**GRANDPARENTING APPLICATION FORM:**

#### CERTIFIED CONSULTANT

**ASSOCIATION FOR APPLIED SPORT PSYCHOLOGY**

Eligibility to apply for AASP Certification under grandparenting criteria is limited to sport psychology consultants who received their doctoral degrees prior to December 31, 1992.

### Application Date:

### Application Checklist:

**[ ]  Application Form (dated in current year)**

**[ ]  Application Fee ($125)**

**[ ]  One (1) Copy of all Supporting Documentation**

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

* **February 1**
* **June 1**
* **September 1**

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

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

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

**Carrie Scherzer, Ph.D., CC-AASP**

**Chair, AASP Certification Review Committee**

**Association for Applied Sport Psychology**

**8365 Keystone Crossing, Suite 107**

**Indianapolis, IN 46240**

**APPLICATION INSTRUCTIONS**

 Grandparenting applications will be reviewed to determine the quantity and quality of experience in the field of applied sport psychology during the applicant’s professional career. Accordingly, applicants are encouraged to present materials that reflect an experiential gestalt, a consistent pattern of contributions in the development of themselves and the field of applied sport psychology. In order to be certified, all of the following conditions must be met as well as approval by a two-thirds of a quorum of the Certification Committee. You should make the strongest case possible for your applied sport psychology expertise, but try to include only a minimal amount of support materials.

**A. BACKGROUND INFORMATION**

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 **Last Name First Name Middle Initial**

**Current Position:**

**Home Address & Telephone:** **Office Address & Telephone:**

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**Email Address:**

**Preferred mailing address: Home** **[ ]  Office** **[ ]**

**Current Member of AASP: Yes** **[ ]  No** **[ ]**

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

List your graduate degrees, including information on your dissertation and any licenses or certifications that you have acquired. In the U.S., you must have completed a doctoral degree from an institution of higher education accredited by one of the regional accrediting bodies recognized by the Council of Postsecondary Accreditation, whereas in Canada, an institution of higher education must be recognized as a member, in good standing, of the Association of Universities and Colleges of Canada. Your degree must be in an area clearly related to sport science or psychology, and you must provide doctoral transcripts to document completion of your degree. Programs leading to a doctoral degree must include the equivalent of three full-time academic years of graduate study:

* two years of which are at the institution from which the doctoral degree is granted.
* one year of which is in full-time residence at the institution from which the doctoral degree is granted.

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

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**Dissertation Title:**

**Dissertation Advisor:**

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**License as a Psychologist/Psychiatrist:**

 State License Number Date

**Other Licenses/Certifications:**

**C. PROFESSIONAL EXPERIENCE**

Three or more years of post-doctoral experience in applied sport psychology is needed. This experience must have resulted in a substantial amount of direct experience with participants or coaches in exercise, physical activity, or sport in the performance of services in the “AASP Certification Role Definition.”

**C1. CONSULTATION EXPERIENCE**

Include consultations or psychological services with amateur or professional athletes, teams, clubs, coaches, NGB’s etc. We recognize that some consultations are agreed to by formal contract, whereas others are informal agreements. Provide the best possible evidence that you have performedthese services. This may be in the form of formal evaluations, letters from clients, or invitations for continuation of consultation. Note: A record demonstrating only a few presentations on sport psychology topics is not sufficient.

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#  Dates Sport/Setting Clientele Total Contact Hours

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**Contact Person** **Telephone**

**Detailed description of applied sport psychology services (include number of hours per week, duration of** **services, evaluation, etc):**

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#  Dates Sport/Setting Clientele Total Contact Hours

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**Contact Person** **Telephone**

**Detailed description of applied sport psychology services (include number of hours per week, duration of** **services, evaluation, etc):**

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**Contact Person** **Telephone**

**Detailed description of applied sport psychology services (include number of hours per week, duration of** **services, evaluation, etc):**

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#  Dates Sport/Setting Clientele Total Contact Hours

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**Contact Person** **Telephone**

**Detailed description of applied sport psychology services (include number of hours per week, duration of** **services, evaluation, etc):**

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**Contact Person** **Telephone**

**Detailed description of applied sport psychology services (include number of hours per week, duration of** **services, evaluation, etc):**

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**C2. SUPERVISED EXPERIENCE**

List any supervised professional experiences that you have completed. This may include working with a professional colleague or working as part of a “team” of sport psychologists where regular feedback and consultation was solicited.

 **Level/Setting Clientele Colleague’s Name Total Hours Date**

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**D. PUBLICATIONS IN SPORT PSYCHOLOGY (NOTE: minimum of 3 publications required)**

You must demonstrate that you have contributed to professional or public knowledge of applied sport psychology by listing at least three scientific or other publications on sport psychology related topics. These might be scientific research reports or articles demonstrating your knowledge in the field and/or your attempt to educate others about the field.

**D1. Journals Articles, Books, Book Chapters, Newspaper/Magazine Articles, etc. (use APA format)**

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### D2. SPORT PSYCHOLOGY RELATED MANUALS/VIDEO PRODUCTIONS

 **Date Title, Author(s), Publishers Target Audience**

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**E. KNOWLEDGE OF FIELD**

Evidence of substantial knowledge of the field of sport psychology is required such as sport psychology (1) course work, (2) teaching, (3) professional presentations/seminars at professional meetings (presentations beyond the local level are preferred), (4) attending seminars/workshops/clinics, and/or (5) grants. It is not expected or necessary that every applicant have entries in all sections. Sustained, consistent, or professional development in applied sport psychology and an overall perspective of the candidates involvement in the field of sport psychology is needed for certification. Both pre and post doctoral experiences should be included. (“\*” indicates graduate level course)

**E1. SPORT PSYCHOLOGY COURSEWORK TAKEN (use an “\*” to indicate graduate level)**

#  Institution Department Course Number & Title\* Semester Taken

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**E2. TEACHING (College/University Sport Psychology-Related Courses Taught)**

#  Institution Department Course Title\* Semester Taught

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**E3. PROFESSIONAL PRESENTATIONS/SEMINARS ON SPORT PSYCHOLOGY**

#  Date Presenter(s) and Title Conference

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**E4. SEMINARS/WORKSHOPS/CLINICS IN SPORT PSYCHOLOGY**

######  Date Presenter(s) and Title Audience

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# E5. SPORT PSYCHOLOGY RELATED RESEARCH GRANTS/PROJECTS

 **Granting Date Amount Principal Project**

##  **Agency Received Received Investigator Title**

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**F. PROFESSIONAL DEVELOPMENT EXPERIENCE**

Demonstration of significant interest in the development of professional skills and knowledge in applied sport psychology via (1) attendance at sport psychology workshops, clinics and courses, and (2) attendance at applied sport psychology conferences.

### F1. ATTENDANCE IN WORKSHOPS, CLINICS, COURSES

List any professional development experiences in sport psychology, such as workshops, clinics and educational programs or continuing education courses, that you have completed in the past three years.

#  Date Type of Program Title Location Instructor

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**F2 APPLIED SPORT PSYCHOLOGY CONFERENCES ATTENDED PAST THREE YEARS**

#####  Date Name of Conference

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**F3. INVOLVEMENT IN AASP AND OTHER SPORT PSYCHOLOGY ORGANIZATIONS**

 Date Organization Committee, Office, etc.

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**G. PROFESSIONAL HONORS AND MEMBERSHIPS**

List any (1) honors and awards related to sport psychology and/or (2) professional memberships/offices in applied sport psychology organizations.

**G1. HONORS AND AWARDS RELATED TO SPORT PSYCHOLOGY**

 **Honor Presenting Body Date**

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**G2. MEMBERSHIP IN SPORT PSYCHOLOGY ORGANIZATIONS**

#  Organization Dates of Membership

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# H. REFERENCES

Please provide the names, job titles, e-mail addresses, mailing addresses and phone numbers of three individuals qualified to offer a professional opinion regarding your application for certification by AASP. These should be individuals who have observed your work in an applied setting or with whom you have worked in the delivery of sport psychology services. Examples include colleagues, coaches, administrators, or consumers of psychological services. These individuals must provide a formal letter of reference on your behalf if asked by the Certification Committee. If references are solicited, they must be able to provide corroboration of your applied work and/or training in applied sport psychology.

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**Name**  **Job Title**

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 **Address Telephone E-Mail Address**

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**Name**  **Job Title**

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 **Address Telephone E-Mail Address**

1. **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.

Signature Date

Have you ever been convicted of a felony? [ ]  Yes [ ]  No

If yes, please explain below.