



american association of sexuality educators, counselors and therapists

APPLICATION FOR AASECT CERTIFICATION SEXUALITY COUNSELOR

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE : _____ FAX: _____ E-MAIL: _____

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 who meet 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 all 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 by 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. Education and Resume

A. Please list below your earned academic degrees. (Please attach your diploma(s).)

<i>Degree</i>	<i>Department/Field</i>	<i>Institution</i>	<i>Year Awarded</i>

- 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.

IV. Human Sexuality Education: Core Knowledge

Please list below a minimum of ninety (90) clock hours of Human Sexuality Education, as well as a minimum of three (3) clock hours of Ethics.

<i>Core Areas</i>	<i>Course Title</i>	<i>Institution</i>	<i>Hours/Week</i>	<i>Dates (month/year)</i>
Ethics and ethical behavior				
Developmental sexuality from a bio-psycho-social perspective across the life course				
Socio-cultural, familial factors (e.g., ethnicity, culture, religion, spirituality, socioeconomic status, family values,) in relation to sexual values and behaviors				
Issues related to Sexual Orientation and/or Gender Identity: heterosexuality, issues and themes impacting lesbian,				

<p>gay, bisexual, pansexual, asexual people, gender identity and expression</p>	
<p>Intimacy skills (e.g., social, emotional, sexual), intimate relationships, interpersonal, relationship and family dynamics</p>	
<p>Diversities in sexual expression and lifestyles, including, but not limited to Polyamory, swinging, BDSM, tantra</p>	
<p>Sexual and reproductive anatomy/physiology</p>	
<p>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>Range of sexual functioning and behavior, from optimal to problematic, including but not limited to common issues such as: desire</p>	

discrepancy, lack of desire, difficulty achieving or maintaining arousal, sexual pain and penetration problems, difficulty with orgasm	
Sexual exploitation, including sexual abuse, sexual harassment, and sexual assault	
Cyber sexuality and social media	
Substance use/abuse and sexuality	
Pleasure enhancement skills	
Learning theory and its application	
Professional communication and personal reflection skills	
History of the discipline of sex research, theory, education, counseling, and therapy	
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. Please list below a minimum of sixty (60) clock hours of Sexuality Counselor Training.

<i>Core Areas</i>	<i>Course Title</i>	<i>Institution</i>	<i>Hrs.s/Week</i>	<i>Dates (month/year)</i>
Theory & Methods Personal Counseling				

Theory & Methods Sexuality Counseling	
Theory & Methods of Approach to Intervention in Relationship Systems	
Theory & Methods of Decision-making Concerning Sexually Related Medical Interventions	
Ethical Issues in Sexuality Counseling	
Theory and Practice of Consultation, Collaboration, and Referral	

These courses must appear on your academic transcript, submitted under requirement III, or be supported by CE certificates, attached.

Total Hours _____

VI. Attitudes and Values Training Experience (SAR) Attach copy of CE certificate/certificate of attendance.

<i>Title</i>	<i>Sponsor/Leader</i>	<i>Hours</i>	<i>Dates (month/year)</i>
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VII. Professional Philosophy

Attach a one page comprehensive statement of your professional philosophy and goals of sexuality counseling, including how the SAR affected that philosophy.

VIII. Please list below your *clinical, fieldwork or practicum training experience* in supervised sexuality counseling. (Minimum of one hundred (100) hours)

<i>Position</i>	<i>Setting</i>	<i>Date (month/year)</i>	<i>Hours</i>
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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
- School
- Professional school
- Religious institution

List kinds of sexuality issues of clients in this setting:

IX. List below the thirty (30) hours of *Supervision* you have had with an approved supervisor with whom you are under contract.

<i>Supervisor</i>	<i>Setting</i>	<i>Start & End Dates</i>	<i>Total Hours</i>
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Attach a copy of the letter approving your supervision.

X. Additional *documentation* submitted. Attach the following endorsements:

- 1) Certificate of Endorsement Clinical Supervisor
- 2) Certificate of Endorsement Professional Colleague
- 3) Certificate of Endorsement Character

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

Acceptance of membership in AASECT connotes acceptance by the member of the AASECT Code of Ethics, a copy of which has been reviewed by the applicant, as it may be amended in accordance with the AASECT Bylaws, and shall constitute the member's agreement to carry on the profession of Sexuality Counselor, as the case may be, in conformity with Part A of the Code and to be bound by the procedural provisions of Part B.

I agree to accept the AASECT Code of Ethics.

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
CLINICAL SUPERVISOR
REQUIREMENT IX**



Ref: _____
(Candidate's Name)

I, _____, desire to endorse the above Candidate for AAASECT certification as a Sexuality Counselor.

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

I am currently an AAASECT Certified Sexuality Counselor Yes No

I am currently an AAASECT Certified Sex Therapist Yes No

I am currently an AAASECT Certified Supervisor Yes No

If "no" please attach documentation concerning your qualifications (training and experience, and related credentials) as a sexuality counselor.

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 counseling under my supervision.

The setting(s) for this supervised clinical experience: _____

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

_____ adult males _____ adult couples _____ adolescents _____ adult females

_____ children _____ families _____ gender diverse

List type of sex-related problems that were dealt with in counseling by the Candidate:
(Attach an additional sheet.)

Name Signature Date

Address Title

AAASECT 1444 I Street, NW, Suite 700, Washington, DC, 20005

Requirement IX

**CERTIFICATE OF ENDORSEMENT
CHARACTER
REQUIREMENT IX**



Ref: _____
(Candidate's Name)

I, _____, desire to endorse the above candidate for AASECT certification as a Sexuality Counselor.

To the best of my knowledge, the Candidate meets the qualifications for certification effective June 6, 2012 and as stated in the Bylaws of AASECT. I have known the Candidate for _____ years.

Please attach an endorsement letter including any condition that would impair competence.

Would you recommend the Candidate for certification as a Sexuality Counselor? 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

Date

Telephone

**CERTIFICATE OF ENDORSEMENT
PROFESSIONAL COLLEAGUE
REQUIREMENT IX**



Ref: _____
(Candidate's Name)

I, _____, desire to endorse the above candidate for AASECT certification as a Sexuality Counselor.

To the best of my knowledge, the Candidate meets the qualifications for certification effective June 6, 2012 as stated in the Bylaws of AASECT. I have known the Candidate for _____ years.

Please attach an endorsement letter including any condition that would impair competence.

Would you recommend the Candidate for certification as a Sexuality Counselor? 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

Date

Email

Telephone