



Certificate of Endorsement Professional Supervisor

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.

The total number of *individual* supervision hours completed was _____.

The total number of *group* supervision hours completed was _____.

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

The applicant performed _____ hours of _____ under my supervision.

If you were the applicant's Primary Supervisor - List the types of sexuality education, sexuality counseling, or sex therapy that were provided by the Candidate (attach additional sheet if necessary).

Continued on next page.



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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.

Name (Print)

Signature

Address (Street)

Title

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

Date

Telephone

Email