



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 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.
5. Applications that are complete with all supporting documentation may be either emailed (one single email) to info@aasect.org with one to two PDF attachments or mailed to the office at AASECT, 1444 I Street, NW, Suite 700, Washington, DC 20005. **The application should 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 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 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 with total hours of 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 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				
C. Socio-cultural, familial factors (e.g., ethnicity, culture, religion, spirituality, socioeconomic status, family values,) in relation to sexual values and behaviors				

<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 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. Sexuality Counseling Training

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

A portion of these hours in sexuality counseling training may be in general counseling (e.g., undergraduate or graduate courses in theory and methods of counseling), but at least thirty (30) hours must be in sexuality counseling. Sexuality counseling training may have been obtained through academic (college or university) credit courses, 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 education, including how the *SAR* affected that philosophy.

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

Please list below your clinical experience, fieldwork or practicum training experience in supervised sexuality counseling. (minimum of 100 hours)

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 an AASECT Certified Sexuality Counselor Supervisor with whom you are under contract.

Name of Supervisor	Setting	Start & End Dates	Total Hours

Attach a copy of the email notification approving your supervision.

X. Attach the following endorsements:

- Certificate of Endorsement Professional Supervisor
- Certificate of Endorsement Character
- 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.

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: _____

The Candidate performed _____ hours of sexuality counseling under my supervision.

These hours were achieved:

_____ in person (not via electronics) _____ online _____ by phone _____ other electronic means (audio/videotape)

The setting(s) for this supervised clinical experience:

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 counseling by the Candidate. (Attach additional
sheet if necessary.)

Name (Print)

Signature

Address

Title

Date

Telephone

Email



**Certificate of Endorsement
Professional Colleague
Requirement X**

Ref: _____
(Candidate's Name)

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

To the best of my knowledge, the Candidate meets the qualifications for AASECT Certification effective
June 6, 2012 and as stated in the *Bylaws* of AASECT.

I have known the Candidate for _____ years.

Comments on Candidate's qualifications and activities:

Would you recommend the Candidate for AASECT Sexuality Counselor Certification? Yes No

Using the scale below, rate the Candidate's overall ability as a sexuality counselor.

Excellent Very good Good Fair Poor

Name (Print)

Signature

Address

Title

Telephone

Date

Telephone

Email