

# ASSOCIATE EDUCATIONAL THERAPIST MEMBERSHIP APPLICATION



## Instructions

Welcome, your application must include the following parts\*:

- The application information ([page 1](#))
- Course Requirements Worksheet ([pages 1-2](#))
- A current résumé
- Transcripts
- Two letters of reference
- \$35 application fee + \$225 Associate ET Membership fee ([pages 3](#))
- (\$100 discount if currently a student member)

*\*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.*

Please complete this (fillable) PDF application and email it with all required documents to [CustomerCare@aetonline.org](mailto:CustomerCare@aetonline.org). Submitting application parts separately will delay the processing of your application.

Approval can take from 3 to 6 weeks after receipt of **all documents**.

## Transcripts and Reference Letters

Transcripts may be scans or copies of Official Transcripts. Transcripts need NOT be in sealed envelopes direct from the university or college. Reference Letter: The applicant may fill out the top portion of the reference letters while 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 application fee will be charged when your complete application is received as well as the Associate Membership fee of \$225. Upon approval, you will receive your Welcome Letter. 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 at 262 West Main Street, Wales, WI, 53183.

## Associate Educational Therapist Application Checklist:

- ☐ \$35.00 Application Fee and \$225 Associate ET Membership Fee are enclosed or made through the payment information provided below. (\$35 Application Fee and \$125 only if you are a student member already)
- ☐ Applicant Contact Information and Payment Method pages are complete ([page 1-3](#)).
- ☐ Course Requirements Worksheet is filled out ([pages 1-2](#)); see [Supplemental Documents Part A](#) for course descriptions.
- ☐ Two Reference letters ([Supplemental Documents Part B](#)) are attached or enclosed.
- ☐ Scans or copies of Official Transcripts are attached or enclosed.
- ☐ Résumé is attached.
- ☐ ALL documents and transcripts must be submitted in English and you will have a two (2) year period to finish any requirements not met.

How did you hear about AET?

- ☐ AET Member   ☐ School   ☐ Parent/Client   ☐ AET Website   ☐ Other \_\_\_\_\_

# Associate Educational Therapist Membership Coursework Requirements Worksheet

(Please see supplementary documents for [course descriptions](#).)

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

School/Training Program: \_\_\_\_\_

Degree/License earned: \_\_\_\_\_

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School/Training Program: \_\_\_\_\_

Degree/License earned: \_\_\_\_\_

**Transcripts** or documentation must verify the following courses or equivalent fieldwork. A course may only be used to complete one requirement. Both graduate and undergraduate work can be listed and all coursework must be completed before Associate ET Membership can be approved. *Experience may only be considered for the “Psychoeducational Interventions Combining Educational and Psychological Techniques” requirement, all other courses are required.*

## Curriculum, Methods, and Remediation Techniques Relating to Individuals with Reading and Learning Differences - Two courses, 3 units each

Institute: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Units: \_\_\_\_\_

Institute: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Units: \_\_\_\_\_

## 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: \_\_\_\_\_

## Overview Special Education - One course, 3 units

Institute: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Units: \_\_\_\_\_

## Human Learning - One course, 3 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

Institute: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Units: \_\_\_\_\_

## Principles of Educational Therapy - One course, 3 units

Institute: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Units: \_\_\_\_\_

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

Institute: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Units: \_\_\_\_\_

**Reading Instruction and Intervention - One course, 3 units**

Institute: \_\_\_\_\_

Course Title: \_\_\_\_\_

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 (<https://www.aetonline.org/about/governance-and-affiliations>).**
2. **I understand that I must maintain membership at the Associate ET level in order to upgrade and advance to an Educational Therapist/Professional (ET/P).\***

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

Please add [AET\\_Membership@aetonline.org](mailto:AET_Membership@aetonline.org) to your contacts for future correspondence related to your application.

*\*The Associate ET is considered an entry 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). Please note that a Master's degree in a related field is required for ET/P and BCET membership levels.*

## Application Information

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

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

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

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

Current Occupation/Title: \_\_\_\_\_

# Payment Information

## Payment Method:

☐ I accept the terms and conditions when submitting electronically and understand that I will be charged a \$35 application fee + \$225 Associate ET Membership fee.

## Credit Card

☐ Visa    ☐ Mastercard    ☐ American Express

Name on Card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Signature: \_\_\_\_\_ ☐ I accept the terms and conditions when submitting electronically.

# SUPPLEMENTARY APPLICATION DOCUMENTS

## Part A: Course Descriptions

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

### Foundations of Educational Therapy

*One course, 3 units*

This course focuses on the roles and responsibilities of educational therapists, including the history of the profession, models of practice, and collaboration with families and allied professionals. Courses must address the AET Code of Ethics and Standards for the Professional Practice of Educational Therapy and ethical decision-making models.

Some examples of suggested course titles include:

- Principles of Educational Therapy
- Roles of the Educational Therapist

### Introduction to Special Education

*One course, 3 units*

This course focuses on the characteristics of individuals identified as neurodivergent or as having learning differences, and may include academic and learning concerns, sensory and motor challenges, speech and language impairments, emotional and neurological conditions, twice-exceptionality and giftedness, and/or behavioral challenges. The course must also incorporate information regarding federal laws that pertain to individuals with special needs.

Some examples of suggested course titles include:

- Introduction to Special Education
- Foundations of Special Education
- Introduction to Mild/Moderate/Extensive Support Needs
- Education of the Exceptional Child/Adolescent
- Teaching Neurodiverse Students

### Child/Adolescent Development

*One course, 3 units*

This course focuses on the physical, cognitive, emotional, and psychological stages of human development.

Some examples of suggested course titles include:

- Child Growth and Development
- Child (or Adolescent) Development
- Developmental Psychology
- Lifespan Development

### Human Learning

*One course, 3 units*

This course focuses specifically on the learning process, meaning how humans learn. It can include the psychological and emotional aspects of learning as well as such things as information processing and social impacts. Various theorists' perspectives, as well as current research, on learning theories are often covered in a course that meets this requirement.

Some examples of suggested course titles include:

- Psychology of Human Learning
- Cognitive Psychology
- Psychological Foundations of Learning
- Psychology of Cognition and Learning
- Applied Cognitive Development

## Reading Instruction and Intervention

*One course, 3 units*

This course must specifically address how to use an evidence-based multi-sensory approach to teach phonological and phonemic awareness, phonics, decoding and fluency, vocabulary development, and comprehension.

Some examples of suggested course titles include:

- Literacy Instruction for Diverse Learners
- Literacy Intervention for Struggling Learners
- Instructional Strategies for Students with Reading Difficulties
- Elementary Reading Methods for the Exceptional Child

## Curriculum, Methods, and Remediation Techniques for Individuals with Learning Differences

*Two courses, 3 units each (one of these two courses may be met by 45 clock hours of training in one evidence-based program)*

These courses focus on remediation techniques, intervention planning, and progress monitoring. Courses may also address adaptation of curriculum.

Some examples of suggested course titles include:

- Curriculum & Instruction in Special Education
- Instructional Techniques in Special Education
- Methods of Teaching Diverse Learners
- Strategies for Inclusive Classrooms
- Reading (and Writing) Intervention
- Teaching Mathematics in Diverse Classrooms
- Technology in Special Education
- Teaching Multilingual Learners

## Assessment of Individuals Learning Differences

*Two courses, 3 units each*

These courses focus on the foundations of formal (standardized) and informal test development, administration, and interpretation. These courses are usually presented sequentially, beginning with a basic course, followed by a more advanced course.

Some examples of suggested course titles include:

- Assessment in Special Education
- Assessing Diverse Learners
- Advanced Assessment
- Assessment and Evaluation of Learning
- Foundations in Educational Assessment
- Theories of Educational Assessment

## Psychoeducational Intervention Techniques

*One course, 3 units, OR may be met by a minimum of 45 certified clock hours of approved experience*

This area is often met by an applicant's culminating program practicum or through professional experience working with clients and their families in a 1:1 setting. If met through an Educational Therapy program, the final practicum evaluation with supervisor feedback should be provided. If met via professional experience, a paragraph describing this experience must be provided.

This requirement may also be fulfilled by a course or a combination of courses that includes application of individualized psychoeducational intervention techniques, case management, and collaboration with clients, families, teachers, and allied professionals. If met with coursework, documentation may be provided via transcripts and detailed course information.

Some examples of suggested course titles include:

- Collaboration, Families and Case Management
- Techniques/Strategies in Educational Therapy
- Special Education and Teaching Internship
- Working with Families in Special Education
- Special Education Child and Family
- Advocacy in Special Education

## INSTRUCTIONS FOR PARAGRAPH RESPONSE AREA:

Please provide a description of your professional experience working with clients and their families in a 1:1 setting **in two hundred words or less**. Applicants should discuss their experience with the application of individualized psychoeducational intervention techniques, case management, and collaboration with clients, families, teachers, and other professionals.

## Part B: Reference Form

Please return to the 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 the 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"/>
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 • 262 West Main Street • Wales, WI 53183 • [AET\\_membership@aetonline.org](mailto:AET_membership@aetonline.org)

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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"/>
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: \_\_\_\_\_

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