THE NASAP DIPLOMATE IN ADLERIAN PSYCHOLOGY

APPLICATION FORM

- ✓ See the enclosed "The NASAP Diplomate in Adlerian Psychology Information Sheet" for general information about the NASAP Diplomate in Adlerian Psychology, and for the criteria established for the Diplomate.
- ✓ Submit this application ONLY if you meet all 7 criteria.
- ✓ Complete EVERY section of this application form, SIGN on the back page.
- ✓ Attach required supporting documentation. We need your resume as a minimum.
- ✓ Enclose a check to "NASAP" in the amount of \$250. This is a one time only application fee. There are no additional or annual fees. If as a result of the application being reviewed and you do not fully qualify, the application fee will be refunded less a \$25.00 processing fee.
 - ✓ Allow 8 weeks for the application to be reviewed and to receive a notification letter. If all criteria are met, you will receive the Diplomate Certificate at that time.
- ✓ Send completed application to: NASAP, 117 Hedgewood Lane, Canton, GA 30115
- ✓ Thank you for your support of NASAP, Adlerian Psychology and the Diplomate in Adlerian Psychology recognition program.

	Date of Application:		
Applicants Name:			
Street Address:			
City:	State:	Country	
Zip Code:	E-mail:		
(H) Phone:	(W) Phone: _		
Indicate the way in which you may wish to include profession e.g. Alfred L. Dreikurs, Ph.D.	onal degrees or other profes	ed on the Diplomate Certificate (you ssional initials),	

Name on Certificate:

1. <u>EDUC</u>	CATION: Qualifyii	ng Degree:		2.
Colle	ege or University	:		_
Yea	r Awarded:			
☐ Attacl	h Required Supp	orting Documentation: Photo-co	opy of degree or transcript.	
2. NASA	<u> </u>			
□ C	Check verifying yo contingent on con	ou are a current general NASAF tinuing membership in NASAP)	P member (NASAP Diplomate	status is
	check indicating yonsecutive)	ou have been a general NASA	P member for at least 8 years	(need not
in th Adle	e NASAP Diplom erian training activ	i: Document a minimum of 90 h nate in Adlerian Psychology Info vity and Training Institution or A Iditional pages if necessary. Att	ormation Sheet. Include (date: dlerian Supervisor).	s, hours,
verif	ication or certific	ation of completed Adlerian trai	ning or supervisory activity. C	
Date(s)	Hours (must total 90)	Professional Training Activity	Training Institution or Superv	/isor

4. APPLICAT	<u>ION OF ADLERIAN PSYCHO</u>	<u>LOGY:</u>			
	indicating you have applied A of 8 years and verify on chart	dlerian Psychology within your career field for a below.			
	Required Supporting Docume nal positions within your caree	entation: Professional Resume to include all r field, including dates.			
Dates of Application	Career Field				
5. ADLERIAN	N PRESENTATIONS:				
☐ Check indicating you have made a minimum of 4 different Adlerian-based program or workshop presentations (or co-presentations) at a NASAP Conference or other professional conference. Document below:					
Date of Presentation	Topic of Presentation	Name of Conference Where You Presented			

□ Check indicating authorship (or co-authorship) of at least 2 Adlerian-oriented publications in peer reviewed publications. Attach any supporting documentation.							
Date of Publication	Title of Publication	Publisher	or Journal	(Must be peer reviewed)			
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-	7. CONTRIBUTION TO THE GROWTH AND DEVELOPMENT OF ADLERIAN PSYCHOLOGY:						
Check verifying 3 years of leadership in local, national or international Adlerian activities or organizations and document below (add additional pages if necessary).							
Dates of Service	Adlerian Activity or Org	ganization	Verifying Con	tact Person and Phone Num	ber		
SIGNATURE: I verify that all information entered in this application, including all supporting documentation attached, is true and correct.							

Date

Applicant's Signature