



## Certificate of Endorsement for Supervisor-In-Training

Applicant's Name: \_\_\_\_\_

I, \_\_\_\_\_, endorse the above applicant for certification as an AASECT Certified

\_\_\_\_\_.

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

I have known the applicant for \_\_\_\_\_ years.

I have supervised the applicant from \_\_\_\_\_ to \_\_\_\_\_.

*If you were the applicant's Primary Supervisor* – I supervised the applicant for \_\_\_\_\_ hours per month.

We completed \_\_\_\_\_ hours of individual supervision and \_\_\_\_\_ hours of group supervision.

The setting(s) for the supervision provided was/were:

The candidate performed \_\_\_\_\_ hours of \_\_\_\_\_ supervision under my supervision.

*Continued on next page.*



## Certificate of Endorsement Professional Supervisor

By signing this form, I certify that:

- My applicable license and/or certificate(s) have been current and in good standing throughout the supervisory term.
- I reviewed the applicable license and/or certificate(s) of the applicant and found them to be in good standing throughout the supervisory term.
- If I provided more than 6 hours of supervision to this applicant, that I have provided them with a letter of endorsement highlighting my experience as the professional Supervisor of the applicant, the nature of our professional relationship, and my overall impressions of their strengths, competencies, and readiness to be certified, as well as any challenges that may impair competence.

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Name (Print)

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Signature

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Address (Street)

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Title

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Address (City, State, Zip/Postal, Country)

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Date

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Telephone

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Email