

## AASECT Sexuality Counselor Supervisor Certification Application

Applicants will be evaluated on the basis of the requirements for AASECT Certified Sexuality Counselor Supervisor in effect as of January 1, 2015. Only those members whose application information and documentation meet those requirements are eligible for certification. Please read the instructions carefully and include all required documentation. To review requirements, please visit - <https://www.aasect.org/certification/supervisor-sexuality-counselor-requirements>.

### Applicant must submit:

- Documentation of current AASECT Membership.
- Documentation of initial date of AASECT Sexuality Counselor Certification. Applicant must be certified by AASECT as a Sexuality Counselor for a minimum of three (3) years.
- Current curriculum vitae (CV)
- Documentation of a minimum of thirty (30) hours of “supervision of supervision” of sexuality counselor(s) from an AASECT Certified Sexuality Counselor Supervisor or Sex Therapist Supervisor. Applicants must also include a copy of their supervision contract along with all of the supporting documents as stated on the website page, “Supervision Guidelines,” <https://www.aasect.org/guidelines-supervision>.
- Written summary (two-four pages) of the applicant's supervision of at least one sexuality counselor supervisee, including the applicant's supervisory style and the utilization of concepts deemed appropriate to the specific case. The summary should focus on the supervision process provided by the supervisor-in-training.
- Written endorsements/letters of recommendation from two (2) professional colleagues, in addition to the endorsement from the AASECT Certified Supervisor who are able to evaluate the applicant's fitness for designation as an AASECT Certified Sexuality Counselor Supervisor.
- Non-refundable application fee of \$300.00.

### Application Submission and Payment

Send completed application with all supporting documentation in no more than 2 PDF files to [certification@aasect.org](mailto:certification@aasect.org). To pay your application fee by credit card online, please email [certification@aasect.org](mailto:certification@aasect.org) for instructions and details. Please submit all pages of the application in English.

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(Applicant's Name)

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(Date)

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(Applicant's Signature)

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(Email)

## Certificate of Endorsement Form – Certified Sexuality Counselor Supervisor

Candidate's name: \_\_\_\_\_

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

I am currently an AASECT Certified Sex Therapist Supervisor    Yes    No

I am currently an AASECT Certified Sexuality Counselor Supervisor    Yes    No

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

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

In total, we have completed \_\_\_\_\_ hours of group and \_\_\_\_\_ hours of individual supervision.

The Candidate performed \_\_\_\_\_ hours of sexuality counselor supervision under my supervision.

These hours of supervision were conducted:

- In-person (not via electronics) \_\_\_\_\_
- Online (chatting or email) \_\_\_\_\_
- Phone or Skype / FaceTime \_\_\_\_\_
- Other electronic means (audio/videotape) \_\_\_\_\_

Please provide some comments, or attach an endorsement letter to this form, highlighting the candidate's qualifications as a Supervisor and supervision activities, including any condition that might impair competence.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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