

Supervisor Application

(for approval to supervise CCSAS applicants and to be listed on the Internet as an approved supervisor)



Contact information – To be used on the website directory of supervisors

Name: _____

Practice Name: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Office fax: _____

Web site: _____

E-mail address: _____

Contact information – For office use only (this will not be made public)

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

Name of applicant to supervise _____

Please enclose a copy of the supervisor vita/resume and include it with this application. It can be submitted electronically to info@sexaddictioncertification.org.

- ____ I would like to be listed on the AACCSAS website as an approved supervisor to supervise applicants for clinical certification (supervisor encloses check for \$75.00 – good for 5 years as an approved supervisor.)
- ____ I do not want to be listed as an AACCSAS supervisor and am seeking approval to supervise the above named applicant only.

If additional information is needed, please call 770-457-3089 or contact us via email at info@sexaddictioncertification.org.

I _____ give permission for my contact information to be published on the website sexaddictioncertification.org as a supervisor for people seeking supervision for the certified clinical sexual addiction specialist (CCSAS) certification.

Printed Name

Signature

Date