

**American Association of Certified Christian
Sexual Addiction Specialists, Inc.**



Application for Pastoral Certification

INSTRUCTIONS:

Complete this application and include all items in the following checklist. When all information is collected mail it to:

American Association of Certified Christian Sexual Addiction Specialists, Inc.
2299 Perimeter Park Drive, Suite 120
Atlanta, GA 30341

Two copies of each of the following (if mailed):

- Completed application form
- Supporting documentation for coursework
- Appendix D if applicable

One copy of each of the following:

- Official transcript from each graduate or specialization program attended
- Copy of your license and/or certifications held
- Supervisor report from each supervisor Listed*
- Professional reference from each supervisor listed
- Faith and character reference (s)
- Application fee of \$200 made out to AACCSAS.

*this is NOT clinical supervision. It is for your supervisor/director in your place of employment or ministry

Thank you for applying and we are looking forward to working with you in the future

-American Association of Certified Christian Sexual Addiction Specialists, Inc.

Application for Certification

American Association of Certified Christian Sexual Addiction Specialists, Inc.
2299 Perimeter Park Drive, Suite 120
Atlanta, GA 30341

CONTACT INFORMATION - Public

NOTE: This is public information used in our member directory and will be available to potential clients.

Name: _____
Practice Name: _____
Office Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: _____ Office fax: _____
Web site: _____
E-mail address: _____

CONTACT INFORMATION - Private

NOTE: This is contact information that will be kept in our office. Include whatever information you wish for us to have.

Home address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Other Phone: _____
Web site: _____
E-mail address: _____

Which address would you like for AACCSAS to use in sending you correspondence from our offices?

Home Office

DEMOGRAPHIC INFORMATION

NOTE: AACCSAS does not discriminate nor evaluate your application based on this information. We do use this information for internal research. You are not required to answer these questions.

Birthdate: ___/___/___ Sex: ___Male ___Female Denominational Affiliation: _____
Race: _____ Marital Status: ___single ___married ___divorced ___widower

EDUCATION

Undergraduate

School	Degree	Area of Study (Major)	Year

Graduate (you must request that each graduate school you attended send us 1 official transcript.)

School	Degree	Area of Study (Major)	Year

Post-Graduate/Specialization Program (you must request that 1 official transcript from each of these programs be sent to us.)

School	Degree	Area of Study (Major)	Year

WORK HISTORY

___ Check box if additional work history is included in appendix D

Where _____	Position _____	From _____	To _____
Responsibilities:			

Where _____	Position _____	From _____	To _____
Responsibilities:			

Where _____	Position _____	From _____	To _____
Responsibilities:			

Where _____	Position _____	From _____	To _____
Responsibilities:			

PROFESSIONAL STANDING

Applicants for pastoral certification with AACCSAS must already be established professionals in a church or parachurch organization. Use this page and other documentation needed to support your professional standing. If you are not licensed by the state in which you work, please mark N/A in this section of the application. Some pastors also hold professional licensure in therapy related fields. Please list those in this section.

PROFESSIONAL AFFILIATIONS

List professional organizations you are a member of (i.e., APA, ACA, AACC, AAMFT, etc...)

Group	Type of Membership
Does this organization have a code of ethics?	Do you abide by it?

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Does this organization have a code of ethics?	Do you abide by it?

CERTIFICATION - List only therapy related certifications such as NCC (nationally certified counselor), CAS (certified addiction specialist), etc...

Certification Body	Certification	Year Given	Year Expires	Number

LICENSURE – If you hold a professional license in addition to your ministry experience, please list below.

License (LPC, LMFT, Psychologist, etc.)	State	Year Given	Year Expires	Number

Have you ever been disciplined, refused admission, or removed from membership or affiliation with any professional affiliation, certification group, licensure or other such organization? ___yes ___no

Have you ever been sued professionally and/or in your work in ministry? ___ yes ___ no

If the answer is yes to either question please explain on a separate sheet and include any documents relevant to these issues.

SEXUAL ADDICTION COUNSELING TRAINING

Verification of 125 clock hours

Applicants for certification must document at least 125 clock hours of training in sexual addiction counseling. This training must be professional in nature and provided by recognized clinicians or clinical groups. The applicant is responsible for documenting a professional level of training. Accredited graduated level training programs require little supporting documentation. If you are submitting workshop or conference hours it is recommended that you include a copy of the learning objectives and abstract for the workshop. Documented training must include all of the following areas: Sexual addiction counseling, Theology of sexual issues, addiction, and trauma counseling.

Documenting the 125 hours can be bypassed if you qualify for one of the following:

- I have completed the course “Understanding and Treating Sexual Addiction” with Cornerstone Professional Training Institute; and the course “Sexually Addicted Families” with Cornerstone Professional Training Institute
- I currently am a Certified Sex Addiction Therapist (CSAT) and am willing to sign the statement of faith and theology of sexuality. **(Please fill out the CSAT application only)**
- I have completed 125 hours of approved education in the areas of sexual addiction counseling, Theology of sexual issues, addiction, and trauma counseling. Information will be provided below.

Instructions: Provide the following information for each course you are requesting count toward your certification.

- Course title: The name of the specific course, workshop, or training session you attended.
- Hours: The number of hours you were in training with this course.
- Instructor: The name of the professor, workshop presenter, or course leader.
- Organization: What organization sponsored the event (i.e., CAPS, SASH, local organization)
- Type of training: Identify if this is a graduate course, breakout session at a conference, etc...

Course title:		Hours:
Instructor:	Organization:	Type of Training:

Course title:		Hours:
Instructor:	Organization:	Type of Training:

Course title:		Hours:
Instructor:	Organization:	Type of Training:

Course title:		Hours:
Instructor:	Organization:	Type of Training:

TOTAL HOURS FOR THIS PAGE: _____

Course title:		Hours:
Instructor:	Organization:	Type of Training:

Course title:		Hours:
Instructor:	Organization:	Type of Training:

Course title:		Hours:
Instructor:	Organization:	Type of Training:

Course title:		Hours:
Instructor:	Organization:	Type of Training:

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Course title:		Hours:
Instructor:	Organization:	Type of Training:

Course title:		Hours:
Instructor:	Organization:	Type of Training:

Course title:		Hours:
Instructor:	Organization:	Type of Training:

TOTAL HOURS FOR THIS PAGE: _____

STATEMENT OF FAITH

The American Association of Certified Christian Sexual Addiction Specialists, Inc. maintains a solid commitment to professional clinical practice and to the Christian faith. Applicants will sign a statement of faith and general theology of sexuality as defined in this section. The following statement of the National Association of Evangelicals has been affirmed by more than seventy denominations, and thus represents a broad evangelical consensus. Applicants to AACCSAS must be able to agree with the following statement of faith.

Statement of Faith

- We believe the Bible to be inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- We believe in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by whom the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

In addition to a general statement of faith, AACCSAS also stands by a general theology of sexuality. While we know there will be difference of opinion in the specifics, it is expected that therapists certified by AACCSAS agree with, and counsel their clients in accordance with the following statement.

- Our sexuality is part of God's creation and is a good gift from God
- God's revealed will for sexual expression requires sexual fidelity in marriage and chastity outside of marriage
- Marriage is defined as a monogamous covenantal relationship between one man and one woman
- Sexuality has been affected by the fall of man as evidenced by behaviors, desires, and addictions that are not in keeping with God's will for sexual expression
- God is working in our lives to redeem His people, and we, as sexual beings, participate in that redemptive experience.

REFERENCES

Three types of references, described below, are required with your application

NOTE: You are not allowed to pay, or in any way reimburse those individuals who are providing references for you. It is a good idea to provide them with a stamped and addressed envelope to facilitate the mailing of the reference to us. Please have them mail the reference forms directly to AACCSAS.

SUPERVISOR REFERENCE (Appendix A)

The first set of references should speak to your competence and character in ministry with your church or parachurch organization. Each of your supervisors is required to complete a professional reference form. You are invited, but not required to provide up to two additional professional references. Please list the individuals below who will provide a professional reference for you.

Name of Reference	Nature of Reference	Office Use
	___supervisor ___ other professional	
	___supervisor ___ other professional	
	___supervisor ___ other professional	
	___supervisor ___ other professional	
	___supervisor ___ other professional	

FAITH AND CHARACTER REFERENCE (APPENDIX B)

The second reference should speak to your faith and character as a Christian professional. Please ask a pastor, church leader, or someone in spiritual authority who knows you to complete this reference for you. You are required to submit one reference, but are welcome to request a total of two individuals to complete this form. Please list below the individual (s) you have requested to fill out a faith and character reference for you.

Name of Reference	Nature of Relationship	Office Use

STATEMENT OF CONFIDENTIALITY

We require that the above references be submitted and maintained as confidential references.

In signing below in this box and in signing the application form I agree to waive any rights the law might allow in seeking to review or otherwise learn the contents of the professional reference (s) or faith and character reference (s) sent in as a part of my certification application. I understand these will be available only to AACCSAS board members and the certification committee.

Applicant Signature _____

SIGNATURE PAGE

I, the undersigned, verify that the information included with this application packet has been voluntarily supplied for the purpose of being certified as a Christian sexual addiction specialist by the American Association of Certified Christian Sexual Addiction Specialists, Inc. I verify that the information enclosed in this application is accurate to the best of my knowledge and authorize AACCSAS to verify this information. I understand that in the process of verifying the included information these facts might become known to third parties. I expressly waive any claim to confidentiality of the material enclosed in this application packet except where otherwise noted.

I understand this application packet will be reviewed by the Certification Committee of the American Association of Certified Christian Sexual Addiction Specialists, Inc. (within this application AACCSAS) in accordance with the by-laws of the American Board of Certified Christian Sexual Addiction Specialists. I understand I can request a copy of these by-laws at any time and that my application will be evaluated based on the standards in place at the time I submit my application.

Finally, while effort has been made to keep the application and review process objective, I understand that there is a subjective part to evaluating my application. I acknowledge that if my application is not accepted I can appeal as established in the bylaws but that the decision of the certifying committee is final. I agree that I am voluntarily submitting this application and that if my application is not accepted I will in no way seek to hold AACCSAS or any of its officers, committee members, or members liable for such action.

I have enclosed the required application fee and understand it is non-refundable. If my application is accepted I will be notified and will pay the annual membership fee of \$100.00. Application renewals are conducted in September. Renewal notices are sent out in July. I understand that I will need to renew my application every two years and verify completion of 10 CEU's. A \$25.00 fee will be charged for any returned checks.

Should any information included included in this application change that affects my membership, I will notify AACCSAS within 14 days.

printed name

signature

/ /
Date

Appendix A

SUPERVISOR REPORT

Each supervisor must submit in a separate envelope a completed copy of this form

Name of Applicant

This form is to verify your supervision with the above named applicant.

Instructions

The above individual is applying for certification as a sexual addiction specialist by the American Association of Certified Christian Sexual Addiction Specialists. You have been asked to provide a professional reference for this individual. Please fill out the following form and mail it in a sealed envelope to AACCSAS, 2299 Perimeter Park Drive, Suite 120, Atlanta, GA 30341.

NOTE: THIS FORM IS CONFIDENTIAL. The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form.

About you

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

License and Credentials: _____

Length of time you have known the applicant? _____

How well do you believe you know this applicant? _____

Please describe the nature of your relationship to the applicant.

Describe the ministry of the applicant in the area of sexual addiction.

Please submit a brief recommendation of why you would/would not support the applicant being certified as a pastoral sexual addiction specialist based on your supervision of the applicant.

Do you have any reason to doubt the applicant will be ethical in their duties in sexual addiction ministry? _____

Appendix A (page 2)

Do you know of any condition that might impair the applicant in sexual addiction ministry? If yes, please explain.

I supervised the above applicant from _____ (month/year) to _____ (month/year).

____ Based upon my supervisory experience, I recommend this applicant for certification

____ Based upon my supervisory experience, I do not recommend this applicant for certification.

Supervisor Signature

Date

Appendix B

FAITH AND CHARACTER REFERENCE – CONFIDENTIAL

This form is to be completed by your pastor or other spiritual leader

Applicant's Name _____

Instructions

The above individual is applying for certification as a sexual addiction specialist by the American Association of Certified Christian Sexual Addiction Specialists. You have been asked to provide a professional reference for this individual. Please fill out the following form and mail it in a sealed envelope to AACCSAS, 2299 Perimeter Park Drive, Suite 120, Atlanta, GA 30338.

NOTE: THIS FORM IS CONFIDENTIAL. The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form.

About you

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Length of time you have known the applicant? _____

How well do you believe you know this applicant? _____

Please describe the nature of your relationship to the applicant.

Do you see evidence of applicant's personal relationship with Christ? _____

Please describe applicant's character.

Please describe the applicant's faith

Appendix B (Page 2)

Please identify any concerns you would have in the applicant becoming a certified sexual addiction specialist.

Would you recommend the applicant for certification as a sexual addiction specialist?

_____ No _____ With reservation _____ Yes _____ Highly

Printed Name

Signature

Date

Appendix C

PROFESSIONAL REFERENCE

To be completed by a colleague who is familiar with your work in sexual addiction ministry (can be completed by supervisor)

Name of Applicant _____

This form is to verify your supervision with the above named applicant.

Instructions

The above individual is applying for certification as a sexual addiction specialist by the American Association of Certified Christian Sexual Addiction Specialists. You have been asked to provide a professional reference for this individual. Please fill out the following form and mail it in a sealed envelope to AACCSAS, 2299 Perimeter Park Drive, Suite 120, Atlanta, GA 30338.

NOTE: THIS FORM IS CONFIDENTIAL. The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form.

About you

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
License and Credentials: _____

Length of time you have known the applicant? _____

How well do you believe you know this applicant? _____

Please describe the nature of your relationship to the applicant.

Describe the ministry of the applicant in the area of sexual addiction.

Please comment on the applicant's qualifications for certification as a sexual addiction specialist. (use back of page if necessary.)

Would you recommend the applicant for certification as a sexual addiction specialist?

____ NO ____ With reservation ____ Yes ____ Highly

Appendix C (page 2)

Do you know of any condition that might impair the applicant in sexual addiction ministry? If yes, please explain.

Using the scale below, rate the applicant's overall ability as a sexual addiction counselor

— — — — —
Poor Fair Good Very Good Excellent

Would you refer individuals to the applicant for sexual addiction ministry?

_____ Yes _____ No

Printed Name

Signature

Date

Appendix D (Additional Work History)

Where _____ Position _____ From _____ To _____
Responsibilities:

Where _____ Position _____ From _____ To _____
Responsibilities:

Where _____ Position _____ From _____ To _____
Responsibilities:

Where _____ Position _____ From _____ To _____
Responsibilities:

Where _____ Position _____ From _____ To _____
Responsibilities:

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Where _____ Position _____ From _____ To _____
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Where _____ Position _____ From _____ To _____
Responsibilities: