



ASSOCIATION FOR DEATH EDUCATION AND COUNSELING

Fellow in Thanatology: Death, Dying and Bereavement
(FT)

FT Candidate Information Bulletin
for candidates who are currently ADEC
Certified in Thanatology (CT)

Fellow in Thanatology
Advanced Certification Program
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The Fellow in Thanatology: Death, Dying and Bereavement (FT) credentialing program is governed by the ADEC Credentialing Council under the auspices of the ADEC Board of Directors.

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Nondiscrimination Policy
ADEC does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.

1. The FT Credential

Fellow in Thanatology: Death, Dying and Bereavement (FT) is a professional certification in the field of thanatology. It is an Association for Death Education and Counseling (ADEC) volunteer initiated effort to recognize practitioners and educators in the discipline of death, dying, and bereavement who have (1) met specified knowledge requirements measured through a standardized testing process and (2) demonstrate advanced levels of competency in teaching, research and/or clinical practice through a professional portfolio. It is an advanced certification.

In today's competitive and challenging markets, it is important to identify individuals with qualified knowledge and advanced professional competency in thanatology. Successful candidates can use the FT designation after their names. They may also use the following statement on a separate line on business cards and stationary:

Fellow in Thanatology: Death, Dying and Bereavement.

ADEC, a professional membership association in the field of thanatology, sponsors the FT. Members of the ADEC Board of Directors and the Credentialing Council and its committees provide oversight to the development and administration of the FT examination and the FT recertification program.

An Advanced Certification Task Force of experts from the ADEC membership with advice from members of associated organizations worked for more than two years to develop the FT credential and the criteria for the professional portfolio.

2. Eligibility Criteria

- Master's/Doctorate Degree.
- 5 years of experience in the field of thanatology.
- Two letters from a supervisor or colleague familiar with the candidate's work.
- Verification of education and experience.
- The foundation level Certification (CT) in ADEC.
- A minimum of 12 units on the professional portfolio with documentation.

3. Fees

FT application fee is payable in US dollars and must accompany the FT application.

FT fee is:

\$275 ADEC member

\$400 Non-ADEC member

Please allow 30 business days following the application postmark deadline to receive your candidate approval notification. Allow additional time for applications submitted in the last week before the deadline.

4. Professional Portfolio. The following categories and criteria must be used in the portfolio to document advanced competency in thanatology. Evidence must be supplied for each activity. The activity must have occurred within the past 20 years.

Category/Application	Description	Maximum Units Permitted	Note
Advanced Coursework	Satisfactory completion of post-graduate level course with three hours credit (or 4.5 CEU's or 45 CE's)	3	Must be thanatology related 4.5 CEU's (45 CE's) = 1 unit 3 credit course = 1 unit
Publication	Thanatology related article in a peer-reviewed professional journal or thanatology related chapter in a published book	6	1 article=1 unit, 1 chapter= 1 unit
Books	Thanatology-related books	6	Published by a professional publisher. 1 book=3 units
Clinical services – Counseling/Support	Client contact hours in thanatology related support/counseling or other related clinical services	6	150 hours= 1 unit Facilitating bereavement support groups or one-on-one counseling
Teaching	Teaching thanatology related course	3	One 3 credit college course = 3 units High school courses = 1 unit The same course can be counted only once
Presentations (national or	National or international thanatology related	3	One hour or longer

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international)	presentation, workshop or teleconferencing, where applicant is primary or joint presenter		= 1/2 unit Presentations must be different
Presentation (regional, state, province or local)	Regional or local thanatology related presentation, workshop or teleconferencing where applicant is primary or joint presenter	2	One hour or longer = ¼ unit Presentations must be different
Licensure	Completion of professional licensing in geographical jurisdiction: state, province, country	1	
Tenure		1	From a regionally accredited school
Dissertation	In a thanatology related topic.	2	
Professional Role	Advanced level professional position in a thanatology related job.	1	Management, Supervisory, Director or related position 3years=1 unit
Supervision (provided)	Supervision for thanatology related counseling/support	2	100 hours of formal supervision = 1 unit
Supervision (received)	Received supervision for thanatology related counseling/support	2	100 hours of formal supervision = 1unit
Professional Leadership	Elected or appointed leadership role in state, province, national, or international professional thanatology-related organization	2	One leadership role = 1 unit

Professional Distinction	Acquisition of the highest level of distinction in a state, province, national, or international thanatology-related professional organization	2	Each award of distinction = 1 unit
Volunteer Service	Volunteer service in a thanatology related organization	1	100 hours= 1 unit Hours counted here may not be included in another category
Grants	Awarded a grant in a thanatology-related area that involves writing the grant & receiving funding from a private organization or government agency	1	Dollar amount is not a criteria 1 awarded grant=1 unit
Other	Thanatology related activities such as legal consultant, related certification, juried art	1	Certification (not a certificate) may not include ADEC CT.

5. Appeals of Portfolio Assessment

Appeals of portfolio assessment must follow this procedure:

- All appeals must be filed with ADEC within 15 business days of receipt of the decision.
- A letter (not e-mail) must be forwarded to ADEC stating the concern and reason for appeal to:

Emily Burch
Administrative Director, Leadership and Credentialing
Association for Death Education and Counseling (ADEC)
111 Deer Lake Road, Suite 100
Deerfield, IL 60015 USA

- The Fellow Committee will review the letter. A response from the Fellow Committee will be forwarded within 30 days of receipt of the appeal letter. The response will detail the reasons the request has been approved or not approved.

6. Recertification Guidelines

Fellows must participate in ongoing professional development to maintain their FT. Upon earning the FT credential, certification remains valid for the following three complete calendar years (one recertification cycle).

6.1 General Guidelines

- Fellows will recertify every three years on December 31; the first recertification cycle will start January 1 of the year immediately following successfully earning the FT.
- Credits will be earned and recorded as Contact Hours.
- 45 Contact Hours must be earned in every three-year recertification cycle.
- Contact Hours may not be carried over from one recertification cycle to another.
- Contact Hours are defined in Activity Matrix below.

6.2 Recertification Categories

All activities must be within the three year recertification cycle.

Category Number	Activity	Equivalent to Contact Hours
1.	Each 50-60 minute thanatology related session, including questions and answers	1.0
2.	1.0 contact hour (thanatology related Continuing Education) awarded by sponsor. This includes CD-ROM, or audio/video tapes that are awarded Continuing Education.	1.0
3.	Teaching or taking a 1 credit semester undergraduate or graduate course related to thanatology. (<i>Teaching the same course may be counted only once in a recertification cycle</i>)	15
4.	Teaching or taking a 3 credit semester undergraduate or graduate course related to thanatology (<i>Teaching the same course may be counted only once in a recertification cycle</i>)	45
5.	Teaching or taking a 1 credit quarter undergraduate or graduate course related to thanatology (<i>Teaching the same course may be counted only once in a recertification cycle</i>)	10
6.	Teaching or taking a 3 credit quarter undergraduate or graduate course related to thanatology (<i>Teaching the same course may be counted only once in a recertification cycle</i>)	30
7.	Acceptance of dissertation or thesis in thanatology related topic.	15
8.	Presentations and Publications – maximum of 20	

	contact hours in this category with the exception of published books	
	Presentations: each hour, must be different presentations	1.0
	Publications: minimum of three page article	1.0
	Published books (author or editor) in related topic areas	45
9.	Funded thanatology related grant.	3.0
10.	Board member or officers in professional thanatology related organization – maximum of 5	5.0

- It is the responsibility of each Fellow to maintain records documenting Contact Hour activity.
- Documentation for all activities submitted for Contact Hour credit must be retained by the Fellow for a period of three years following submission.
- ADEC reserves the right to audit a Fellow’s records; any Contact Hours that cannot be documented during the audit process may be disqualified.
- During any three-year recertification cycle, it is the responsibility of a Fellow to maintain a current address with the ADEC office. Changes to a Fellow’s professional information will be updated regularly in the FT registry on the ADEC site.

6.3 Recertification Fee

- Fees are due at the completion of the Fellow’s three-year recertification cycle.
- Fees must accompany the FT Recertification Summary Form.
- Fees are payable in US dollars.

Fees: \$175 for ADEC members
 \$300 for non-members

7. Change of Information

During any three-year recertification cycle, it is the responsibility of a certificant to maintain a current address with the ADEC office. Please contact ADEC Headquarters if your contact information should change. You can update this information by calling +1-847-509-0403 or sending your changes to:

Association for Death Education and Counseling
 111 Deer Lake Road, Suite 100
 Deerfield, IL 60015 USA

8.0

Application Check List (All of the following must arrive in the same envelope)

- _____ Application Form
- _____ Documentation of college/university education – copies accepted
- _____ Verification of Experience (five years)
- _____ Two letters of recommendation
- _____ Completed Professional Portfolio (documentation must be included)
- _____ Signature at end of application
- _____ Appropriate registration fee
- _____ Self-addressed, stamped postcard to confirm application receipt



FT Application

Sponsored by ADEC

Forward the application and fee to:

Emily Burch
Administrative Director, Leadership and Credentialing
111 Deer Lake Road, Suite 100
Deerfield, IL 60015 USA

Applications must be typed or clearly printed

The application must be complete. Incomplete applications will be returned.

Section 1. Candidate Information

Name: _____

Title: _____

Organization: _____

Address (Do not use a PO Box): _____

City: _____ State/Province: _____ Zip/Postal Code _____

Alternative Address (please check home, work): _____

City: _____ State/Province: _____ Zip/Postal Code _____

Phone: _____ Fax: _____ E-mail: _____

Section 2. Education and Experience:

- Master's or doctorate and 5 years of related experience

2A. Education: Include transcripts with this application. (Copies accepted.)

Please check highest degree:

Masters Doctorate

Name of School _____

Location: _____

2B. Experience: _____ Number of years of related experience

Experience to meet Eligibility Requirement

Year Month/Year	Name of Organization	Title/Job/Position

Section 3: Letters of Recommendation

- Letters of recommendation may verify experience. They may be from supervisors and colleagues but not from clients or individuals you supervise.
- Letters of recommendation should be included with this application. Please have the supervisor/colleague place the recommendation in a separate envelope, seal the envelope and write his/her signature across the envelope flap.

Recommendation One

Name: _____

Email: _____ Phone: _____

Recommendation Two

Name: _____

Email: _____ Phone: _____

Section 4. Professional Portfolio

Please number your documentation to correspond to the category. Activity must be within the past 20 years. Written documentation must be provided and may include letters from knowledgeable professionals, copies of the title page of publications or conference/workshop brochures, or other evidence.

Category/Application	Number of Units (Maximum for category)	Description of Activity
A. Advanced Coursework	(3)	
B. Publication	(6)	
C. Books	(6)	
D. Clinical services- Counseling/Support	(6)	
E. Teaching	(3)	

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F. Presentations (national or international)	(3)	
G. Presentation (regional, state, province or local)	(2)	
H. Licensure	(1)	
I. Tenure	(1)	
J. Dissertation	(2)	
K. Professional Role	(1)	
L. Supervision (provided)	(2)	

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M. Supervision (received)	(2)	
N. Professional Leadership	(2)	
O. Professional Distinction	(2)	
P. Volunteer Service	(1)	
Q. Grants	(1)	
R. Other	(1)	

How did you learn about the certification?

ADEC Forum or Web site

CMI/AAB educational program

Flyer

Personal Contact

Other: _____

Section 5. Fees

FT Fee (U.S. Dollars)

- ADEC Member: the fee is \$275.
- Non-ADEC Member: the fee is \$400.

FT Fee plus annual Membership Fee (U.S. Dollars)

- Total Fee is \$450
(Must include membership application with FT application — available online at www.adec.org)

Membership is for the calendar year January 1, 2010 through December 31, 2010. Dues are not prorated.

Please charge: MasterCard Visa American Express Amount \$ _____

Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____

Or make check payable to Association for Death Education and Counseling

A duplicate certificate is available for an additional \$5.00. Please add to your examination fee.

I certify that I have read all portions of the FT Candidate Handbook and Application. I certify that the information submitted in this application and the letters of recommendation are complete and correct to the best of my knowledge. I understand that if my application is found to be incomplete or inaccurate it may be rejected.

Please Print Your Name _____

Signature _____ Date _____