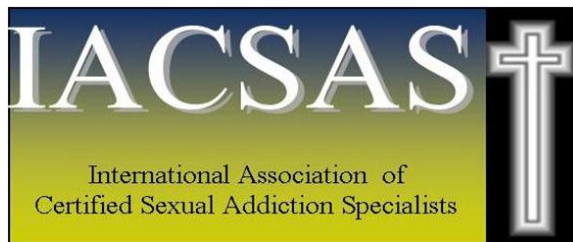


# Supervisor Application

(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 IACSAS 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](mailto:info@sexaddictioncertification.org).

\_\_\_\_ I would like to be listed on the IACSAS 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 IACSAS 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](mailto:info@sexaddictioncertification.org).

I \_\_\_\_\_ give permission for my contact information to be published on the website [sexaddictioncertification.org](http://sexaddictioncertification.org) as a supervisor for people seeking supervision for the certified clinical sexual addiction specialist (CCSAS) certification.

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Printed Name

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Signature

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Date