

**AEE Certification Program**

**Certification Council Nomination/Application**

Name:

Name of Organization:

Position/Title:

Work Address:

Home Address:

Work Phone:

Home Phone:

E-Mail:

Please provide three references not related to you and their day phone number:

1.

2.

3.

**QUESTIONS REGARDING RISK MANAGEMENT AND COMMITTEE WORK**

1. Please describe why you would like to be on the council.
2. What unique skills or knowledge will you bring to the council?
3. Describe your approach/style when working on a committee/board. Give an example in which your opinion differed from others in the group. How did you resolve your differences?
4. Please describe what role you believe certification should play in the context of Adventure Therapy.
5. As a council member you will be required to attend one face-to-face meeting annually (Fall), and monthly video calls. You may also be asked to perform committee work and vote on some issues via email. AEE has limited funds to assist council members with their travel and accommodations. Would this time or financial commitment be a problem for you?
6. Is there anything else you would like to share with the council, or do you have any questions?

**PROFESSIONAL AND PERSONAL BACKGROUND INFORMATION**

7) How many years of field experience do you have as a clinician in the field of Adventure Therapy?

* Please list relevant certifications and licenses:

8) How many years of administrative experience do you have in the field of Adventure Therapy?

9) Are you, or is your organization, a current AEE member? ❑ Yes ❑ No

10) Describe your familiarity with the AEE certification process.

11) Please check the activities in which you have professional and/or administrative experience:

 Adventure Education \_\_\_\_

 Corrections Programming \_\_\_\_\_

 Cultural/Cross Cultural Education \_\_\_\_\_

 Environmental/Wilderness Education \_\_\_\_\_

 Higher Education \_\_\_\_\_

 Outdoor Behavioral Health Care \_\_\_\_\_

 Community-based Adventure Therapy \_\_\_\_\_

 School Counseling, Social Work, or Psychology \_\_\_\_\_

 Remote Wilderness Travel \_\_\_\_\_

 Service Learning/Service Projects \_\_\_\_\_

 Therapy/Therapeutic Programming \_\_\_\_\_

 Law \_\_\_\_\_

 Challenge Course \_\_\_\_\_

 Other, please explain below: \_\_\_\_\_

**Please submit a completed application and resume in electronic format only to:** [**certification@aee.org**](mailto:certification@aee.org)