

ALL SECTIONS OF THIS FORM MUST BE TYPED



PROVISIONAL-TO-FULL CERTIFICATION FORM CC-AASP

DATE:

Last Name:

First Name:

Middle Initial:

--	--	--

Current Position:

--

Home Address:

Business Address:

--	--

Home Phone:

Business Phone:

--	--

Preferred Mailing Address: Home Business

Email Address:

--

Current member of AASP: Yes No

ADDITIONAL MENTORED EXPERIENCE IN SPORT AND EXERCISE PSYCHOLOGY (300 HOURS)

Upon being approved for provisional certification status, an additional mentored experience must be completed to move from provisional to full certification status. Hours toward the additional mentored experience cannot begin to be accumulated until official approval for provisional certification has been granted by the Certification Review Committee. A total of 300 hours of additional mentored experience is required. Only those hours spent in the preparation and delivery of sport psychology services are eligible for inclusion. Only 20% (60 hours) of the total 300 certification hours can be preparation hours. 25% of the total hours (i.e., minimum of 75 hours) must be direct contact hours with clients (i.e., hours spent working with individuals and/or groups). These experiences should rarely include one-time presentations, but rather those that identify an ongoing relationship with individuals or teams/groups. 10% of the total hours (i.e., a minimum of 30 hours) must be in mentorship with a mentor (i.e., actual hours of direct and/or indirect mentorship). The Certification Review Committee recommends that a minimum of 7.5 of the 30 hours of mentorship be direct mentorship (i.e., on-site live observation or visual observation via videorecording, distance learning technology, etc.). At least 50% of the accumulated hours MUST BE with clients from sport or exercise populations.

Mentors for the additional mentored experience must be approved by the Certification Review Committee. Mentors can receive approval through two routes: 1) all AASP Certified Consultants are automatically approved to provide mentorship for the additional mentored experience; or 2) non-AASP certified mentors must be approved by the 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 ACCUMULATING HOURS TOWARD THE ADDITIONAL MENTORED EXPERIENCE. APPLICANTS COMPLETING THEIR HOURS IN ADVANCE OF RECEIVING MENTOR APPROVAL BY THE CERTIFICATION REVIEW COMMITTEE RISK THOSE HOURS NOT BEING ELIGIBLE TO BE COUNTED.**

Revised 02/01/15

Documentation must be provided that verifies the total number of hours, the number of hours of direct contact with clients, the types of sport and exercise psychology activities completed, and the number of mentorship hours. The verification process consists of approval of professional mentor, Record of Mentored Experience Hours form, and Mentorship Evaluation & Verification form and requires the submission of the Provisional-to-Full Certification form. Documentation of the completed additional mentored experience can be submitted at any time to the Chair of the Certification Review Committee.

To submit documentation of the additional mentored experience:

1. Email electronic copy of completed form to aaspcertificationchair@gmail.com.
2. Mail completed forms 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

RECORD OF MENTORED EXPERIENCE HOURS FORM (additional 300 hours)

(See instructional page for guidelines in completing this form)

Dates of Service	Name of Mentor	Level / Setting of Sport or Activity	Hours Spent in Preparation of Materials	Hours Spent in Observation	Hours Spent Working w/ Individuals	Hours Spent Working w/ Groups	Actual Hours of DIRECT mentorship	Actual Hours of INDIRECT mentorship	Total Hours Spent in this Sport or Activity**	Skills Employed During Interventions with Individuals and/or Groups	Comments (e.g., clarify the nature of the direct or indirect mentorship)
01/2014 to 01/2015	Dr. Sport Psych	College baseball team	10	15	12	8	1	4	50	Goal setting, attentional focus, negative thought stopping, team building	Indirect mentorship included telephone debriefings, email correspondence, review of handouts, review of audiotapes with mentor
									0		
									0		
									0		
									0		
									0		
									0		
									0		
									0		
									0		
									0		
									0		
Total Hours of Experience**			0	0	0	0	0	0	0		

Note: The "Total Hours Spent in this Sport or Activity" column and the "Total Hours of Experience" row will be calculated automatically when you print the application form by following these instructions. In Microsoft Word 2010 or 2013, click the **File tab, then click **Options**, then click **Display**. Under Printing options select the **Update fields before printing** check box, then click **OK**.

RECORD OF MENTORED EXPERIENCE HOURS FORM (additional 300 hours)

(See instructional page for guidelines in completing this form)

Dates of Service	Name of Mentor	Level / Setting of Sport or Activity	Hours Spent in Preparation of Materials	Hours Spent in Observation	Hours Spent Working w/ Individuals	Hours Spent Working w/ Groups	Actual Hours of DIRECT mentorship	Actual Hours of INDIRECT mentorship	Total Hours Spent in this Sport or Activity**	Skills Employed During Interventions with Individuals and/or Groups	Comments (e.g., clarify the nature of the direct or indirect mentorship)
01/2014 to 01/2015	Dr. Sport Psych	College baseball team	10	15	12	8	1	4	50	Goal setting, attentional focus, negative thought stopping, team building	Indirect mentorship included telephone debriefings, email correspondence, review of handouts, review of audiotapes with mentor
									0		
									0		
									0		
									0		
									0		
									0		
									0		
									0		
									0		
									0		
									0		
Total Hours of Experience**			0	0	0	0	0	0	0		

Note: The "Total Hours Spent in this Sport or Activity" column and the "Total Hours of Experience" row will be calculated automatically when you print the application form by following these instructions. In Microsoft Word 2010 or 2013, click the **File tab, then click **Options**, then click **Display**. Under Printing options select the **Update fields before printing** check box, then click **OK**.

MENTORSHIP EVALUATION & VERIFICATION FORM

(To be completed by each mentor listed on the Record of Mentored Experience Hours Form)

Name of Applicant:	Institution:
---------------------------	---------------------

Name of Mentor:	Current Position:
------------------------	--------------------------

Mentor's Mailing Address:	Mentor's Phone and Email Address:
	Phone: Email Address:

Is Mentor a CC-AASP? Yes (CC-AASP # _____) No (attach mentor's professional vita)

Evaluation instructions: Using the scale below, please rate the applicant on the following items and provide appropriate, evaluative comments:

1 = unsatisfactory 2 = below expectations 3 = expected 4 = above expectations 5 = outstanding

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. Comments:

MENTORSHIP EVALUATION & VERIFICATION FORM (cont'd)

Strengths:

Areas for Improvement:

Mentor Recommendation (please select the appropriate response):

I do do not recommend this applicant for approval as a Certified Consultant, AASP.

Verification of Applicant's Mentored Experience and Mentorship:

Total # of Hours of Experience	Total # of Hours of Indirect/Direct Mentorship

By signing this form, I verify that the information recorded by the applicant on the Record of Mentored Experience Hours Form related to my mentorship of the applicant is accurate to the best of my knowledge.

Signature of Mentor

Date

Name of Mentor