



## 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 approved 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.
4. The **non-refundable** application fee of \$300.00 is required before the review process begins. To pay online, please email [info@aasect.org](mailto:info@aasect.org) for instructions. Please make checks payable to AASECT.
5. It is preferred that complete applications with all supporting documentation be emailed to [info@aasect.org](mailto:info@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. Applicant's supervisor must sign off on the application:  
"I have reviewed and approved this application for AASECT Certification." \_\_\_\_\_  
Supervisor Name & Signature

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

**II. Your Signature:** \_\_\_\_\_

By signing this application, you confirm that you have read the [AASECT Code of Ethics](#) and agree to be bound by them. You also acknowledge that there is no mention of AASECT on any of your websites (personal and professional), nor in any of your printed promotional material. You also acknowledge that you have not presented yourself as being AASECT Certified.

### 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.

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Attach an official transcript of your highest earned academic degree. (minimum of Bachelor's degree)

Please attach your curriculum vitae or resume with total hours of work experience. (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 states 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 |
|--|--------------|-------------|-------------------|------------|
| <b>A.</b> Ethics and ethical behavior  |              |             |                   |            |
| <b>B.</b> Developmental sexuality from a bio-psycho-social perspective across the life course  |              |             |                   |            |
| <b>C.</b> Socio-cultural, familial factors (e.g., ethnicity, culture, religion, spirituality, socioeconomic status, family values,) in relation to sexual values and behaviors |              |             |                   |            |

|   |  |
|---|--|
| <p><b>D.</b> 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><b>E.</b> Intimacy skills (e.g., social, emotional, sexual), intimate relationships, interpersonal relationships and family dynamics</p>   |  |
| <p><b>F.</b> Diversities in sexual expression and lifestyles, including, but not limited to polyamory, swinging, BDSM and tantra</p>  |  |
| <p><b>G.</b> Sexual and reproductive anatomy/physiology</p>   |  |
| <p><b>H.</b> 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><b>I.</b> Range of sexual 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</p>   |  |

|   |  |
|---|--|
| 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, attached.

**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. Of these sixty (60) hours of specialty training in sex therapy, thirty (30) hours may be earned through eLearning. The remaining thirty (30) hours (non-eLearning) must be in-person learning. (Synchronous eLearning does not apply for these remaining thirty (30) hours.)

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 |
|--|--------------|-------------|-------------------|------------|
| <b>A.</b> Theory and methods of sex-related psychotherapy, including several different models  |              |             |                   |            |
| <b>B.</b> Techniques of sex-related assessment and diagnosis of the 'Psychosexual Disorders' described in the current edition of the <i>DSM</i>  |              |             |                   |            |
| <b>C.</b> Theory and methods of approach to intervention in relationship systems experiencing sex and intimacy problems  |              |             |                   |            |
| <b>D.</b> Theory and method of approach to medical intervention in the evaluation and treatment of psychosexual disorders  |              |             |                   |            |
| <b>E.</b> Principles of consultation, collaboration and referral   |              |             |                   |            |
| <b>F.</b> Ethical decision-making and best practice  |              |             |                   |            |
| <b>G.</b> Practicum Experience (demonstrated by internships, field work practicums in graduate school, the required number of supervised hours toward state licensure and 300 hours of experience doing sex therapy) |              |             |                   |            |

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 hours of therapy with:

(1) couples \_\_\_\_ (2) adult males \_\_\_\_ (3) adult females \_\_\_\_ (4) children \_\_\_\_ (5) families \_\_\_\_

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

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

List hours of therapy with:

(1) couples \_\_\_\_ (2) adult males \_\_\_\_ (3) adult females \_\_\_\_ (4) children \_\_\_\_ (5) families \_\_\_\_

### 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 the email notification approving your supervision.

**Total Hours (Individual Supervision):** \_\_\_\_\_

#### Small Group Supervision

| Name of Supervisor | Setting | Start & End Dates | Total Hours |
|--------------------|---------|-------------------|-------------|
|                    |         |                   |             |
|                    |         |                   |             |
|                    |         |                   |             |

Attach a copy of the email notification approving your supervision.

**Total Hours (Group Supervision):** \_\_\_\_\_

**X. Attach the following endorsements:**

- A. Certificate of Endorsement Professional Supervisor
- B. Certificate of Endorsement Character
- C. Certificate of Endorsement Professional Colleague

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.

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
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: \_\_\_\_\_

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

These 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:

List the number of cases seen by the Candidate under my supervision:

\_\_\_\_\_ Adult males \_\_\_\_\_ Adult females \_\_\_\_\_ Gender diverse \_\_\_\_\_ Adolescents
\_\_\_\_\_ Adult couples \_\_\_\_\_ Children \_\_\_\_\_ Families \_\_\_\_\_ Other

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email





## Certificate of Endorsement Character Reference

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 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 (minimum of two years).

Would you recommend the Candidate for AASECT Sex Therapist Certification?      Yes      No

Please attach an endorsement letter to this form attesting to the candidate's personal character, integrity  
and professional ethics, including any challenges that might impair competence.

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

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

Address \_\_\_\_\_

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



## 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 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.

Using the scale below, please rate the Candidate's overall ability as a sex therapist:

Excellent                  Very good                  Good                  Fair                  Poor

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

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

Address \_\_\_\_\_

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

