

## Certificate for Supervisory Activity of Short Duration

Candidate's name: \_\_\_\_\_

I, \_\_\_\_\_, verify that the above Candidate for AASECT Certification as a Sex(uality) \_\_\_\_\_ has participated in individual and/or group supervisory activity with me for \_\_\_\_\_ hour(s).

I am currently an AASECT Certified \_\_\_\_\_.

I am currently an AASECT Certified Supervisor yes no

I have known the candidate for \_\_\_\_\_ day(s) week(s) month(s) year(s)

The supervisory activity took place from \_\_\_\_\_ to \_\_\_\_\_.  
(M/D/Y) (M/D/Y)

The setting(s) for this supervision clinical experience was:

The types of sex-related problems discussed during this supervision were:

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_