

FORM 6

APPLICANT/ADVISOR AGREEMENT

Name of Applicant _____

Name of Advisor _____

With our signatures below, we acknowledge that the role of the advisor has been discussed along with the needs of the applicant, and we have agreed to work together according to the ISST clinical member requirements.

Role of the Advisor

1. Acts as the primary liaison between the applicant, STA and final case readers.
2. Reviews the candidate’s application to make sure all requirements are met and documentation has been provided prior to submission.
3. Is the preliminary contact for feedback and guidance on the choice of topic and format for the preliminary papers.
4. Assists with the selection of preliminary paper and final case readers.
5. Writes a letter of documentation in the case of an appeal.

The advisor is not paid a fee by the applicant. However, if the applicant wishes to change advisors, then the applicant will have to sign a new agreement with the new advisor and pay the advisor directly \$50.00 to cover costs of telephone and postage.

Applicant Signature/Date

Advisor Signature/Date

See Chapter Two and Appendix page A17/1-4 for more information.