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AASECT Sexuality Counselor Supervisor Certification Application

Sex education, sexuality counseling and sex therapy are *separate disciplines*, not levels of expertise within one discipline or field. When considering which certification for which you wish to apply, you should consider your existing field of expertise and work. Are you primarily an educator, perhaps leading workshops, teaching classes, or organizing and facilitating seminars? Are you primarily a counselor, perhaps working in a clinical or medical setting, giving specific suggestions and advice? Are you primarily a therapist, working with people in individual, partners or family sessions on various sex-related issues? Each of these disciplines requires its own set of skills and knowledge. Use these questions to guide you in your choice of application.

Applicants will be evaluated on the basis of the requirements for AASECT Certified Sexuality Counselor Supervisor in effect as of January 1, 2015. Only those members whose application information and documentation meet those requirements are eligible for certification. Please read the instructions carefully and include all required documentation. To review requirements, please visit - <https://www.aasect.org/certification/supervisor-sexuality-counselor-requirements>.

Applicant must submit:

- Documentation of current AASECT Membership.
- Documentation of initial date of AASECT Sexuality Counselor Certification. Applicant must be certified by AASECT as a Sexuality Counselor for a minimum of three (3) years.
- Current curriculum vitae (CV)
- Documentation of a minimum of thirty (30) hours of “supervision of supervision” of sexuality counselor(s)
- from an AASECT Certified Sexuality Counselor Supervisor or Sex Therapist Supervisor. Please also include copies of supervision contract(s) and a copy of the approval notification email(s).
- Written summary (two-four pages) of the applicant's supervision of at least one sexuality counselor supervisee, including the applicant's supervisory style and the utilization of concepts deemed appropriate to the specific case. The summary should focus on the supervision process provided by the supervisor-in-training.
- Written endorsements/letters of recommendation from two (2) professional colleagues, in addition to the endorsement from the AASECT Certified Supervisor who are able to evaluate the applicant's fitness for designation as an AASECT Certified Sexuality Counselor Supervisor.
- Non-refundable application fee of \$300.00.

Application Submission and Payment

Send completed application with all supporting documentation in no more than 2 PDF files to info@aasect.org. To pay your application fee by credit card online, please email info@aasect.org for instructions and details. Please submit all pages of the application in English.

(Applicant's Name)

(Date)

(Applicant's Signature)

(Email)



Certificate of Endorsement Form – Certified Sexuality Counselor Supervisor

Candidate's name: _____

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

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

I am currently an AASECT Certified Sex Therapist Supervisor Yes No

I am currently an AASECT Certified Sexuality Counselor Supervisor Yes No

I have known the Candidate for _____ years.

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

In total, we have completed _____ hours of group and _____ hours of individual supervision.

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

These hours of supervision were conducted:

- In-person (not via electronics)
- Online
- Phone
- Other electronic means (audio/videotape)

Please provide some comments, or attach an endorsement letter to this form, highlighting the candidate's qualifications as a Supervisor and supervision activities, including any condition that might impair competence.

Printed Name _____ Date _____

Signature _____ Title _____

Address _____

Phone _____ Email: _____