



american association of sexuality educators, counselors and therapists  
1444 I Street, NW • Suite 700 • Washington • DC • 20005 • 202.449.1099 • [info@aasect.org](mailto:info@aasect.org)

## **AASECT Supervisor of Sex Therapy Certification Renewal Application**

Please return this completed form to the AASECT office with a non-refundable application fee in the amount of **\$300** (US Funds) payable by check, credit card, or money order. Act NOW to be sure your AASECT Supervisor of Sex Therapy Certificate will be mailed to you before the end of the calendar year. This is not a dues statement. Your AASECT membership dues must be paid before AASECT will process your certification renewal application. Dues statements will be mailed separately.

### **TYPE OR LEGIBLY PRINT ALL INFORMATION ON THIS FORM**

*Only legible complete renewal applications will be processed. All incomplete applications will be returned to the applicant for completion. Questions regarding this process should be addressed to the national office.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Date of first AASECT certification as a Supervisor of Sex Therapy: \_\_\_\_\_



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Supervisor of Sex Therapy Recertification Fee \$300.00

TOTAL ENCLOSED: \$\_\_\_\_\_

OR: Pay by Credit Card (please circle one): VISA American Express MasterCard Discover

Name of Cardholder: \_\_\_\_\_

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code (3 digit or 4 digit for AMEX) \_\_\_\_\_

Billing address: \_\_\_\_\_

Certification renewal materials must be submitted to the AASECT national office:

**AASECT**

**Alphonsus Baggett, MEd**

**Director, Education & Certification**

**1444 I Street, NW, Suite 700**

**Washington, DC 20005**

**Telephone: 202.449.1099**

**Fax: 202.216.9646**

**Email to: [info@aasect.org](mailto:info@aasect.org)**

**Certification Page of Website: [http://www.aasect.org/Certification\\_Renewal\\_Reqs\\_Apps.asp](http://www.aasect.org/Certification_Renewal_Reqs_Apps.asp)**



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1. What is the current status of your practice as a Supervisor of Sex Therapy? Please outline your work as a Supervisor of Sex Therapy. For example, indicate your place of employment, types of sexual disorders or problems which you treat, and the approximate number of hours spent as a Supervisor of Sex Therapy per week since you were last certified.

2. Are you state licensed or national board certified? Yes                      No

If so, please provide the name and address of the licensing or certifying body. Yes                      No

3. Do you expect to continue working as a Supervisor of Sex Therapy in the next five years? Yes                      No

4. Have you ever been disciplined for professional or ethical misconduct? Yes                      No

5. Is any action pending against you for professional or ethical misconduct? Yes                      No

6. I certify that I will abide by the AASECT Code of Ethics. Yes                      No

7. List the continuing education programs in which you have participated since your last AASECT certification. **Twenty CE credits are required.** These would include: courses of study, seminars, workshops and other training programs.
- a) List AASECT sponsored continuing education. For example, AASECT Annual, Regional and Section meetings. Please list the titles of workshops, seminars, etc.; the name of sponsoring body; dates attended and the number of CE credits obtained for each educational experience. Please continue listings on an additional page if more space is required.
  
  - b) List AASECT approved continuing education. For example CE opportunities which are approved by the AASECT Professional Education Steering Committee (PESC). Please list the titles of the workshops, seminars, etc.; the name of sponsoring body; dates attended; and the number of hours of CE credits obtained for each education experience. Please continue listings on an additional page if more space is required.
  
  - c) List Non-AASECT sponsored or approved continuing education. Please list the title of workshops, seminars, etc.; the name of sponsoring body; dates attended; and the number of hours of CE credits obtained for each education experience. Please note that two (2) hours of non-AASECT sponsored or approved CE is equivalent to one credit of AASECT CE. Please continue listings on an additional page if more space is required.
  
  - d) If applicable, please list alternatives to continuing education as described in the enclosed brochure, AASECT Recertification Requirements. Please provide bibliographical references for any published work, relevant references or citations for teaching tools, training programs or other presentations and the number of hours of CE credits claimed for each option listed.

**Total CE Credits Claimed:** \_\_\_\_\_

By my signature here, I confirm that the information provided in this application is true and accurate, to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*Please attach a copy of your current/expiring AASECT Supervisor of Sex Therapy Certificate with this document\*\*\***



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**ADDITIONAL INFORMATION FROM PREVIOUS QUESTIONS**

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