

AEDP Supervisor-in-Training Application

To be submitted to the AEDP Institute

Please email the completed application to carolynf@aedpinstitute.org

This application will be reviewed by one member of Supervisor Certification Review Committee

Section 1: Personal Information

1. **Full Name**

2. **Highest Degree Earned**

3. **Years of Clinical Practice Experience**

4. **Professional License Information**

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

Example: NY, USA – LCSW – #12345LC

5. **Home Mailing Address**

6. **Work Mailing Address** (if different)

7. **EmailAddress** _____ **Phone** _____

8. **First Language** _____

Other Languages Spoken _____

9. **Date You Became an AEDP Certified Therapist**

10. 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).

11. Training in Other Psychotherapy Models

Please list any additional psychotherapy models you are trained in

12. 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):

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**. * 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):

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

If you need assistance confirming dates, please contact pennyg@aedpinstitute.org.

Future ES1 Modules You Are Scheduled to Assist

Advanced Skills Module(s) Assisted or Scheduled

(Please include faculty presenter and date[s])

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.

B. Required Reading

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

No Yes

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:

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** _____

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** _____

Applicant Signature

Applicant Signature _____

Application Submission Date _____