABLE
ABILITY TO COMMUNICATE WITH:					
a. CLIENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PROFESSIONALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CLIENT'S FAMILY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO EVALUATE LEARNING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO DESIGN AND IMPLEMENT AN APPROPRIATE PROGRAM OF REMEDIATION FOR LEARNING PROBLEMS					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEGREE OF PROFESSIONAL COMPETENCY IN:					
a. CHILD DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PSYCHOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. METHODOLOGY IN SPECIAL EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Any strengths/weaknesses you feel are important to share.)

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Name Professional Title

Place of Employment and Address

Phone Email

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

Signature _____ Date

AET Membership Dept * 7044 S 13th Street * Oak Creek WI 53154 * AET_membership@aetonline.org
AET Membership Director * aetmembership37@gmail.com