

AAFT FELLOW APPLICATION

AAFT Fellowship is the credentialed level of membership in AAFT and its criteria sets the standard for therapists practicing in Asia. Fellows are expected to have met the rigorous standards of training in marriage and family therapy or related mental health field.

When you have completed the form, please mail the form and all relevant documents to:

Membership Committee,
Asian Academy of Family Therapy Limited,
No. 4 Pottinger Street,
Central, Hong Kong

APPLICATION PROCEDURE

In order for the application process to go quickly and smoothly, please make sure to include the following:

- Your completed application form (please retain a copy for your records),
- Official transcript,
- Post-graduate experience documentation,
- Clinical supervision documentation signed by your supervisor,
- A videotape demonstrating the way you interview families or a written case presentation on how you work with families in your local context.
- US\$100 vetting fee made payable to Asian Academy of Family Therapy.

How is my application assessed?

Vetting will be conducted by the AAFT Accreditation committee, which will be composed of the core Vetting Committee members and local representative(s) from various regions. Applications will be processed by core Vetting Committee members and the representative(s) of the region from where the applicant is applying.

How long does it take for my fellowship to become active?

Applications typically take approximately 3-4 weeks to process. We will contact you via email if further documentation is required and whether your application had been approved.

Accreditation Criteria for Licensure of AAFT Fellow

Criteria is designed specifically for therapists practicing in the Asian region. In addition to the educational, clinical, and practicum requirements, we also emphasize the cultural understanding of the region in which the therapist is conducting his/ her practice.

I. Educational Requirement

1. A master's degree or above in the mental health field or equivalent.
2. Training in systemic thinking include:
 - a. fundamental introduction to systems theory,
 - b. substantial understanding of major theories of systems change and applied practice evolving from major theoretical orientations.

II. Clinical Experience

1. Minimum of three (3) years of post-graduate experience with specific target groups or on targeted areas of intervention
2. Working experience must include a minimum of 20 cases using systemic approach, the documentation of which should be validated by a clinical supervisor or mentor.

III. Supervision

1. Record of a minimum of 100 hours of supervision by a credible supervisor¹
2. Any other related internship experience, preferably placement experiences in clinical settings would also be recognised.

¹ Please provide the credentials of your supervisor.

MEMBERSHIP APPLICATION PROCEDURE

1. Fill in the application form and provide all of the above information as indicated on the form with the appropriate references.
2. Submit one well-documented case to present either by video or in written form for vetting to demonstrate his/her proficiency in working with these types of cases in the local context. Cases that had been published as a paper at a peer-reviewed journal or presented at an international or regional conference would also be considered.

VETTING COMMITTEE

Vetting will be conducted by the AAFT Vetting Committee, which is composed of the Chair of Accreditation Committee Chair of Membership Committee, AAFT Clinical Directorate, AAFT Executive Director, as well as a representative from the applicant's region.

MEMBERSHIP RENEWAL

Membership will be renewed every year after evidence of continued practice have been submitted.

AAFT Fellow Application Form

	Annual Subscription Fee (US Dollar or HK Dollar)	
Fellow	US\$210	HK\$1,500

Personal Details

(Prof/ Dr/ Mr/ Ms*) First name: _____ Last Name: _____

Name in other languages (if applicable): _____

Name of Organization: _____ Position Held: _____

Correspondence Address: _____

Phone no: _____ E-mail address: _____

Would you like to be listed in our online directory? Yes No

PART I: Education

Begin with your graduate education and include any relevant certificate or post degree training programs.

Educational Institution [#]	Major	Certificate/Degree Earned	Dates (To/From)	Date Earned

#A copy of the academic certificates and/or qualification proof must be submitted together with the completed application form.

Please indicate if your training in systemic thinking include:

- Fundamental introduction to systems theory
- Substantial understanding of major theories of systems change and applied practice evolving from major theoretical orientations

Description of Training	Dates (To/From)	Certificate/ Degree earned (if any)



PART III: Supervision

Please have your supervisor complete and sign the form. This form may be duplicated as necessary. If supervision was completed with more than one supervisor, each supervisor must complete a form.

Applicant Name: _____
Supervisor Name: _____ Position: _____
Supervisor Address: _____

The major emphasis in supervision of marriage and family therapy was on the supervisee’s work with marriage and family therapy processes, including premarital and post-marital processes, whether individual, conjoint, or in family groups. Supervision must focus on the supervisee’s continuing clinical practice, which is available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings.

Record of a minimum of 100 hours of supervision by a credible supervisor.



The above applicant has completed supervised Clinical Training during the period

Month/ Date/ Year _____ to Month/ Date/ Year _____

****Please note: This report should not include previously submitted hours and must all be post-graduate.***

Client Contact Hours: _____ Supervision Hours: Individual _____ Group _____

Please add additional comments regarding the applicant’s suitability (continue on a separate sheet if necessary)

I certify that this applicant completed the above client contact and supervision hours during the dates mentioned. Further, I affirm that I am authorized to make this assertion.

Supervisor Signature Date

PART IV: Demonstration of Clinical Competence

Applicants should submit one well-documented case to present either by video or in written form for vetting to demonstrate his/her proficiency in working with these types of cases in the local context. Cases that had been published as a paper at a peer-reviewed journal or presented at an international or regional conference would also be considered.

PART V: Statement of Professional Ethics and Conduct

- a. Have you ever been found by any other professional association to which you have belonged to have violated its ethical code, have you ever been expelled from or disciplined by any other professional organization, or are you currently under investigation for an ethical violation by any other professional organization to which you belong? Yes No

- b. Have you ever had your registration, certification, or license to practice in the health care industry suspended, revoked, restricted or denied, or has any other disciplinary action been taken against you by any regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body to the best of your knowledge? Yes No

- c. Have you ever been convicted of a felony or of any misdemeanor which might relate to your qualifications or functions as a therapist or other professional? Yes No

**If you answered "yes" to any of the above, please provide detailed information on a separate piece of paper.*

PART VI: Acknowledgement and Declaration

- *I hereby agree and authorize the Academy to use the information that I have provided in this membership application form for assessment and other membership-related service purposes. I understand that the membership category to which I may be admitted shall be that deemed by the Academy to be appropriate, and I agree to abide by the articles, rules, and regulations of the Academy.*

- *I declare that the information provided in this application is true. I understand that any willful misstatement will render my membership application/status liable to disqualification.*

Signature of Applicant: _____ Date: _____



FOR OFFICIAL USE ONLY

Application form received on: _____

Information checked by: _____ on (DDMMYY) _____

Recommendation by applicant's local region:

Name: _____

Name of Organization: _____ Position: _____

- Accept Application
- Reject Application
- Further documents required (please list required documents below)

Comments:

_____ Name	_____ Signature	_____ Date
---------------	--------------------	---------------

Confirmed by vetting committee:

Name: _____	Name: _____	Name: _____
Date: _____	Date: _____	Date: _____

Comments:

