

**STANDARD APPLICATION FORM:  
CERTIFIED CONSULTANT  
ASSOCIATION FOR APPLIED SPORT PSYCHOLOGY**

**Application Date:**

**Application Checklist:**

- 1 Original (hard copy) Application Form (dated in current year) – MUST include signed Ethics Statement
- 1 Electronic Application Form
- 1 Set of Official Transcripts
- Documentation of Professional Mentorship Experience
  - 1) AASP Professional Mentorship Verification Form (original copy with Professional Mentor signature)
  - 2) AASP Record of Mentorship Hours Form
  - 3) AASP Professional Mentorship Evaluation Form (original copy with Professional Mentor signature)
- Application Fee (\$125)

**\*\* Pass/fail and Audited classes do not satisfy requirements for coursework.**

**\*\* A course can be used only once to satisfy a specific coursework requirement.**

**\*\* Recertification will be conducted in five-year cycles.**

**\*\* Incomplete forms will not be processed.**

**\*\* Deadlines for submitting application for review by certification committee:**

- February 1
- June 1
- September 1

**Mail completed application and supporting documentation to the following address:**

**Sarah Castillo, Chair  
AASP Certification Review Committee  
National University  
705 Palomar Airport Road  
Suite 150  
Carlsbad, CA 92011-1064**

**A. BACKGROUND INFORMATION**

Last Name	First Name	Middle Initial
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Current Position:

Home Address and Telephone:

Office Address and Telephone:

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E-mail Address:

Preferred Mailing Address:      Home       Office

Current member of AASP: Yes       No

AASP Conferences Attended:	Year	Location

**B. EDUCATION (beginning with undergraduate college education)**

Name of Institution	Degree/ Specialization	Dates Attended (From/To)

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Dissertation Title:

Dissertation Advisor:

**C. COURSE OF STUDY**

Courses must be individually listed on this form, or the application will not be reviewed. Official verification (e.g., transcript with raised institutional seal) is required for all courses. Each course fulfills only one requirement (except for courses satisfying C1). Pass/fail course do *not* satisfy course requirements. Unless otherwise specified, one three-credit course normally is required for each criterion. Up to *four upper-level* undergraduate courses may be substituted for graduate courses, unless specifically designated as “graduate only”. Please indicate the courses that are undergraduate level by placing “UG” under the course number column. Categories marked with a \* refer to graduate coursework only. Where the course title is not indicative of the content, a syllabus should be provided. If not available, a letter from the instructor detailing the course content is necessary. Where independent studies are listed, the content/focus must be described and confirmed in a letter by the faculty member supervising the independent study.

**C1. PROFESSIONAL ETHICS AND STANDARDS \***

This requirement **MUST** be met through courses or experiences in professional **PSYCHOLOGICAL** ethics and cover topics such as APA, ACA, and/or AASP ethical guidelines and standards of practice. This requirement **CANNOT** be met with courses or experiences in “sport ethics” unless previously approved by the Certification Review Committee. The requirement may be met by (a) taking one course on these topics, or (b) by taking several courses in which these content areas comprise parts of the courses, or (c) by completing other comparable experiences. For “b” and “c”, the content should be equivalent to one 3-credit course (40 hours). Syllabi or letters from the instructors must be provided to document “b” if the course title is not indicative of course content.

Institution	Course Number	Course Title	Date	Credit Hours

**C2. SPORT PSYCHOLOGY**

(e.g., sport psychology, exercise psychology, intervention/performance enhancement, sport social psychology) The equivalent of three 3-credit courses (two at the graduate level) or two courses and one independent study are required to meet this standard.

Institution	Course Number	Course Title	Date	Credit Hours

**C3. BIOMECHANICAL AND/OR PHYSIOLOGICAL BASES OF SPORT**

(e.g., kinesiology, biomechanics, exercise physiology) – minimum 1 course

Institution	Course Number	Course Title	Date	Credit Hours

**C4. HISTORICAL, PHILOSOPHICAL, SOCIAL OR MOTOR BEHAVIOR BASES**

**OF SPORT**

(e.g., motor learning/control, motor development, sociology of sport, history and philosophy of sport/physical education)  
 – minimum 1 course

Institution	Course Number	Course Title	Date	Credit Hours

**C5. PSYCHOPATHOLOGY AND ITS ASSESSMENT**

(e.g., abnormal psychology, psychopathology) – minimum 1 course

Institution	Course Number	Course Title	Date	Credit Hours

**C6. COUNSELING SKILLS\***

(e.g., graduate coursework in basic interventions in counseling, supervised practica in counseling, clinical psychology, or industrial/ organizational psychology) – minimum 1 course

Institution	Course Number	Course Title	Date	Credit Hours

**C7. SKILLS/TECHNIQUES/ANALYSIS WITHIN SPORT OR EXERCISE AND RELATED EXPERIENCES SUCH AS COACHING**

(e.g., sport skills and techniques classes, clinics, formal coaching experiences, or organized participation in sport or exercise) Document the ways you fulfill this requirement.

**C8. RESEARCH DESIGN, STATISTICS, AND PSYCHOLOGICAL ASSESSMENT\***

(e.g., graduate course in any of these areas) – minimum 1 course

Institution	Course Number	Course Title	Date	Credit Hours

\*\* At least two of the following four criteria (C9-C12) must be met through educational experiences that focus on general psychological principles (rather than sport specific ones)

**C9. BIOLOGICAL BASES OF BEHAVIOR**

(e.g., comparative psychology, neuropsychology, physiological psychology, sensation, psychopharmacology, exercise physiology, biomechanics/kinesiology) – minimum 1 course

Institution	Course Number	Course Title	Date	Credit Hours

**C10. COGNITIVE-AFFECTIVE BASES OF BEHAVIOR**

(e.g., cognition, emotion, learning, memory, motivation, motor development, motor learning/control, perception, thinking) – minimum 1 course

Institution	Course Number	Course Title	Date	Credit Hours

**C11. SOCIAL BASIS OF BEHAVIOR**

(e.g., cultural, ethnic, group processes, gender roles in sport, organizational and systems theory, social psychology, sociology of sport) – minimum 1 course

Institution	Course Number	Course Title	Date	Credit Hours

**C12. INDIVIDUAL BEHAVIOR**

(e.g., developmental psychology, health psychology, individual differences, exercise behavior, personality theory) - minimum 1 course

Institution	Course Number	Course Title	Date	Credit Hours

## **D. PROFESSIONAL MENTORSHIP**

**Mentors for practica experiences must be approved by AASP. Mentors can receive approval through two routes: 1) All AASP Certified Consultants are automatically approved to mentor practica experiences; or 2) Mentors must be approved by the AASP Certification Review Committee, who will evaluate such criteria as teaching of sport and exercise psychology courses, publications in sport and exercise psychology journals, and experience in consultation in sport and exercise psychology. *THIS APPROVAL SHOULD BE RECEIVED PRIOR TO THE PRACTICA EXPERIENCE. APPLICANTS COMPLETING THEIR HOURS IN ADVANCE OF RECEIVING PROFESSIONAL MENTOR APPROVAL BY THE AASP CERTIFICATION REVIEW COMMITTEE RISK THOSE HOURS BEING DECLINED FOR CERTIFICATION.***

**400 hours of mentored experience is needed. 25% or 100 hours must be in direct contact hours with the clients. Only those hours spent in the preparation and delivery of sport psychology services are eligible for inclusion. These experiences should rarely include one-time presentations but rather those that identify an ongoing relationship with individuals or teams. At least 50% of the accumulated hours MUST BE with clients from sport or exercise populations.**

## **E. MENTORSHIP IN SPORT AND EXERCISE PSYCHOLOGY**

A completed application for Certified Consultant, AASP, must contain verification of the number of hours of supervision and the types of activities completed in exercise and sport psychology by the applicant. Mentored experience can be fulfilled during the graduate level experience or as a post-doctoral experience. The verification process requires **three** components.

### **E1. Approval of Professional Mentor**

(Note: It is recommended that applicants seek approval from the Certification Committee in advance of the supervised experience.)

1. Professional Mentors who are currently certified consultants in AASP automatically qualify because their credentials have been reviewed.
2. Certification Committee review of non-AASP Certified potential mentors' vita and other appropriate credentials is required.

### **E2. Verification of 400 Hours of Professionally Mentored Experience in Exercise and Sport Psychology**

The purpose of this documentation is to ensure the nature and quality of the mentored experience, the duration of mentored training and the hours of time spent being mentored in exercise and sport psychology. Applicants must complete the **AASP Professional Mentorship Verification Form** and the **AASP Record of Mentorship Hours Form**. The **AASP Record of Mentorship Hours Form** should include the following information:

#### **1. Name of Professional Mentor**

**2. Level/Setting** -- Specify the type of sport or activity in which you are working and the level of participants. Example: high school women's swim team; collegiate men's volleyball team; professional male marathon runner; junior high school wrestler; 12-year-old figure skater; 50-year-old aerobic exerciser in cardiac rehabilitation program.

#### **3. Total Hours Spent in this Sport or Activity**

Countable hours of mentorship include, but are not limited to, the following:

- direct contact with athletes/coaches, parents and member of the sport medicine team in services directly related to sport psychology.
- time spent on-site with teams in the delivery of sport psychology services
- time spent in mentorship with sport psychology services
- preparation time (not to exceed 20%)
- recommended ratio of 1/10 (mentorship to contact hours)

**“Total Hours Spent in this Sport or Activity” is the sum of the following: 1) Hours spent in observation/preparation; 2) Hours spent working with individuals; 3) Hours spent working with groups; 4) Hours of direct mentorship; and 5) hours of indirect mentorship. An example of correct calculation is provided on the first line of the AASP Record of Mentorship Hours Form.**

**4. Hours Spent in Preparation of Materials**

- Record the number of hours used to prepare materials in sport psychology for use with the individuals or groups.

**5. Hours Spent Working With Individuals**

- Record the number of hours spent working with individual athletes in individual skills related to exercise and sport psychology.

**6. Hours Spent Working With Groups**

- Record the number of hours spent working with large and small groups on skills related to exercise and sport psychology.

**7. Skills Employed During Interventions**

- Record the types of skills (counseling, psychological and physical) used during interventions with individuals or groups. For example: goal setting, team building, relaxation training, attentional cueing, imagery, etc.

**8. Actual Hours of Direct Mentorship**

- Record the number of hours of time the professional mentor spent in actually observing your skills within the sport or activity. This could include both on-site observation or observation via videotape, distance learning technology, etc.

**9. Actual Hours of Indirect Mentorship**

- Record the number of hours engaged in indirect mentorship with the professional mentor including activities such as face-to-face meetings, audio tape review, review of materials, telephone, E-mail, or other forms of technological indirect supervision.

**10. Comments**

- Include any information that would clarify your entries.

**E3. Professional Mentor(s) Evaluation**

The supervisor(s) must complete an **AASP Professional Mentor Evaluation Form**.

### **Examples of Eligible/Ineligible Experiences**

Only those hours actually spent in the preparation and delivery of sport psychology services are eligible for inclusion. See next page for examples of eligible and ineligible experiences.

*(Note: If in doubt, please provide detailed information and/or contact the Certification Committee.)*

#### **Eligible**

- Consulting directly with an athletic team and/or coaching staff in an applied sport psychology setting while teaching such topics as goal-setting, cohesion, relaxation/activation skills, concentration, confidence-building, imagery, self-talk, and performance routines.
- Serving as a consultant to a youth sports organization and teaching parents, athletes, and/or coaches about healthy competition patterns and moral reasoning.
- Serving as a consultant to a cardiac rehabilitation program while teaching participants ways to increase exercise adherence patterns, controlling stress, coping skills and life management skills
- Working with an athlete on performance-relevant issues (i.e., performance anxiety).
- While serving as an academic counselor, providing formal work (e.g., stress management, problem-solving, goal setting, time management, etc.) with athletes on performance enhancement training.
- Working as an intern in a corporation by providing exercise intervention programs to improve the psychological well-being of employees.

#### **Ineligible**

- Serving as an athletic coach for a team.
- Working in an alcohol rehabilitation center that happens to have athletes as clients.
- Providing marital and family counseling to an athlete and her family.
- Contracting with professional sports teams to do a psychometric work-up of players and making a DSM-IV diagnosis.
- Being part of a general counseling practice or as a member of a consultation team treating an athlete for an eating disorder.
- Using running as part of clinical therapy while completing as internship in psychology.
- While serving as an academic counselor, providing only academic support services to athletes.
- As an intern hired by a corporation you use sport psychology performance enhancement interventions to improve the mental health of their employees or improve their work productivity or effectiveness.
- While serving as an athletic trainer, providing only physical rehabilitation services to athletes.

# AASP Professional Mentorship Verification Form

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Applicant's Name

Highest Degree/Institution:

Address:

AASP Membership Status     Yes     No

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Place of Employment

Position

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Telephone

FAX

E-Mail

**Verification of mentorship experiences requires each candidate to complete this form in its entirety and append corroborating information. Verification is needed for 400 hours of graduate level and post-doctoral mentorship in exercise and sport psychology-related activities. These mentors can be on-site or faculty mentors.**

1. 

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Sport or Activity Setting

Number of Hours  
of Mentorship

Name of Professional Mentor:

Professional Mentor's Position:

Professional Mentor's Employment Address:

Telephone: (    )

FAX:    (    )

Professional Mentor AASP Certified?     Yes     No (if "no", attach professional vita)

Evaluation Form completed for this activity?     Yes     No

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2. 

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Sport or Activity Setting Number of Hours  
of Mentorship

Name of Professional Mentor:

Professional Mentor's Position:

Professional Mentor's Employment Address:

Telephone: (     )     

FAX:     (     )     

Professional Mentor AASP Certified?  Yes  No (if "no", attach professional vita)

Evaluation Form completed for this activity?  Yes  No

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3. 

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Sport or Activity Setting Number of Hours  
of Mentorship

Name of Professional Mentor:

Professional Mentor's Position:

Professional Mentor's Employment

Address:

Telephone: (     )     

FAX:     (     )     

Professional Mentor AASP Certified?  Yes  No (if "no", attach professional vita)

Evaluation Form completed for this activity?  Yes  No

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4.

Sport or Activity Setting	Number of Hours of Mentorship

Name of Professional Mentor:

Professional Mentor's Position:

Professional Mentor's Employment

Address:

Telephone: (     )

FAX:     (     )

Professional Mentor AASP Certified?  Yes  No (if "no", attach professional vita)

Evaluation Form completed for this activity?  Yes  No

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**NOTE: Attach Mentorship Verification Form, letters from clients (solicited or unsolicited), and any additional materials that would be useful in the evaluation and verification of your mentorship experience in exercise and sport psychology-related activities. (Please obtain appropriate release from clients.)**





## AASP Professional Mentorship Evaluation Form

Applicant's Name	Date
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Sport or Activity Setting:

Brief Description of Client(s):

**Instructions: On a scale of 1 (low) to 7 (high), rate the individual on the following items and provide appropriate, evaluative comments.**

Rating	Comments
	1. Ability to build and maintain a trusting consulting relationship in applied sport or exercise psychology. Comments:
	2. Effectiveness in structuring applied work in an activity where both client and consultant have responsibilities. (e.g., both parties are fully engaged in the process) Comments:
	3. Ability to define the client's weaknesses and strengths and to understand solutions to those performance issues. Comments:
	4. Ability to seek assistance when necessary and to implement supervisory feedback. Comments:
	5. Ability to integrate theory and practice. Comments:
	6. Sensitivity to the ethical and legal standards of the profession. Comments:
	7. Evaluation of overall performance.

## AASP Professional Mentor Evaluation Form (cont'd)

Strengths:

Areas for Improvement:

**Professional Mentor Recommendation: (Please select the appropriate response)**

I **do**  **do not**  **recommend this applicant for approval as an AASP Certified Consultant.**

<b>Professional Mentor's Name and Job Title</b>	<b>Total # of Hours Mentored</b>

\_\_\_\_\_  
**Professional Mentor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
**Date**

**F. ETHICAL CODE**

**I hereby agree to support the objectives of the Association for Applied Sport Psychology and abide by the provisions of its ethical code.**

\_\_\_\_\_  
**(Signed)**

\_\_\_\_\_  
**(Dated)**

**Have you ever been convicted of a felony?  Yes  No**

If yes, please explain below.