



APPLICATION FOR AASECT CERTIFICATION SEXUALITY EDUCATOR

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

INSTRUCTIONS

Note: Applicants will be evaluated on the basis of the requirements in effect **at the time their contract was approved to start supervision**. Only those members whose application information meets the requirements for certification prior to the date of application are eligible for certification. Applications must be complete before they are reviewed.

Click here for details surrounding interruption(s) of supervision:
<http://www.aasect.org/guidelines-supervision#interruptingsupervision>.

Please read instructions carefully, and include all required documentation.

1. Fill out completely all pages of the application form in English.
2. Applicant's signature must appear as designated on the final page of the application.
3. Applicants must assure submission of endorsement forms, transcripts and other relevant supporting materials to accompany this application.
4. The non-refundable application fee of \$300.00 must accompany the application.
5. Mail completed application with all supporting documentation to AASECT at 1444 I Street, NW, Suite 700, Washington, DC 20005. **Mail only one application to the office with no staples, page protectors, tabs, binders or notebooks. Each sheet should be an 8 1/2 X 11 piece of paper (one-sided). Sheets of paper can be put between each section labeled "5a, 5b, 5c, etc." to separate sections. Keep one complete copy for your records.**

I. AASECT Membership: Please send 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.

III. Academic and Professional Experience, and Resume

A. Please list below your **earned academic degrees**.

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)

B. Please attach your curriculum vitae or resume with total hours of work experience. (**“Activities that Qualify as Professional Sexuality Education Experience” may be referenced here:** [https://www.aasect.org/certification/aasect-requirements-sexuality-educator-certification.](https://www.aasect.org/certification/aasect-requirements-sexuality-educator-certification))

IV. Human Sexuality Education: Core Knowledge

Please list below a minimum of ninety (90) clock hours of Human Sexuality Education.

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, relationship and family dynamics</p>	
<p>F. Diversities in sexual expression and lifestyles, including, but not limited to Polyamory, swinging, BDSM, 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 and penetration problems, difficulty with orgasm</p>	
<p>J. Sexual exploitation, including sexual abuse, sexual harassment, and sexual assault</p>	

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: _____

V. Sexuality Education Training

The applicant shall have completed a minimum of sixty (60) clock hours of training in how to effectively carry out (do) Sexuality Education. Of these sixty (60) hours of Specialty Training in Sexuality Education, 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 Education Training may be in general education (e.g., undergraduate or graduate courses in theory and methods of education), but at least thirty (30) hours must be in Sexuality Education. Sexuality Education Training may have been obtained through academic 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 – E** below:

Core Area	Course Title	Institution	Date (month/year)	Hours/Week
A. Sexuality education training will include, but is not limited to: theory and methods of general education (including curriculum development, delivery, and evaluation)				
B. Theory and methods of sexuality education (including curriculum development, delivery, and evaluation)				
C. Ethical issues in sexuality education				
D. Theory and methods of approaches to sexuality education with specific populations (e.g., youth, older adults, couples, ethnic/ cultural/ faith-based populations, LGBTQ people, people with disabilities)				
E. Theory and methods of different approaches to sexuality education delivery (e.g., small group work, one-on-one education, large group lectures or interaction, online delivery or use of other electronic means)				

Total Hours: _____

VI. Attitudes and Values Training Experience (SAR)

Attach copy of CE certificate/certificate of attendance.

Title	Sponsor/Leader	Date (month/year)	Hours
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Attach a one page comprehensive statement of your professional philosophy and goals of sex education, including how the SAR affected that philosophy.

VII. Supervision

The applicant will have completed supervision of at least twenty-five (25) hours with an AASECT Certified Sexuality Educator Supervisor with whom you are under contract.

Name of Supervisor	Setting	Date (month/year)	Hours
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Attach a copy of the email notification approving your supervision.

In the space below, please provide any additional information you believe may be relevant for the committee in examining your application.

VIII. Attach the following endorsements:

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

The foregoing information has been voluntarily supplied by the undersigned for the purpose of being certified as a Sexuality Educator, with the understanding that it will be reviewed by the Sexuality Educator Certification Committee of AASECT and that, in the process of verification of the facts stated in this 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 favorably acted upon, 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 VIII

Ref: _____
(Candidate's Name)

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

I am currently an AASECT Certified Sexuality Educator. Yes No

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

If "no" please attach documentation concerning your qualifications (training and experience and related
credentials) as a Sexuality Educator.

I have known the Candidate for _____ years.

I have supervised the Candidate from _____ (month/year) to _____

(month/year) for _____ hours per _____.

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

The setting(s) for this supervised experience:

The population the Candidate worked with under my supervision included (check all that apply):

- Adult males Adult females Gender diverse Adolescents
Parents Children Families Other _____

What type of educational programs did the Candidate provide while in supervision with you? (Attach an
additional sheet if necessary.)

Name (Print) Signature Date



**CERTIFICATE OF ENDORSEMENT
CHARACTER
REQUIREMENT VIII**

Ref: _____
(Candidate's Name)

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

To the best of my knowledge, the Candidate meets the qualifications for certification and as stated on
www.aasect.org and 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 Educator Certification?

Yes

No

Using the scale below, rate the Candidate's overall ability as a Sexuality Educator.

Excellent

Very good

Good

Fair

Poor

Name (Print)

Signature

Address

Title

Date

Telephone



**CERTIFICATE OF ENDORSEMENT
PROFESSIONAL COLLEAGUE
REQUIREMENT VIII**

Ref: _____
(Candidate's Name)

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

To the best of my knowledge, the Candidate meets the qualifications for certification and as stated on
www.aasect.org and 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 Educator Certification?

Yes

No

Using the scale below, rate the Candidate's overall ability as a Sexuality Educator.

Excellent

Very good

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Name (Print)

Signature

Address

Title

Telephone

Date

Telephone