

## AMERICAN ASSOCIATION OF ANGER MANAGEMENT PROVIDERS

### APPLICATION FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
State License (s) or Certification (if any): \_\_\_\_\_  
Practicing Specialty: \_\_\_\_\_  
Professional Affiliations: \_\_\_\_\_  
Professional Liability Insurance: \_\_\_\_\_

### MANDATORY QUESTIONNAIRE

During the time you have held your professional license or certificate to practice/facilitate anger management sessions, have you ever been disciplined, suspended, placed on probation, formally reprimanded, or asked to resign?

Yes  No

Have you ever been the subject of an investigation by any private, state, or federal organization – or is any such action pending?

Yes  No

Are you currently using any illegal drugs?

Yes  No

Have you ever been arrested for, or charged with a crime involving children?

Yes  No

Have you ever been convicted of a felony or are you presently under investigation, or have you ever been indicted for a felon?

Yes  No

**If your answer is yes to any of the above questions, please give the details on a separate sheet of paper.**

**Attestation:**

I attest and certify that I have answered the above application questions truthfully and that information given in or attached to this application or questionnaire is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fill out this form, along with:**

- Application fee\* of \$100 for general membership, \$150 for Fellow, or \$200 for Diplomate status (non refundable) made out to **AAAMP**

\*General members are providers who have not been specifically trained in Anger Management but may still be providing it as a service.

\*Fellows are those who have been specifically trained in the field of Anger Management and have been providers for at least one year.

\*Diplomates are providers who have been specifically trained and have published works in the field of Anger Management.

**Return a signed copy to:**

**American Association of Anger Management Providers  
12301 Wilshire Blvd., Suite 418  
Los Angeles, CA 90025  
310-207-3591**