



35 E. Wacker Drive • Suite 850 • Chicago, IL • 60601 • 202.449.1099 • info@aasect.org

Cover Letter for Application for AASECT Certification (Template)

Applicant's Full Name, Credentials
Applicant's Present Address
Applicant's City, State/Province, Zip
Applicant's Country
Applicant's Telephone Number
Applicant's Email Address
Applicant's Primary Supervisor's Name

Date

Kellie Braband
Director of Programming
AASECT
35 E. Wacker Drive, Suite 850
Chicago, IL 60601
USA

Dear Ms. Braband,

Enclosed please find my completed application, application fee and supporting documentation for AASECT Sex Therapist (Counselor, Educator) Certification, which I am submitting for review. I have the highest regard for AASECT, and I feel privileged to have completed the certification requirements. For the sake of convenience, I have numbered the pages of my application, and on page two you will find a Table of Contents.

Thank you for considering my application. I invite you to contact me should there be any questions or need for additional information.

Sincerely,

Applicant's Name
Applicant's AASECT Member ID#

Enclosed: AASECT Sex(uality) (Therapist, Counselor, Educator) Certification Application, and Supporting Documents