

## What is Expected of AASECT Certified Sexuality Counselors

In order to become an AASECT Certified Sexuality Counselor, to maintain certification, and to be able to renew certification, the member is required as follows:

1. To maintain membership with AASECT in good standing as defined in Article III, Section G of the AASECT Bylaws at [www.aasect.org](http://www.aasect.org).
2. To adhere to the AASECT Code of Ethics posted at [www.AASECT.org](http://www.AASECT.org).
3. To be licensed when applicable in one's profession in the state of practice. (If the member is not licensed and/or licensure is not needed for the member to practice, he/she should provide an appropriate explanation of such). ). AASECT reserves the right to decline to offer or decline to renew sexuality counselor certification to otherwise qualified Members who do not hold licenses in the jurisdiction(s) in which they practice.
4. To respond to and provide full and accurate information about pending or actual actions against any license or surrender of a license that serves as a partial condition for certification.
5. To respond truthfully, accurately and completely to any and all questions on initial and renewal applications.
6. To stay up-to-date on new developments in the field of sexuality and sexuality counseling.
7. To earn a minimum of 20 AASECT approved Continuing Education credits/hours every five years (the first renewal is after three years).

Failure to comply with any of the above may result in actions against the Certified Professional's membership or Certification. The AASECT Board reserves the right to investigate and take actions against the Certified Professional's membership or Certification when other complaints (not listed above) are introduced against an AASECT certified sex counselor.

Falsification of information provided in an application, or any other information related to certification (e.g., continuing education credits earned) shall be grounds for either action against a membership/certification or report to a credentialing organization or licensing board. Inaccuracy will require immediate corrective measures, including possible revocation of certification.

Any person may, in good faith, lodge a complaint with AASECT against a certificate holder, as long as it is in writing, signed, and with an agreement to be contacted by AASECT to provide any necessary clarification or supporting documentation available.

A complaint may allege that a certificate holder has violated either the requirements for certification or the Code of Ethics of AASECT or the Bylaws.

Any complaint will be reviewed by AASECT for substance. The name of the member shall be known only to the Directors or other appropriate body designated by the AASECT Board or Executive Committee. AASECT will make an educational advisory regarding any ethical or practice issues or Bylaw violations regarding the case, which shall be shared with the Member. The Member will be required to read and respond to the advisory giving assurance that it was understood, and that the Member will only practice in accordance with its recommendations.

The Board of Directors may also consider action against a certificate holder if it learns in any manner (e.g., national clearinghouse) about an action against the certificate holder's license. The Board may take action against a certificate holder who has received an educational advisory from AASECT if AASECT later learns that problematic practices identified therein persist.

If the Board of Directors decides to pursue a complaint, both the certificate holder and the relevant credentialing organization or licensing board shall be contacted to ascertain, in writing, if any action is pending or has been taken.

If action is pending before a credentialing organization or licensing board or other similar body, the Board of Directors may choose to await the decision of the credentialing organization or licensing board or other agency of authority before considering further action. The relevant body and/or the certificate holder shall be contacted on a reasonably regular basis to determine the status of the case.

If action is taken against a license, the Board of Directors shall consider parallel action. A license revocation should result in an automatic revocation of a certificate (and possibly AASECT membership as well). A license suspension should result in a suspension of a certificate. Depending on the sanctions imposed by the licensing board, the Board of Directors may impose additional requirements for reinstatement if deemed appropriate (e.g., education, supervision).

If a serious complaint is lodged against a certified therapist or a flagrant violation is reported, the member's certification status is considered "Pending" until the time the inquiry or complaint is satisfactorily resolved, or there is a 2/3 vote by the Board of Directors to utilize the Pending status. This constitutes a limited abridgment of good standing in AASECT.

A Pending status implies that the member may not renew any certification within AASECT until the status is resolved. The Pending status will prohibit the member from running for AASECT elected or appointed positions, or from displaying the AASECT Sex Counselor certification, or having referrals made by AASECT to the Pending status Therapist until the status is resolved. AASECT Office will maintain a list of all certificate holders who are assigned Pending status.

The Pending status has no authority to prevent the member from practicing as a counselor in his/her licensed state or for practicing another profession which AASECT does not certify.

Confidentiality of the member is respected and only the Board of Directors is aware of the circumstances surrounding the Pending status. The responsibility for resolving the Pending status rests on the member.

If action against a certificate holder's license is neither pending nor has been taken, the Board of Directors may choose to initiate a complaint to a licensing board or credentialing organization based on direct evidence at its disposal. (It should be noted here that most if not all states grant immunity from liability to anyone participating in a Board case in good faith.)

If conditions warrant (such as, failure to meet CE requirements or falsification of CE information), the Board of Directors may choose to take action against a certificate holder whether or not action has been taken against his or her license. Such actions could include probation with conditions for reinstatement (e.g., education, supervision), suspension, or revocation. A 2/3 vote by the Board is required in order to revoke membership in AASECT.

The AASECT website and other appropriate documents state clearly what conditions are expected of a certificate holder to earn or retain said certificate, and what procedures may be followed if a client/patient or other individual feels that the standards of AASECT may have been violated. Procedures described could include the possibility of lodging complaints with AASECT and/or the relevant licensing board or credentialing organization.

I \_\_\_\_\_ have read and agree to the above terms.

\_\_\_\_\_  
(Member's Signature)

\_\_\_\_\_  
(Date)

## APPLICATION FOR AASECT CERTIFICATION

### SEXUALITY COUNSELOR

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

#### INSTRUCTIONS

**NOTE:** Applicants will be judged on the basis of the requirements in effect at the time of application if it is determined that they meet all requirements in effect at the time of application. If the applicants do not meet the requirements in effect at the time of their original application and the certification requirements are changed, then they will be judged according to the requirements in effect at that later time. Only those members whose application information meets the requirements for certification prior to the date of application are eligible for certification. Applications must be COMPLETE before they are reviewed. Please read instructions carefully and include all required documentation.

1. Fill out COMPLETELY all pages of the application form.
2. Applicant's signature must appear as designated on the final page of the application
3. Applicants must assure submission of endorsement forms, transcripts and other relevant supporting materials to accompany this application.
4. The non-refundable application fee of \$250.00 must accompany the application.

Mail completed application with all supporting documentation to the Executive Office: AASECT, 1444 I Street NW, Suite 700, Washington, DC 20005 .

**Mail only one application to our office with no staples, page protectors, tabs, binders or notebooks. Each sheet should be an 8 1/2 by 11 piece of paper one sided. Sheets of paper can be put between each section labeled " 5 a, 5 b, 5 c etc." to separate sections. Keep one complete copy for your records.**

5. I. **AASECT Membership** starting date. \_\_\_\_\_

If you are not yet a member of AASECT, a membership application and appropriate **dues payment must** accompany this application.

II. By signing this application, you confirm that you have read the **AASECT Code of Ethics** and agree to be bound by them.

III A. Please list below your earned **academic degrees**.

<i>Degree</i>	<i>Department/Field</i>	<i>Institution</i>	<i>Year Awarded</i>

Attach an original transcript of your highest earned academic degree (Minimum of Bachelor’s degree).

B. Please list below your **professional experience** as a Counselor (most recent position first).

<i>Position</i>	<i>Employer</i>	<i>Dates (month/year)</i>	<i>Hours/Week</i>

Attach additional sheet, if necessary

Total hours: \_\_\_\_\_  
(Minimum of two (2) years of 1,000 hours per year)

IV. Attach a copy of your valid **state regulatory license or certificate** in one the areas stated in Requirement IV.  
 OR  
 If there is no appropriate state licensure or certification available, then provide a copy of an alternative clinical certification.

V. Please list below a minimum of **sixty (60) clock hours of Human Sexuality Education**.

<i>Core Areas</i>	<i>Course Title</i>	<i>Institution</i>	<i>Dates (month/year)</i>	<i>Hours</i>
Anatomy & Physiology				
Psychobiological Developmental Sexuality				
Interpersonal Relationships				
Gender Issues				
Socio-Cultural Factors				
Marital & Family Dynamics				
Medical Factors				
STI's & Safer Sex				
Sex Research				
Sexual Abuse				
Sexual Orientation & Gender Identities				

These courses must appear on your academic transcript(s), submitted under requirement III, or be supported by CE certificates, attached.

Total Hours \_\_\_\_\_

VI. Please list below a minimum of sixty (60) clock hours of **Sexuality Counselor Training**.

<i>Core Areas</i>	<i>Course Title</i>	<i>Institution</i>	<i>Dates (month/year)</i>	<i>Hours</i>
Theory & Methods of Personal Counseling				
Theory & Methods				
Sex-Related Counseling				
Relationship				
Systems.....				
Medical				
Intervention.....				
Ethical Issues.....				
Consultation &				
Referral.....				

These courses must appear on your academic transcript, submitted under requirement III, or be supported by CE certificates, attached.

Total Hours \_\_\_\_\_

VII. **Attitudes and Values Training Experience (SAR)**

<i>Title</i>	<i>Sponsor/Leader</i>	<i>Hours</i>	<i>Dates (month/year)</i>

Attach copy of CE certificate/certificate of attendance.

Attach a one page comprehensive statement of your professional philosophy and goals of sexuality counseling, including how the SAR affected that philosophy.

VIII. Please list below your **clinical, fieldwork or practicum training experience** in supervised sexuality counseling. (Minimum of one hundred (100) hours)

Attach additional sheets, in this format, if necessary.

<i>Position</i>	<i>Setting</i>	<i>Date (month/year)</i>	<i>Hours</i>

List type of setting:

- |                           |                        |                                    |                        |
|---------------------------|------------------------|------------------------------------|------------------------|
| Medical office and clinic | Human service agency   | Community and public health clinic | Family planning center |
| Rape crisis center        | College and university | School                             | Professional school    |
|                           |                        |                                    | Religious institution  |

List type of training experience:

- |             |  |              |                                     |
|-------------|--|--------------|-------------------------------------|
| Observation | Demonstration of counseling techniques | Role playing | Development of communication skills |
|-------------|--|--------------|-------------------------------------|

List kinds of sexuality issues of clients in this setting:

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IX. List below the thirty (30) hours of face to face **Supervision** you have had with either an AASECT Certified Counselor or someone approved by the Supervision Certification Committee. A supervision contract, signed by both the proposed supervisor and the supervisee, will be submitted to and approved by the Supervision Certification Committee PRIOR to the commencement of the supervision. The proposed supervisor is responsible for formulating and submitting the contract/plan. Minimum duration of supervision shall have been at least six (6) months.

(Consider deleting “individual” since it is the only option. I specified “face to face” above)SUPERVISION

<i>Supervisor</i>	<i>Setting</i>	<i>Dates (month/year)</i>	<i>Hours</i>

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Attach a copy of the Supervision Certification Committee letter approving the contract/plan  
Attach additional sheets, in this format, if necessary

XAdditional **documentation** submitted.

F. Letter(s) from employers and/or supervisor(s) certifying a minimum of one hundred (100) hours of sex counseling experience  
(Item VIII)

G. Completed AASECT form Certificate of Endorsement from

- 1) Supervisor
- 2) Professional Colleague
- 3) Character reference.

In the space below, please provide any additional information you believe may be relevant for the Committee in examining your application.

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Attach additional sheet, if necessary

Acceptance of membership in AASECT connotes acceptance by the member of the AASECT Code of Ethics, a copy of which has been reviewed by the applicant, as it may be amended in accordance with the AASECT Bylaws, and shall constitute the member's agreement to carry on the profession of Sex Counselor, as the case may be, in conformity with Part A of the Code and to be bound by the procedural provisions of Part B.

I agree to accept the AASECT Code of Ethics. I agree to have my name listed in the Membership Directory.

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Signature

Date

The foregoing information (on seven pages) has been voluntarily supplied by the undersigned for the purpose of being certified as a Sex Counselor, with the understanding that it will be reviewed by the Sexuality Counselor Certification Committee of AASECT and that, in the process of verification of the facts stated in the application, such facts may become known to third parties, and the undersigned expressly waives any claim to confidentiality of the material stated herein.

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Signature

Date

I hereby agree that I am submitting this application voluntarily and that, if my application is not acted upon favorably, I will in no way seek to hold AASECT or any of its officers, members or agents responsible for action.

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Signature

Date

**CERTIFICATE OF ENDORSEMENT  
CLINICAL SUPERVISOR  
REQUIREMENT IX**



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

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

Attached is a copy of the letter from the Supervisor Committee, which previously approved the contract/plan between the Candidate and myself.

I am currently an AASECT Certified Sexuality Counselor  Yes  No

I am currently an AASECT Certified Sex Therapist  Yes  No

I am currently an AASECT Certified Supervisor  Yes  No

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

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

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

The Candidate performed \_\_\_\_\_ hours of sex therapy under my supervision.

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

The cases seen by the Candidate under my supervision included (check all that apply):

adult males       adult couples       adolescents       adult females  
 children       families

What type of sex-related problems were dealt with in counseling by the Candidate while under you supervision? (Attach an additional sheet if necessary or use the back of this form)

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

Name  
Address

Signature  
Title

Date

**CERTIFICATE OF ENDORSEMENT  
CHARACTER  
REQUIREMENT IX**



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

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

To the best of my knowledge, the Candidate meets the qualifications for certification effective July 1, 2002 and as stated 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 Counselor? \_\_\_\_ 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 Counselor.

/\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_  
*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 Counselor.

To the best of my knowledge, the Candidate meets the qualifications for certification as stated 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 Counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone