

AASECT Certification Application Sexuality Counselor

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 Bachelor's degree)

IV. General Eligibility

Please attach your curriculum vitae or resume, making sure to include details that account for the total hours of your work experience. (Activities that qualify as professional sexuality counseling experience may be referenced here <https://www.aasect.org/sexuality-counselor-requirements>.)

V. Human Sexuality Education: Core Knowledge

Please list below a minimum of ninety (90) clock hours of Human Sexuality Education. Applicants must document all hours earned and must have earned 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, familial factors (e.g., ethnicity, culture, religion, spirituality, socioeconomic status, family values,) in relation 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</p>	

functioning and behavior, from optimal to problematic, including but not limited to 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 Counseling Training

The applicant shall have completed a minimum of sixty (60) clock hours of training in how to effectively carry out (do) sexuality counseling with patients/clients/couples/families/groups.

A portion of the 60 hours in sexuality counseling training may be in general education (e.g., undergraduate or graduate courses in theory and methods of counseling), but at least thirty (30) hours must be in sexuality education. Sources of sexuality education training may include academic college or university credit courses, professional education workshops, or practicum experiences.

Applicants are required to document at least three (3) hours in each content area listed below, with a maximum of twenty (20) hours in any one content area **A – F** below:

Core Area	Course Title	Institution	Date (month/year)	Hours/Week
A. Theory and methods of personal/individual counseling				
B. Theory and methods of sexuality counseling approaches to specific populations (e.g., youth, older, adult, couples, LGBTQ people, people with disabilities, ethnic/cultural/faith-based populations)				
C. Theory and methods of different approaches to intervention in relationship systems				
D. Theory and methods of decision-making concerning sexually related medical interventions				
E. Ethical issues in sexuality counseling				
F. Theory and practice of consultation, collaboration, and referral				

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 sexuality counseling, including how the SAR affected that philosophy.

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

Position	Setting	Date (month/year)	Total Hours

Check type of setting:

- | | | |
|---------------------------|-----------------------|------------------------------------|
| Medical office and clinic | Human Service Agency | Community and public health clinic |
| Family planning center | Rape crisis center | College and university |
| Professional school | Religious Institution | Other |

IX. Supervision

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

List below the thirty (30) hours of supervision you have had with AASECT Certified Sexuality Counselor Supervisors with whom you are under contract.

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>.

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 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.

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
Sexuality Counselor Certification.

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

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 sexuality counseling 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

Date

Telephone

Email



Certificate of Endorsement Professional Colleague

Candidate's name: _____

I, _____, desire to endorse the
above Candidate for AASECT Certification as a Sexuality Counselor.

I have reviewed the [AASECT Code of Ethics](#) and 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 your experience as a professional colleague of the candidate, the nature of your collegial relationship and your overall impressions of their strengths, competence and readiness to be certified, as well as any challenges that may impair competence.

Printed Name _____ Date _____

Signature _____ Title _____

Address _____

Email _____ Phone _____



Certificate of Endorsement Professional Colleague

Candidate's name: _____

I, _____, desire to endorse the
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I have reviewed the [AASECT Code of Ethics](#) and 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 your experience as a professional colleague
of the candidate, the nature of your collegial relationship and your overall impressions of their strengths,
competence and readiness to be certified, as well as any challenges that may impair competence.

Printed Name _____ Date _____

Signature _____ Title _____

Address _____

Email _____ Phone _____

