



Phone: (719) 330-2425
Fax: (719) 278-3804
Email: info@aaasat.org
<https://www.aasat.org>

This form must be completed and submitted prior to supervision. Please print this form out and complete it legibly in black ink. You can then fax, scan and email, or mail this form along with your \$25 application fee (you will give billing information in Part 9 of this application), copy of current license(s)/certificates, degrees, current CV/resume, three professional letters of recommendation, and a photo (if you are sending by email, you may attach a photo to the email). You may also mail your application to:

AASAT

720 Elkton Drive
Colorado Springs, CO 80907
ATTN: Application

Date: _____

Part 1: Personal Information

(Please fill this out as you would like it to appear on certificates. If any of your information changes it is your responsibility to notify AASAT.)

First Name _____ Middle Name _____ Last Name _____

Aliases/Preferred Name _____

Mailing Address _____

City _____ State/Province _____ ZIP/Postal _____

Country _____

Home Phone _____ Cell Phone _____

Employer _____

Work Address _____

City _____ State/Province _____ ZIP/Postal _____

Work Phone _____ Fax _____

Email Address _____

Part 2: Education

Academic Institution	Date Degree Conferred
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Part 3: Licenses & Certifications

License/Certification	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever had a certification/license suspended, revoked, or ever received disciplinary action?

_____ Yes _____ No

If yes, please explain below.

Part 4: Supervision

Are you currently receiving clinical supervision? _____ Yes _____ No

Supervisor's Name _____

Address _____

City _____ State/Province _____ ZIP/Postal _____

Country _____

Office Phone _____

Email Address _____

Part 5: Other Associations & Organizations

Association/Organization	Date	Active/Inactive
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part 6: References and Referrals

Provide three professional references that would write a letter of recommendation for you to become certified.

1. _____

2. _____

3. _____

How did you hear about AASAT?

Part 7: Background Check Information

In order to be certified, you must pass a criminal background check. Please fill out the information below. This information will only be used to complete your background check. If any of this information is not present on your application it can delay your process.

First Name _____

Middle Initial _____

Last Name _____

Social Security Number _____

Date of Birth _____

Part 8: Checklist

Make sure you have included the items listed below with your application. If your application is missing any of these items it will be postponed until they are received by our office.

_____ Application Fee*

_____ Copy of Current License(s)/Certificates

_____ Copies of Your Degrees

_____ Three Letters of Professional Recommendation

_____ Application

_____ Photo

* You will provide billing information in Part 9 of this application. Please make any checks or money orders out to AASAT. We also accept cash.

Part 9: Billing Information

By providing your billing information and signing below you authorize AASAT to conduct a criminal background check using the information provided in this application. You also authorize AASAT to use this information for any monthly billing charges for Supervision with Dr. Weiss as well as any annual billing charges for Annual Membership Fees with AASAT. You understand that it is your responsibility to update this information with AASAT should any changes to your billing information arise.

_____ Use the information provided for my Application Fee

_____ Visa

_____ MasterCard

_____ American Express

_____ Discover

Card Number _____ Expiration Date _____

V-Code _____ (This is the three-digit number on the back of the card, 4 digit number on front for AMEX)

Cardholder Name (Please print) _____

Signature _____