



35 E Wacker Drive • Suite 850 • Chicago, IL • 60601 • 202.449.1099 • [certification@aasect.org](mailto:certification@aasect.org)

## AASECT Sexuality Educator Supervisor Certification

Sex education, sexuality counseling and sex therapy are *separate disciplines*, not levels of expertise within one discipline or field. When considering which certification for which you wish to apply, you should consider your existing field of expertise and work. Are you primarily an educator, perhaps leading workshops, teaching classes, or organizing and facilitating seminars? Are you primarily a counselor, perhaps working in a clinical or medical setting, giving specific suggestions and advice? Are you primarily a therapist, working with people in individual, partners or family sessions on various sex-related issues? Each of these disciplines requires its own set of skills and knowledge. Use these questions to guide you in your choice of application.

### Applicant must submit:

- Documentation of current AASECT Membership.
- Documentation of initial date of AASECT Sexuality Educator Certification. Applicant must be certified by AASECT as a Sexuality Educator for a minimum of three (3) years.
- Copy of supervision contract(s) and a copy of the approval notification email(s).
- Documentation of a minimum of fifteen (15) hours of being supervised providing supervision to sexuality educator(s), by an AASECT Certified Sexuality Educator Supervisor.
- Current curriculum vitae (CV)
- The applicant will submit a written summary of two to four (2-4) pages of the applicant's supervision of at least one sexuality educator supervisee, including the applicant's supervisory style and the utilization of concepts deemed appropriate to the specific educational setting. The summary should focus on the supervisory process.
- A listing of supervisory educational experiences with diverse populations and settings.
- Written endorsements from two (2) professional colleagues who are able to evaluate the applicant's fitness for designation as an AASECT Certified Sexuality Educator Supervisor. This evaluation is to include assessment of the applicant's knowledge of the general field of human sexuality and providing specifically sexuality education; skill as an educator in general and specifically as a sexuality educator; capacity for serving in the role of a supervisor; general ability to assume responsibilities; and ethical professional behavior.
- 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 Educator Supervisor

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

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

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

I am currently an AAASECT Certified Sexuality Educator 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 educator supervision under my supervision.

These hours of supervision were conducted:

- In-person (not via electronics)
- Online
- Phone
- 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: \_\_\_\_\_