



AASECT Certification Renewal Application Sex Therapist Supervisor

Please type or print all information below, indicate responses where required, sign in the appropriate spaces and return with the required enclosures to the AASECT office. Please note that this is not an AASECT membership dues statement. **As a reminder, renewal of AASECT Certification is required every three (3) years.**

Name*: _____
(*Enter name as it should appear on the certificate, including credentials.)

Company/Organization Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Email: _____

Original Date of AASECT Sex Therapist Supervisor Certification: _____

Sex Therapist Supervisor Certification Renewal Fee: \$50.00

Payment Method: _____ Credit card: (202) 449-1099

_____ Check/money order (enclosed)

Print legibly using either black or blue ink, or type. Keep a photocopy for your records. Submit this certification renewal application, a copy of your current AASECT Certification certificate, a copy of your license (if applicable) and payment information.

Mail to:

American Association of Sexuality Educators, Counselors and Therapists (AASECT)
Alphonsus Baggett, MEd
DED/Director, Education & Certification
1444 I Street, NW, Suite 700
Washington, DC 20005
USA

1. What is the current status of your practice as a sex therapist supervisor? Please outline your work as a sex therapist supervisor. For example, indicate your place of employment, types of sexual disorders or problems which you treat and the approximate number of hours spent as a sex therapist supervisor per week since you were last certified.

2. Are you currently state licensed or national board certified? Yes No

If 'yes', please provide a copy of your current license or national board certification, including the expiration date. If 'no', please explain.

3. Do you expect to continue working as a sex therapist supervisor in the next three (3) years? Yes No

4. Have you ever been disciplined for professional or ethical misconduct? Yes No

5. Is any action pending against you for professional or ethical misconduct? Yes No

6. I certify that I will abide by the [AASECT Code of Ethics](#). Yes No

7. List the continuing education (CE) programs in which you have participated since your last AASECT Certification renewal. **Twenty (20) CE credits are required – of which a minimum of five (5) must be AASECT approved or sponsored.** These would include: courses of study, seminars, workshops and other training programs. Please continue listings on an additional page if more space is required.

a) List AASECT sponsored CE programs. For example, AASECT's *Annual Conference*, *Summer and Winter Institutes* and *Regional Meetings*. Please list the titles of workshops, seminars, etc.; the names of sponsoring bodies; dates attended and the number of CE credits obtained for each educational experience. Please continue listings on an additional page if more space is required.

b) List AASECT approved CE programs. For example, CE opportunities which are approved by the AASECT Professional Education Steering Committee (PESC). Please list the titles of the workshops, seminars, etc.; the names of sponsoring bodies; dates attended and the number of CE credits obtained for each educational experience. Please continue listings on an additional page if more space is required.

c) List non-AASECT sponsored or approved CE programs. Please list the titles of workshops, seminars, etc.; the names of sponsoring bodies; dates attended and the number of CE credits obtained for each educational experience. Please note that two (2) hours of non-AASECT sponsored or approved CE credit is equivalent to one (1) credit of AASECT CE credit. Please continue listings on an additional page if more space is required.

d) If applicable, please list CE alternatives as described in the certification renewal criteria and policies on the AASECT website (<https://www.aasect.org/certification/certification-renewal-criteria-and-policies>). Please provide bibliographical references for any published work, relevant references or citations for teaching tools, training programs or other presentations and the number of hours of CE credits claimed for each option listed.

Total CE credits claimed: _____

By my signature here, I confirm that the information provided in this renewal application is true and accurate, to the best of my knowledge.

Signature

Date



Additional information from previous questions:
(This page has been intentionally left blank for your use.)