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_ _____

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