

# AEDP Supervisor-in-Training Application

To be submitted to the AEDP Institute

Please email the completed application to [carolynf@aedpinstitute.org](mailto:carolynf@aedpinstitute.org)

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## Section 1: Personal Information

1. Full Name

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1. Highest Degree Earned

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1. Years of Clinical Practice Experience

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1. Professional License Information

(State/Province/Country, License Type or Board, License Number)

*Example: NY, USA - LCSW - #12345LC*

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1. Home Mailing Address

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1. Work Mailing Address (if different)

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1. Email Address \_\_\_\_ Phone \_\_\_\_\_

2. First Language \_\_\_\_ Other Languages Spoken \_\_\_\_\_

3. Date You Became an AEDP Certified Therapist

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1. AEDP Supervision History

Please list all AEDP Supervisors with whom you have completed more than 10 hours of individual or group supervision (including core training).

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### 1. Training in Other Psychotherapy Models

Please list any additional psychotherapy models you are trained in, along with your approximate level of training.

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### 1. Prior Supervision Experience

Have you formally supervised therapists in any model other than AEDP?

No  Yes

If yes, please indicate the number of years and the model(s):

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## Section 2: Prerequisites for Entry into the Supervisor-in-Training Track

### A. Experiential Assisting Requirements

To be eligible to enter the Supervisor-in-Training Track, applicants must have assisted in **at least one (1) Immersion and three (3) ES1 modules**.<sup>\*</sup> Applicants are strongly encouraged to have a plan in place to complete the remaining assisting requirements in a timely manner.

**Certification as an AEDP Supervisor requires completion of:** - 1 Immersion - 5 ES1 modules - 1 Advanced Skills Module

In addition, while you are a Supervisor in Training, you will complete **one additional AEDP-related contribution**, such as a guest presentation, regional engagement, participation in an AEDP research project, authorship of a Transformance Journal article or other publication, Clinician's Corner presentation, teaching, or a comparable activity.

As part of the application review process, feedback from course participants and Lead Assistants will be considered, and Lead Assistants may be contacted for additional information.

**Please list the courses you have assisted in below.**

**Immersion(s) Assisted** (please list dates; up to two):

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**ES1 Modules Assisted** (please list dates; up to five)

*If you need assistance confirming dates, please contact [pennyg@aedpinstitute.org](mailto:pennyg@aedpinstitute.org).*

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**Future ES1 Modules You Are Scheduled to Assist**

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**Advanced Skills Module(s) Assisted or Scheduled**

(Please include faculty presenter and date[s])

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*If assisting is challenging due to language or time zone constraints, please include equivalent assisting completed in Institute-recognized trainings or contact the Certification Committee to discuss alternative options.*

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**B. Required Reading**

I have read ***Supervision Essentials of AEDP*** by Natasha Prenn and Diana Fosha:

Yes

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**C. Self-Reflection Statement**

Please submit a self-reflection of approximately **200 words** and share it with your **two Supervisors of Supervision** (at least one of whom must be AEDP Institute Faculty).

**Reflection Prompt:**

As you prepare to apply to the Supervisor-in-Training Track, please reflect on your readiness to train as an AEDP Supervisor. Supervision involves skills beyond those used in therapy. We invite you to describe your areas of strength and mastery in AEDP, as well as areas for continued growth and development.

While full mastery is not expected at this stage, applicants should demonstrate a solid foundation in the following supervisory capacities: - Teaching AEDP theory (e.g., attachment, triangles, the Four States, emotion theory) - Teaching AEDP interventions (e.g., moment-to-moment tracking, experiential work, full waves of processing, portrayals, metaprocessing) - Integrating left-brain conceptual understanding with right-brain emergent processes - Balancing teaching and processing, guiding and listening - Holding both the larger therapeutic arc and moment-to-moment clinical detail - Metaprocessing the supervisory relationship and experience - Attending flexibly to the therapy dyad, supervisee experience, and supervision dyad - Supporting experiential processing when supervisees encounter emotional blocks - Offering affirming, strengths-based feedback alongside constructive guidance and course correction

**Self-Reflection (continue on next page if needed):**

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## Section 3: Supervisors of Supervision

Please identify your **two Supervisors of Supervision**. At least one must be AEDP Institute Faculty or Senior Faculty. The second may be an AEDP Faculty member or an AEDP Certified Supervisor who has been certified for a minimum of two years.

By signing below, each supervisor attests that they have: - Read the applicant's self-reflection, and - Agreed to serve as a Supervisor of Supervision for a minimum of **10 hours**, focused primarily on review of supervision tapes.

At least one supervisor will also review the applicant's Culminating Project prior to submission.

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### Supervisor of Supervision #1 (Faculty or Senior Faculty)

Name \_\_\_\_\_

I have read this candidate's self-reflection and agree to serve as one of their Supervisors of Supervision beginning approximately \_\_\_\_\_ (date).

I agree to support preparation and review of the Culminating Project (only one supervisor is required to do so).

Approximate number of supervision hours completed to date: \_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Supervisor of Supervision #2 (Faculty or Certified Supervisor of at least two years)

Name \_\_\_\_\_

I have read this candidate's self-reflection and agree to serve as one of their Supervisors of Supervision beginning approximately \_\_\_\_\_ (date).

I agree to support preparation and review of the Culminating Project (only one supervisor is required to do so).

Approximate number of supervision hours completed to date: \_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Applicant Attestation**

**Applicant Signature** \_\_\_\_\_

**Application Submission Date** \_\_\_\_\_