



# The American Board of Sexology

Application for <b>DIPLOMATE CERTIFICATION</b>			
1.			
	Last name	First	Middle
			Degree
2.	Street Address		
3.	Address Line 2 (if needed)		
4.			
City	State	Zip-code	Country
(      )		(      )	
	Home Phone		Office Phone

## INSTRUCTIONS-Please Read Carefully

The issuance of certification documents begins at the Board office when all of the following information has been received:

1. **APPLICATION: PLEASE PRINT OR TYPE WITH BLACK RIBBON. SIGNATURE IS REQUIRED ON PAGE ONE.**
2. **PROFESSIONAL PEER ENDORSEMENT:** The **Sponsor** and **Examiner** are **required to sign page three** of the application.
3. **Photocopies** of diplomas awarded by regional or state accredited institutions to evidence degrees claimed herein must be attached.
4. Mail to: The American Board of Sexology, Post Office Box 1166, Winter Park FL 32790-1166  
Enclose required recordation fee of \$200.00 for three year certification.

### STATEMENT OF AUTHORIZATION

I hereby apply for certification by the American Board of Sexology and certify that the statements contained in this application and its attached documents (if any) are true to the best of my knowledge and belief and further acknowledge that falsification is cause for disqualification or future revocation of any certification granted. I hereby grant permission to the Board to make any inquiries it deems necessary to confirm these statements and to determine the quality of my practice. I further understand and agree that in consideration of my application, my professional standing will be reviewed and assessed by the Board; that the Board may make inquiry of the persons and institutions named in my application and of such other persons as the Board deems appropriate with respect thereto; but that I will not be advised of the identity of the persons from whom information has been requested or as to the nature of such information; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential and not subject to examination by me or by anyone acting on my behalf. And I hereby agree that if my application is not acted upon favorably, I will in no way seek to hold the Board or any of its officers, Diplomates or agents legally responsible for such action.

**X** \_\_\_\_\_  
PERSONAL SIGNATURE of APPLICANT

\_\_\_\_\_  
Date

## Requirements for Diplomate Status

1. Candidates must have an earned doctorate or terminal degree in sexology (in some cases a state license to practice as a counselor may suffice, if in an appropriate field.)
2. Candidates must have completed one hundred twenty (120) clock hours of sexological core courses.
3. Candidates must have three years professional experience in the field of clinical sexology including 50 hours of supervised practice.
4. Candidates must obtain two professional endorsements of Diplomates of The American Board of Sexology who are familiar with the methods and techniques of the candidate. The Examiner counts as one endorsement.
- 5.. Candidates must successfully complete written and oral examinations in general sexology.
6. Candidates who have successfully completed the American Academy of Clinical Sexologists postgraduate course in human sexuality will be considered to have completed all educational requirements.

**Please type or print information using upper and lower case letters**

I AM APPLYING FOR CERTIFICATION AS A DIPLOMATE WITHIN THE SPECIALTY AREA OF:

### CLINICAL SEXOLOGY

Are you certified by any other organization (medical, mental health etc.)?  Yes  No

Expiration date: \_\_\_\_\_ Name of organization: \_\_\_\_\_

Are you licensed?  Yes  No State: \_\_\_\_\_ As what? \_\_\_\_\_

## 1. Educational Background

List your highest three academic degrees.

Doctoral or terminal degree	Degree awarded by	Located in	Year
Masters / 2nd Doctorate	Degree awarded by	Located in	Year
Undergraduate	Degree awarded by	Located in	Year

## 2. List general sexology seminars and continuing education

Name of course	Sponsoring organization	Date of course	Professor/instructor
Name of course	Sponsoring organization	Date of course	Professor/instructor
Name of course	Sponsoring organization	Date of course	Professor/instructor

## 3. PROFESSIONAL EXPERIENCE in clinical sexology. List the sources of your professional experience in clinical sexology. Begin with most recent positions or situations.

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#### 4. Additional Requirements

List source(s) of 120 hours of study on theory, methods and techniques of sex therapy **or** indicate when and where you completed the American Academy of Clinical Sexologists postgraduate course.

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#### 5. Sponsor Endorsement:

Sponsor must be a Diplomat of the American Board of Sexology.

"I certify that I have read the statements made in this application and that they are complete and correct to the best of my knowledge and that I believe the applicant is eligible for certification as a Diplomat of The American Board of Sexology with certification in clinical sexology.

[1].X	
(Signature of recommending Diplomat)	(Date)
(Printed name of recommending Diplomat)	(Phone)
(Street Address)	(City) (State) (Zipcode)

#### 6. Examiner's Endorsement:


"I am the Examiner of record appointed by The Board for the purpose of determining that this candidate possesses an understanding of the concepts of the discipline of sexology put forth in The American Board of Sexology's core curriculum, **An Outline of Sexology** as determined by written and oral examinations administered according to the current rules and guidelines of The American Board of Sexology.

APPROVE FOR CERTIFICATION AS REQUESTED       DISAPPROVE FOR CERTIFICATION

[2].X	
(Signature of examining Diplomat)	(Date)
(Printed name of examining Diplomat)	(Phone)
(Street Address)	(City) (State) (Zipcode)

#### Candidate's Right of Appeal

In the event of a failure by the candidate to secure endorsement by the appointed examiner, the candidate may appeal the examiner's lack of endorsement directly to Board of Trustees of The American Board of Sexology. Return this form along with a letter in support of your candidacy to the Board. **APPEALS MUST BE LODGED WITHIN ONE YEAR OF THE EXAMINER'S DISAPPROVAL.**

 I appeals directly to The American Board of Sexology, ~~Suite 1166, 1929 18th Street NW., Washington DC 20009~~. Keep a duplicate copy of all correspondence for your records.

## This Page for Office Use Only

Application Received \_\_\_\_\_ Fee Received \_\_\_\_\_ Acknowledged \_\_\_\_\_

Recommendations received:

Sponsor \_\_\_\_\_ Examiner \_\_\_\_\_ Other \_\_\_\_\_

Examinations

Date of written examination \_\_\_\_\_ Results \_\_\_\_\_

Date of oral examination \_\_\_\_\_ Results \_\_\_\_\_

Examiner \_\_\_\_\_

Action by Board \_\_\_\_\_

Notification \_\_\_\_\_

Comments/notes

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Questions regarding the disposition of this form, or for clarification regarding recommending or endorsing Diplomates, call the Director of the Department of Certification at (800) 533-3521. **Return this form to The American Board of Sexology, ~~1929 18th Street NW, Suite 1166, Washington DC 20009~~**

