



American Association for Sex Addiction Therapy

Training Application Form

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This form must be completed and submitted prior to supervision.

After opening the file in Adobe Acrobat Reader, print off and fill out completely and legibly in blue or black ink.

Fax : 719-278-3804

Email: info@asat.org

Mail: 5080 Mark Dabbling Blvd., Colorado Springs, CO 80918
.....

Date: _____

Part 1: Pertinent Information

(As you would like it to appear on certificates. If any of your contact information changes, it is your responsibility to notify AASAT)

Name (First/Middle/Last: _____

Aliases: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Email Address: _____

Part 2: Education

Academic Institution	Date Degree Conferred
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Part 3: Licenses & Certifications

License/Certification	Date
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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<hr/>	<hr/>
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Have you ever had a certification/license suspended, revoked, or ever received disciplinary action?

Yes

No

If yes, please explain:

Part 4: Supervision

Are you currently receiving clinical supervision?

Yes

No

Supervisor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email Address: _____

Part 5: Other Associations/Organizations

Association/Organization	Date	Status Active/Inactive
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part 5: References

Provide three professional references that would write a recommendation for you to become certified

1. _____

2. _____

3. _____

How did you hear about AASAT ?

Part 6: Remember

Make sure you have included the below items with your application. If your application does not contain any of these items, it will be postponed until they are received.

Application

Copy of Current License(s)/Certificates

Degrees

Current CV/Resume

Three Letters of Recommendation

Application Fee

Photo (This may be used on your website listing)

I hereby authorize AASAT to conduct a criminal background search utilizing the above information, and I agree to pay the fee of \$25.00 for the initial search.

Payment Information:

Payment Type:

Visa

Mastercard

American Express

Discover

Name on Card: _____

Card #: _____ V Code #: _____

Exp. Date: _____

Cardholder's Signature: _____ Date:

*You may also make payment by Cash, Check, or Money Order. Please make payable to AASAT.

*Future fees for supervision will have a separate form. This will be sent to you once you are approved for