



**NATIONAL CENTER FOR CRISIS MANAGEMENT
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
CERTIFICATION IN WAR TRAUMA

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

**NATIONAL CENTER FOR CRISIS MANAGEMENT
AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS**
127 ECHO AVENUE • MILLER PLACE, NY 11764 • 800-810-7550

APPLICATION FOR CERTIFICATION UNDER THE CRISIS MANAGEMENT AND TRAUMATIC STRESS SPECIALTIES PROGRAMS



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

The *National Center for Crisis Management*® in collaboration with the *American Academy of Experts in Traumatic Stress*® offer members the opportunity to achieve certification in traumatic stress and crisis management specialty areas. There are 17 specialty certifications which fall into one of two programs: Certifications in Traumatic Stress Specialties or Certifications in Crisis Management Specialties.

Members are awarded certification under these programs by virtue of their knowledge, experience, training and education in the specialty area. All certifications and credentials obtained by members are recognized by both the *National Center for Crisis Management* and the *American Academy of Experts in Traumatic Stress*. The applicant's official Center records, online profile and certificate indicate this dual recognition. All awarded certifications are included in the member's profile in the *Professional Directory of the National Center for Crisis Management* available online through a searchable database at www.NC-CM.org and www.AAETS.org.

Candidates must achieve or exceed a total score of 200 points by completing *Section IV – Credentialing Information*. Applicants who fail to demonstrate that they have met the requisite criteria for certification in the specialty area will be informed as to the reason for denial. The candidate will be given a second opportunity to provide additional supportive documentation.

In order for the Center and the Academy to consider your specialty application, you must complete the application, provide a copy of your resume/vita, provide copies of your State License and/or Certification and enclose one time payment of \$250.00.

I. PERSONAL INFORMATION

| | | | | | |
|-------------------|------|-------------------|---------------|-----------|--|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | |
| ADDRESS | CITY | STATE/PROVINCENCE | 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. SPECIALTY AREA CERTIFICATION - Please indicate which specialty area you are applying.

CERTIFICATIONS UNDER THE TRAUMATIC STRESS SPECIALTIES PROGRAM

- CERTIFICATION IN FORENSIC TRAUMATOLOGY (C.F.T)
- CERTIFICATION IN BEREAVEMENT TRAUMA (C.B.T.)
- CERTIFICATION IN DOMESTIC VIOLENCE (C.D.V.)
- CERTIFICATION IN MOTOR VEHICLE TRAUMA (C.M.V.T.)
- CERTIFICATION IN SEXUAL ABUSE (C.S.A.)
- CERTIFICATION IN DISABILITY TRAUMA (C.D.T.)
- CERTIFICATION IN RAPE TRAUMA (C.R.T.)
- CERTIFICATION IN PAIN MANAGEMENT (C.P.M.)
- CERTIFICATION IN STRESS MANAGEMENT (C.S.M.)
- CERTIFICATION IN ILLNESS TRAUMA (C.I.T.)

- CERTIFIED CRISIS CHAPLAIN (C.C.C.)
- CERTIFICATION IN CHILD TRAUMA (C.C.T)
- CERTIFICATION IN CRISIS INTERVENTION (C.C.I.)

CERTIFICATION UNDER THE CRISIS MANAGEMENT SPECIALTIES PROGRAM

- CERTIFICATION IN EMERGENCY CRISIS RESPONSE (C.E.C.R.)
- CERTIFICATION IN SCHOOL CRISIS RESPONSE (C.S.C.R.)
- CERTIFICATION IN UNIVERSITY CRISIS RESPONSE (C.U.C.R.)
- CERTIFICATION IN CORPORATE CRISIS RESPONSE (C.C.C.R.)

IV. CREDENTIALING INFORMATION - Please place a check in the appropriate boxes:

EDUCATION (Select highest level of Education)

- Doctoral level education/training with relevant course work concerning the specific specialty area **(60)**
- Masters level education/training with relevant course work concerning the specific specialty area **(50)**
- Bachelor level education/training with relevant course work concerning the specific specialty area **(30)**

CERTIFICATIONS AND LICENSURE (Select All that Apply)

- Specific Certification relevant to the specialty area (e.g., Paramedic, EMT) **(30)**
- State License or Certification **(40)**

KNOWLEDGE AND TRAINING (Select All that Apply)

- Author/Co-author/Editor of a book related to the specific specialty area **(40)**
- Author/Co-author of an article, paper and/or presentation related to the specific specialty area **(15 per article)**
- Trained or presented to colleagues information related to the specific specialty area **(10 per presentation topic)**
- Taught courses at college or graduate level related to the specific specialty area **(15 per course)**
- Attended presentations or received supervision related to the specific specialty area **(1 per contact hour)**
- College or graduate coursework/continuing education related to the specific specialty area **(1 per contact hour)**
- Hold an Administrative/supervisory position related to the specific specialty area **(25)**
- Hold Certification, Diplomate and/or Fellow designations with other related association(s) **(25)**

EXPERIENCE (Select One)

- Twenty (20) or more years in the specific specialty area **(35)**
- Ten (10) to nineteen (19) years in the specific specialty area **(30)**
- Five (5) to nine (9) years in the specific specialty area **(25)**
- Three (3) to four (4) years in the specific specialty area **(20)**

TOTAL SCORE: _____

V. DECLARATION

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 do not attest to my ability to treat people.

Signature

Date

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

VI. PAYMENT INFORMATION

Enclosed is my check for \$250, or please charge \$250 to my: VISA American Express MasterCard Discover Card

Account No.

Expiration Date

Signature

Date

MAIL TO:

National Center for Crisis Management
127 Echo Avenue, Miller Place NY 11764

QUICK FAX BACK TO:

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