



NATIONAL CENTER FOR CRISIS MANAGEMENT
in collaboration with the American Academy of Experts in Traumatic Stress

**APPLICATION FOR CERTIFICATIONS UNDER THE
TRAUMATIC STRESS SPECIALTIES PROGRAM**

CERTIFICATION IN FORENSIC TRAUMATOLOGY
CERTIFICATION IN BEREAVEMENT TRAUMA
CERTIFICATION IN DOMESTIC VIOLENCE
CERTIFICATION IN MOTOR VEHICLE TRAUMA
CERTIFICATION IN SEXUAL ABUSE
CERTIFICATION IN DISABILITY TRAUMA
CERTIFICATION IN RAPE TRAUMA
CERTIFICATION IN PAIN MANAGEMENT
CERTIFICATION IN STRESS MANAGEMENT
CERTIFICATION IN ILLNESS TRAUMA
CERTIFIED CRISIS CHAPLAIN
CERTIFICATION IN CHILD TRAUMA
CERTIFICATION IN CRISIS INTERVENTION

CERTIFICATIONS ARE OFFERED BY THE NATIONAL CENTER FOR CRISIS MANAGEMENT
IN COLLABORATION WITH THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS
BASED ON AN APPLICANT'S KNOWLEDGE, EXPERIENCE, EDUCATION AND TRAINING



APPLICATION FOR CERTIFICATIONS UNDER THE TRAUMATIC STRESS SPECIALITIES PROGRAM

PLEASE PRINT OR TYPE ALL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
ADDRESS	CITY	
STATE/PROVIENCE	COUNTRY	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	
EMAIL ADDRESS	FAX NUMBER	

PLEASE INDICATE THE TRAUMA STRESS SPECIALTY FOR WHICH YOU ARE APPLYING:

- | | |
|---|--|
| <input type="checkbox"/> CERTIFICATION IN FORENSIC TRAUMATOLOGY | <input type="checkbox"/> CERTIFICATION IN BEREAVEMENT TRAUMA |
| <input type="checkbox"/> CERTIFICATION IN DOMESTIC VIOLENCE | <input type="checkbox"/> CERTIFICATION IN MOTOR VEHICLE TRAUMA |
| <input type="checkbox"/> CERTIFICATION IN SEXUAL ABUSE | <input type="checkbox"/> CERTIFICATION IN DISABILITY TRAUMA |
| <input type="checkbox"/> CERTIFICATION IN RAPE TRAUMA | <input type="checkbox"/> CERTIFICATION IN PAIN MANAGEMENT |
| <input type="checkbox"/> CERTIFICATION IN STRESS MANAGEMENT | <input type="checkbox"/> CERTIFICATION IN ILLNESS TRAUMA |
| <input type="checkbox"/> CERTIFIED CRISIS CHAPLAIN | <input type="checkbox"/> CERTIFICATION IN CHILD TRAUMA |
| <input type="checkbox"/> CERTIFICATION IN CRISIS INTERVENTION | |

I hereby certify that all the information provided in this Application Form is accurate and complete. I understand that the certifications offer by the National Center for Crisis Management in collaboration with the American Academic of Experts in Traumatic Stress aims to identify applicants' expertise by virtue of their knowledge, experience, training and education. I agree to abide by the Center's Code of Ethical and 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. Furthermore, I understand that certifications offer by the National Center for Crisis Management and the American Academy of Experts in Traumatic Stress does not attest to my ability to treat people.

Signature

Date



NATIONAL CENTER FOR CRISIS MANAGEMENT

APPLICATION CHECKLIST

- Current Resume/Vitae:** Your resume should include all education and work experience related to traumatic stress or crisis management. If resume clearly outlines workshops, seminars, presentation and conferences attended, the knowledge, training and education documentation form does not need to be completed. The amount of hours needs to be clearly denoted in the resume for it to be acceptable.

- Educational Degree:** Please check the appropriate box below. Documentation in the form of a diploma or transcript needs to be included with this application
 - High School Diploma Associates Degree Bachelors Degree
 - Masters Degree Doctoral Degree

- Copy of State License (if in a licensable profession) and Board Certification (if profession offers board certification)**

- Traumatic Stress Knowledge, Training and Education Documentation Form:** The applicant must provide all documentation regarding knowledge, experience and training in traumatic stress. Copies of certificates, letters or transcripts documenting conferences, seminars, workshops, coursework or classes must be provided. All documentation specific to the certification area should also be included. The applicant must receive 200 *documentation points* in order to meet the knowledge, training and education criteria for certification in the traumatic stress specialty area.

- Traumatic Stress Experience Documentation Form:** All experience related to the area of specialty must be provided. This includes direct contact time with survivors of traumatic events. Applicants must have 1000 hours of experience through their employment, private practice, consultation or volunteer work.

- Certification review fee of \$250.00:** This fee is for review of the application for the certification in the specialty area. If the applicant is not successful, a letter outlining the reason(s) will be sent to the applicant and the applicant will be given a second opportunity to submit supporting documentation. There will be no charge for the second review.

Enclosed is my check for \$250.00, or please charge \$250.00 to my VISA American Express MasterCard Discover Card

Account Number

Expiration Date

Signature

Date

**DOCUMENTATION OF KNOWLEDGE, TRAINING AND EDUCATION
IN TRAUMATIC STRESS AND TRAUMATIC STRESS SPECIALTY AREA**

The applicant must receive a total of 200 documentation points in this section in order to meet the certification criteria for the Knowledge, Training and Educational (KTE) requirements. Several forms of KTE are acceptable and are listed below along with their point value. All forms of KTE must be relevant to traumatic stress or the area of traumatic stress specialization. Please check the box next to where you are documenting KTE points. Please also list the total number of KTE points for each section in the column provided. Documentation of all items included on the form need to be supplied in order for the applicant to receive credit.

Forms of Knowledge, Training and Education (Number of documentation credits in parentheses)	Number of Documentation Points in Section	Required Documentation
Section I. <input type="checkbox"/> Doctoral Level Education/Training (60) <input type="checkbox"/> Masters Level Education/Training (50) <input type="checkbox"/> Bachelor Level Education/Training (40) <input type="checkbox"/> Specific Certifications (e.g., Paramedic, EMT) (30)		Educational Transcript or copy of Diploma
Section II. <input type="checkbox"/> State License or Certification (40)		Copy of Current License or Certification
Section III. <input type="checkbox"/> Workshop / Seminar / Presentation / Supervision (one documentation credit per contact hour)		Copy of certificate denoting name of workshop, provider, contact hours or letter from supervisor number of supervision hours
Section IV. <input type="checkbox"/> College or Graduate Coursework related to assessment, diagnosis, research and/or counseling and treatment of traumatic stress (15 per course)		Educational Transcript
Section V. <input type="checkbox"/> Authored / Co-authored/edited book or manual related to traumatic stress or traumatic stress specialty area (30 per document)		Copy of cover of book with applicant's name clearly denoted
Section VI. <input type="checkbox"/> Authored / Co-authored article related to traumatic stress or traumatic stress specialty area (15 per article)		Copy of article with applicant's name clearly denoted
Section VII. <input type="checkbox"/> Hold an administrative/supervisory position related to the traumatic stress specialty area (25)		Letter from employer indicating that applicant holds this position or copy of agency documents indicating position

**DOCUMENTATION OF KNOWLEDGE, TRAINING AND EDUCATION
IN TRAUMATIC STRESS AND TRAUMATIC STRESS SPECIALTY AREA (CON'T)**

Forms of Knowledge, Training and Education (Number of documentation credits in parentheses)	Number of Documentation Points in Section	Required Documentation
Section VIII. <input type="checkbox"/> Trained and/or presented to colleagues information related to area of traumatic stress specialty (10 per presentation topic)		Brochure indicating name of presentation or a letter from organizer including same
Section IX. <input type="checkbox"/> Taught course at the college or graduate school level on traumatic stress or in the traumatic stress specialty area (15 per course)		College document indicating name of course, applicant's name and course credit hours
Section X. <input type="checkbox"/> Hold a certification by another recognized organization in traumatic stress or in the traumatic stress specialty area (25)		Copy of Certification
Please indicate the total number of documentation points from sections one through ten:		

I attest that the information provided on the KTE Documentation Form is true and accurate:

Signature

Date

