

**American Society of Experiential Therapists
Certified Experiential Therapist
Application**

Type or print clearly. Keep a copy of all materials for your files.

Full Legal Name: _____

How did you hear about us? _____

Preferred Name or Nickname (if any): _____

Name as you would like it to appear on your certificate:

Professional Certifications and/or Degrees:

Preferred Address: _____

City, State & Zip: _____

Secondary address (optional): _____

City, State & Zip: _____

Work Phone: _____ Home Phone (optional): _____

Fax Number: _____ E-mail Address: _____

Date of Birth: _____

I. Please send the following:

1. Curriculum vitae/resume, highlighting your formal studies in Human Growth and Development, Theories of Personality, Abnormal Behavior, Methods of Psychotherapy, Social Systems, History, Theory, and Treatment of Addictions and Psychodrama.
2. Copy of college/university transcript or copy of degree/diploma.
3. Detailed descriptions of other professional training completed, including copies of certificates of completion, contact hours, name of trainers, dates, site, topics, etc.
4. A listing of your applicable professional memberships, activities, and publications.
5. Details of related professional work experience if not described on your resume.
6. Two letters of recommendation from professionals familiar with Experiential Therapy, and who are also familiar with your work.

II. Send a check or money order payable to ASET for \$75.00* in U.S. funds along with application and other required documents to:

A.S.E.T.
1044 Old Highway 48 N
Cumberland Furnace, TN 37051
Phone: 800-341-7432 ext. 302
aset1995@yahoo.com
www.asetonline.com

** This application fee is non-refundable.*