

## AAFT FELLOW APPLICATION

AAFT Fellow Member is the credentialed level of membership in AAFT and its criteria sets the standard for therapists practicing in Asia. Fellow Members 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

### **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. Successful applicants will be notified in writing and will receive a certificate signed by the Clinical Directorate of AAFT.

### **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 AAFT Fellow

The following 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

- A Master's or Doctoral degree in Marriage and Family Therapy, related mental health field, or equivalent.
- Training that encompasses a comprehensive understanding of systemic thinking and prominent theories related to systems change, along with practical application derived from significant theoretical perspectives is preferred.

### II. Clinical Experience

1. Minimum of **three years** of professional work experience in marriage and family therapy following receipt of master's or doctorate degree.
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. Demonstration of culturally related practice

1. Submit a comprehensive case study either by video presentation or in written form, showcasing their proficiency in working with such cases within 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.

### IV. Supervision

1. Record of a **minimum of 100 hours** of supervision, including individual and group, by a credible supervisor<sup>1</sup>
2. Any other related internship experience, preferably placement experiences in clinical settings.

<sup>1</sup> Please provide the credentials of your supervisor.

### MEMBERSHIP APPLICATION PROCEDURE

1. Fill in the application form and provide all the above information as indicated on the form with the appropriate references.

### 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 STATUS RENEWAL

Membership status will be renewed every 5 years after evidence of continued practice have been submitted. Members will also need to demonstrate that he/she has had taken at least one (1) family therapy course as continuing education.



## AAFT Fellow Application Form

### 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

Educational Institution <sup>#</sup>	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 list any training courses you have attended post-graduation:

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

**PART II: Clinical Experience**

Minimum of three years of post-graduate experience in marriage and family therapy following receipt of master's or doctorate degree.

*Note: Working experience must include a minimum of 20 cases using systemic approach*

Description of Clientele*	Clinical Experience (To/ From)	Number of Hours

*\*Experience with target group/ target areas preferred*

**PART III: Demonstration of Clinical Competence**

Please submit one well-documented case to present either by video or in written form for vetting to demonstrate your 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 IV: 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 clinical supervision during the period.***

Month/ Date/ Year \_\_\_\_\_ to Month/ Date/ Year \_\_\_\_\_

***\*Please note: All clinical and supervised hours must 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 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: Checklist**

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(s),
- A videotape demonstrating the way you interview families or a written case presentation on how you work with families in your local context.
- Enclosed payment confirmation for the non-refundable vetting fee of US\$100<sup>#</sup>

<sup>#</sup>Please pay the vetting fee online at <https://buy.stripe.com/9AQdUN0Gz4u8cQo7v3>

**PART VII: 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:

---

---

---

## Membership Category Description

### Membership Categories

- a. Honorary Fellow
- b. Fellow
- c. Full Member / Life Member (one-off)
- d. Student Member
- e. Organizational Member

### Membership Criteria

- a. Honorary Fellow  
Honorary Fellow is awarded by invitation only to practitioners who has demonstrated distinguished contributions to the advancement in the field of marriage and family therapy, specifically in areas such as advanced practice, research, teaching, and policy making.
- b. Fellow  
An applicant who is interested in becoming a Fellow should:
  - possess a Master's or Doctoral degree in marriage and family therapy, related mental health field, or equivalent,
  - have a minimum of three years of professional work experience in marriage and family therapy following receipt of master's or doctorate degree. This experience should include at least 20 cases using the systemic approach.
  - submit a comprehensive case study either through video presentation or in written form, showcasing their proficiency in working with such cases within the local context.
  - have accumulated a minimum of 100 hours of supervision, including individual and group, by a credible supervisor,
  - be nominated by two AAFT Fellows; and
  - undergo approval by the AAFT Vetting Committee, which comprises the Chair of Accreditation Committee, Chair of Membership Committee, AAFT Clinical Directorate, AAFT Executive Director, and a representative from the applicant's region.
- c. Full Member / Life Member (one-off)  
An applicant is eligible to become a Full Member if he/she has attained educational requirements for licensure or certification in the human services profession or equivalent. He/ She can pay a one-off membership fee to become a Life Member.
- d. Student Member  
An applicant is eligible to become a Student Member if he/she is enrolled in a degree program in marriage and family therapy, human service programs, related mental health field, or equivalent.
- e. Organizational Member  
Organizational membership is designed for professional or social service organizations/ associations/ societies/ institutions who share the mission of AAFT. Each Organization may nominate up to three members who will be eligible for AAFT membership.



**Why join AAFT?**

- AAFT members enjoy exclusive access to our facilities and benefit from discounted rates for selected trainings, workshops, and our annual conference.
- Our members will have the opportunity to participate to one live case demonstration, subject to availability and on a first come, first served basis. To reserve a spot, please contact [membership@acafamilytherapy.org](mailto:membership@acafamilytherapy.org).
- Hong Kong-based members are eligible to receive professional indemnity insurance offered through AAFT.
- Members have opportunity to engage in AAFT’s diverse clinical projects.
- AAFT members can actively participate in peer-group learning, collaboration, and sharing of ideas and experiences.
- Members have the right to use the titles such as “AAFT Honorary Fellow/ Fellow/ Life Member/ Full Member/ Student Member/ Organizational Member”.
- The American Association for Marriage and Family Therapy (AAMFT) now accepts applications for professional membership from individuals who hold AAFT Fellow status.

**Application Procedure**

All applications will be reviewed by the Vetting Committee comprised of the AAFT Clinical Directorate and AAFT Membership Committee, the latter of which includes the Membership Committee Chairperson and a list of regional representatives.

Please send your completed application together with **all related documents** to:

**Membership Committee, Asian Academy of Family Therapy Limited, No. 4 Pottinger Street, Central, Hong Kong.** Successful applicants will be notified in writing and will receive a certificate signed by the Clinical Directorate of AAFT.

**Membership Fees<sup>1</sup>**

Categories	Annual Subscription Fee	Three-year Subscription Fee
Fellow Member	US\$210	US\$630
Full Member	US\$150	US\$450
Life Member*	US\$1,320*	
Student Member	US\$110	
Organizational Member	US\$520	

<sup>1</sup> Membership fee is non-refundable unless the application is unsuccessful.

\*Full Members may choose to pay the Life Member fee for permanent Full Membership.