

AASECT Certification Application Sex Therapist

Name: _____ Member ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Instructions

Applicants will be evaluated on the basis of the requirements in effect at the time their contract was signed to begin supervision for AASECT Certification. Only those individuals whose application information meets the certification requirements prior to the date of application are eligible for AASECT Certification. **Applications must be complete before they are reviewed.**

Please read instructions carefully, and include all required documentation.

1. Complete all pages of the application form in English.
2. Applicant's signature must appear as designated on the various pages of the application.
3. Applicants must ensure submission of endorsement forms, transcripts and other relevant supporting materials accompany this application. Applicants must also include a copy of all their supervision contract(s) along with all of the supporting documents as stated on the website page, "[Supervision Guidelines](#)".
4. The **non-refundable** application fee of \$300.00 is required before the review process begins. Once your application has been submitted, instructions for online payment will be emailed to you.
5. It is preferred that complete applications with all supporting documentation be emailed to certification@aasect.org with a maximum of two PDF attachments. If email is not an option, please mail to the office at 35 E. Wacker Drive, Suite 850, Chicago, IL 60601. Mailed application must be submitted with no staples, page protectors, tabs, binders, brochures, books or notebooks. Each page of the application should be an 8 ½ X 11 piece of paper (one-sided). It is recommended that you keep a copy of the complete application for your records.
6. **Supervisor Signature:** "I have reviewed and approved this application for AASECT Certification."

Supervisor Signature

Supervisor Printed Name

Supervisor E-Mail

I. AASECT Membership: Please include documentation of AASECT membership.

By signing this application, you confirm that you have read the [AASECT Code of Conduct](#) and agree to be bound by them. You acknowledge that you have not presented yourself as being AASECT Certified. You acknowledge that all of the documentation within this application was acquired by or otherwise pertains to you.

II. Your Signature: _____

III. Academic and Professional Experience

Please list your earned academic degrees below.

Degree	Department/Field	Institution	Year Awarded

All academic degrees earned were from an accredited institution. If not, please explain.

Attach an official transcript of your highest earned academic degree. (minimum of Master’s degree)

Please attach your curriculum vitae or resume. (Activities that qualify as professional sex therapist experience may be referenced here: <https://www.aasect.org/aasect-requirements-sex-therapist-certification>.)

IV. Clinical Certification & Licensure

Attach a copy of your valid state regulatory license or certificate in one of the areas stated in the [Requirements](#).

V. Human Sexuality Education: Core Knowledge

Please list below a minimum of ninety (90) clock hours of *Human Sexuality Education*. Applicants must document at least three (3) hours in each content area listed below:

Core Knowledge Area	Course Title	Institution	Date (month/year)	Hours/Week
A. Ethics and ethical behavior				
B. Developmental sexuality from a bio-psycho-social perspective across the life course				

<p>C. Socio-cultural factors and disparities in relationship to sexual values, behaviors and health. (eg, culture, religion, spirituality, socioeconomic status, family values)</p>	
<p>D. Issues related to sexual orientation and/or gender identity: heterosexuality, issues and themes impacting lesbian, gay, bisexual, pansexual, asexual people, gender identity and expression</p>	
<p>E. Intimacy skills (e.g., social, emotional, sexual), intimate relationships, interpersonal relationships and family dynamics</p>	
<p>F. Diversities in sexual expression and lifestyles, including, but not limited to polyamory, swinging, BDSM and tantra</p>	
<p>G. Sexual and reproductive anatomy/physiology</p>	
<p>H. Health/medical factors that may influence sexuality including, but not limited to illness, disability, drugs, mental health, conception, pregnancy, childbirth, pregnancy termination, contraception, fertility, HIV/AIDS, sexually transmitted infection, other infections, sexual trauma, injury and safer sex practices</p>	
<p>I. Range of sexual functioning and behavior, from optimal to problematic, including but not limited to</p>	

common issues such as: desire discrepancy, lack of desire, difficulty achieving or maintaining arousal, sexual pain, penetration problems and difficulty with orgasm	
J. Sexual exploitation, including sexual abuse, sexual harassment and sexual assault	
K. Cyber sexuality and social media	
L. Substance use/abuse and sexuality	
M. Pleasure enhancement skills	
N. Learning theory and its application	
O. Professional communication and personal reflection skills	
P. History of the discipline of sex research, theory, education, counseling and therapy	
Q. Principles of sexuality research and research methods	

These courses must appear on your academic transcript(s), submitted under **Requirement III**, or be supported by CE certificates, with syllabi included.

Total Hours: _____

VI. Sex Therapy Training

The applicant will have completed a minimum of sixty (60) clock hours of training in how to effectively carry out (do) sex therapy with patients/clients whose diagnoses include the 'Psychosexual Disorders' described in the current edition of the *Diagnostic and Statistics Manual (DSM)* of the American Psychiatric Association.

It is **strongly preferred** that applicants complete an academic (college or university) program in sex therapy or a comprehensive sex therapy program or complete an AASECT approved sex therapy training institute. Applicants must document at least three (3) hours in each content area listed below, with a maximum of twenty (20) hours in any one content area of **A – G** below:

Core Area	Course Title	Institution	Date (month/year)	Hours/Week
A. Theory and methods of sex-related psychotherapy, including several different models				
B. Techniques of sex-related assessment and diagnosis of the 'Psychosexual Disorders' described in the current edition of the <i>DSM</i>				
C. Theory and methods of approach to intervention in relationship systems experiencing sex and intimacy problems				
D. Theory and method of approach to medical intervention in the evaluation and treatment of psychosexual disorders				
E. Peer to peer professionalism including principles of consultation, collaboration, and referral				
F. Ethical decision-making and best practices and provider to client professionalism				

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

Total Hours: _____

VII. Attitudes and Values Training Experience – *Sexual Attitude Reassessment (SAR)*

Attach copy of CE certificate/certificate of attendance.

Title	Sponsor/Leader	Date (month/year)	Hours

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

VIII. Clinical Experience, Field Work, Internship or Professional Training Experience

Position #1	Setting	Date (month/year)	Total Hours

List kinds of 'Psychosexual Disorders' (*DSM*) of clients in this setting:

List cases of therapy with:

- (1) couples _____ (2) adult males _____ (3) adult females _____ (4) children _____
 (5) families _____ (6) gender diverse _____

Position #2	Setting	Date (month/year)	Total Hours

List kinds of 'Psychosexual Disorders' (*DSM*) of clients in this setting:

List cases of therapy with:

- (2) couples _____ (2) adult males _____ (3) adult females _____ (4) children _____
 (5) families _____ (6) gender diverse _____

Total Clinical Sex Therapy Hours: _____

IX. Supervision

Click here for details surrounding interruption(s) of supervision:
<http://www.aasect.org/guidelines-supervision#interruptingsupervision>.

List below the fifty (50) hours of supervision you have had with an AASECT Certified Sex Therapist Supervisor with whom you are under contract.

Individual Supervision

Name of Supervisor	Setting	Start & End Dates	Total Hours

Attach a copy of each supervision contract you entered into. Please include all supporting documents that are a part of the contract as per the Supervision Guidelines: <https://www.aasect.org/guidelines-supervision>.

Total Hours (Individual Supervision): _____

Small Group Supervision

Name of Supervisor	Setting	Start & End Dates	Total Hours

Attach a copy of each supervision contract you entered into. Please include all supporting documents that are a part of the contract as per the Supervision Guidelines: <https://www.aasect.org/guidelines-supervision>.

Total Hours (Group Supervision): _____

Total Supervision Hours: _____

X. Attach the following endorsements:

- A. Certificate and letter of Endorsement from Professional Supervisor(s)
- B. Two Certificates and letters of Endorsement from Professional Colleagues

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

Attach additional sheet, if necessary.

The foregoing information has been voluntarily supplied by the undersigned for the purpose of being certified as a Sexuality Therapist, with the understanding that it will be reviewed by the Sexuality Therapist 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.

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.

Signature

Date



Certificate of Endorsement
Professional Supervisor
Requirement X

Ref: _____
(Candidate's Name)

I, _____, desire to endorse the above Candidate for AASECT Sex Therapist Certification.

I am currently an AASECT Certified Sexuality Counselor. [Yes/No radio buttons]
I am currently an AASECT Certified Sex Therapist. [Yes/No radio buttons]
I am currently an AASECT Certified Supervisor. [Yes/No radio buttons]

I have known the Candidate for _____ years.

I have supervised the Candidate from _____ month/year to _____ month/year

for _____ hours per month. Total number of supervision hours completed: _____

These supervision hours were achieved:

_____ in person (not via electronics) _____ online _____ by phone _____ other electronic means (audio/videotape)

The setting(s) for the supervision provided was/were:

The Candidate performed _____ hours of sex therapy under my supervision.

List the type of sex-related problems that were dealt with in therapy by the Candidate. (Attach additional sheet if necessary.)

Please attach an endorsement letter to this form, highlighting your experience as the professional supervisor of the candidate, the nature of your professional relationship and your overall impressions of their strengths, competence and readiness to be certified, as well as any challenges that may impair competence.

Name (Print)

Signature

Address

Title

Telephone

Date

Telephone

Email



Certificate of Endorsement Professional Colleague

Candidate's name: _____

I, _____, desire to endorse the
above Candidate for AASECT Certification as a Sex Therapist.

I have reviewed the [AASECT Code of Ethics](#) and by signing this form attest to the Candidate's ability to adhere to this Code of Ethics with the highest level of professionalism.

I have known the Candidate for _____ years.

Please attach an endorsement letter to this form, highlighting the applicant's competence as a sex therapist, the nature of your collegial relationship and your overall impressions of their strengths and readiness to be certified, as well as any challenges that may impair competence.

Printed Name _____ Date _____

Signature _____ Title _____

Address _____

Email _____ Phone _____



Certificate for Supervisory Activity of Short Duration

Candidate's name: _____

I, _____, verify that the above Candidate for AASECT Certification as a Sex(uality) _____ has participated in individual and/or group supervisory activity with me for _____ hour(s).

I am currently an AASECT Certified _____.

I am currently an AASECT Certified Supervisor yes no

I have known the candidate for _____ day(s) week(s) month(s) year(s)

The supervisory activity took place from _____ to _____.
(M/D/Y) (M/D/Y)

The setting(s) for this supervision clinical experience was:

The types of sex-related problems discussed during this supervision were:

Printed Name _____ Date _____

Signature _____ Title _____

Address _____

Email _____ Phone _____



Endorsement Form for Group Supervisory Activity

Candidate's name: _____

I, _____, verify that the above Candidate for AASECT Certification as a Sex(uality) _____ has participated in group supervisory activity with me for _____ hour(s).

I am currently an AASECT Certified _____.

I am currently an AASECT Certified Supervisor yes no

I have known the candidate for _____ month(s) year(s)

The supervisory activity took place from _____ to _____.
(M/D/Y) (M/D/Y)

The setting(s) for this supervision clinical experience was:

The types of sex-related problems discussed during this supervision were:

Please attach an endorsement letter to this form, highlighting the candidate's participation in group supervision, including strengths as well as challenges that might impair competence, and your impressions of the candidate's competence and readiness to be certified by AASECT as sex therapist/sexuality counselor/sexuality educator.

Printed Name _____ Date _____

Signature _____ Title _____

Address _____

Phone _____ Email: _____