

Endorsement Form for Group Supervisory Activity

Candidate's name:			
I,			, verify that the above
Candidate for AASECT Certification as a Sex(us			
supervisory activity with me forhou	ır(s).		
I am currently an AASECT Certified			·
I am currently an AASECT Certified Supervisor	yes	no	
I have known the candidate for	month(s)	year(s)	
The supervisory activity took place from		to	
	(M/D/Y)		(M/D/Y)
The setting(s) for this supervision clinical experi	ence was:		
The types of say related problems discussed du	uring this supers	icion woro:	
The types of sex-related problems discussed du	aring triis superv	ision were.	
Please attach an endorsement letter to this form			
supervision, including strengths as well as chall impressions of the candidate's competence and		•	•
therapist/sexuality counselor/sexuality educator			
Printed Name		Date	
Signature			
Address			
Phone		Email:	