

3000 Connecticut Av. NW #400  
Washington D.C. 20008  
202.328.2035

Date:

To:

\_\_\_\_\_ has applied for Full/Associate/Post-graduate/Student affiliate membership in the American Academy of Psychotherapists and has listed you as a therapist/supervisor/professional reference. To help us evaluate this applicant for membership, we would appreciate your reply to the following questions. The applicant has agreed this information may be released, and your answers will be considered confidential. If this is an individual psychotherapy attestation, you need not comment on the applicants' qualifications, simply validate the number of individual hours which you worked with the candidate.

Please answer the question/s that best apply to you:

- How many hours** has the applicant spent in therapy with you?  
group\_\_\_\_\_ individual\_\_\_\_\_
- How many hours** has the applicant spent in supervision with you?  
group\_\_\_\_\_ individual\_\_\_\_\_
- How long** have you known the applicant and in **what capacity**?

What are your impressions of the applicant as a therapist?

In your opinion, is the applicant qualified for the independent practice of psychotherapy in his/her discipline?

**If you are a current or former AAP member, do you recommend this applicant for membership?**

Please complete, sign, and return this form to the AAP Membership Committee at the above address. Thank you for your assistance.

\_\_\_\_\_  
printed name/discipline

\_\_\_\_\_  
signature/date