

**CERTIFICATE OF ENDORSEMENT  
CHARACTER  
REQUIREMENT IX**



Ref: \_\_\_\_\_  
*(Candidate's Name)*

I, \_\_\_\_\_, desire to endorse the above candidate for AASECT certification as a Sexuality Educator.

To the best of my knowledge, the Candidate meets the qualifications for certification and as stated on [www.aasect.org](http://www.aasect.org) and in the Bylaws of AASECT. I have known the Candidate for \_\_\_\_\_ years.

**COMMENTS ON CANDIDATE'S QUALIFICATIONS AND ACTIVITIES**  
*(Use reverse side if necessary)*

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Would you recommend the Candidate for certification as a Sexuality Educator? \_\_\_\_\_ Yes \_\_\_\_\_  
No

Do you know of any physical or mental condition of the Candidate, which might impair competence? If so, please comment.

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Using the scale below, rate the Candidate's overall ability as a Sexuality Educator.

/ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
*excellent      very good      good      fair      poor*

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

**CERTIFICATE OF ENDORSEMENT  
PROFESSIONAL COLLEAGUE  
REQUIREMENT IX**



Ref: \_\_\_\_\_  
*(Candidate's Name)*

I, \_\_\_\_\_, desire to endorse the above candidate for AASECT certification as a Sexuality Educator.

To the best of my knowledge, the Candidate meets the qualifications for certification as stated on [www.aasect.org](http://www.aasect.org) and in the Bylaws of AASECT. I have known the Candidate for \_\_\_\_\_ years.

**COMMENTS ON CANDIDATE'S QUALIFICATIONS AND ACTIVITIES**  
*(Use reverse side if necessary)*

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Would you recommend the Candidate for certification as a Sexuality Educator? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Using the scale below, rate the Candidate's overall ability as a Sexuality Educator.

/ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
*excellent      very good      good      fair      poor*

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

**CERTIFICATE OF ENDORSEMENT  
PROFESSIONAL CONSULTANT  
REQUIREMENT IX**



Ref: \_\_\_\_\_  
(Candidate's Name)

I, \_\_\_\_\_, desire to endorse the above Candidate for  
AASECT certification as a Sexuality Educator.

I am currently an AAASECT Certified Sexuality Educator.  Yes  No

I am currently an AAASECT Certified Sexuality Counselor.  Yes  No

I am currently an AAASECT Certified Sex Therapist.  Yes  No

I am currently an AAASECT Certified Supervisor.  Yes  No

If "no" please attach documentation concerning your qualifications (training and experience, and related credentials) as a Sexuality Educator.

I have known the Candidate for \_\_\_\_\_ years.

I have consulted with the Candidate from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)  
for \_\_\_\_\_ hours per \_\_\_\_\_.

The Candidate performed \_\_\_\_\_ hours of sexuality education under my consultation.

The setting(s) for this experience: \_\_\_\_\_

The populations the Candidate worked with under my consultation included (check all that apply):

- adult males       adult females       adolescents       parents  
 children       families       other (\_\_\_\_\_)

What type of educational programs did the Candidate provide while in consultation with you? (Attach an additional sheet if necessary or use the back of this form)

\_\_\_\_\_  
\_\_\_\_\_