

# Participation Certificate for Supervisory Activity of Short Duration

Ref: \_\_\_\_\_  
*Candidate's Name*

I, \_\_\_\_\_,  
*Supervisor's Name*

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

I am currently an AASECT Certified \_\_\_\_\_. Yes No

I am currently an AASECT Certified Supervisor. Yes No

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

The supervisory activity was from \_\_\_\_\_ to \_\_\_\_\_.  
*date date*

The candidate performed \_\_\_\_\_ hour(s) of sex therapy or sexuality counseling under my supervision.

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

\_\_\_\_\_

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

\_\_\_\_\_

The number of cases seen by the candidate in each category under my supervision was:

Adult Male	Adult Female	Adolescents	Children
Adult Couples	Families	Gender Diverse	

Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_