



## Training Application Form

### Part 1: Personal Information

This form must be completed and submitted prior to supervision. After opening the file in Adobe Acrobat Reader, print this form out and fill it out completely and legibly in blue or black ink. You can then fax this form to 719.278.3804 or mail to:

#### AASAT

10285 Federal Drive  
Colorado Springs, CO 80908

Date: \_\_\_\_\_

(Please fill this out as you would like it to appear on certificates. If any of your contact information changes it is your responsibility to notify AASAT.)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Aliases/Preferred Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Part 2: Education**

Academic Institution

Date Degree Conferred

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**Part 3: Licenses & Certifications**

License/Certification

Date

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Have you ever had a certification/license suspended, revoked or ever received disciplinary action?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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**Part 4: Supervision**

Are you currently receiving clinical supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Office Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Part 5: Other Associations and Organizations**

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

**Part 6: References and Referrals**

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How did you hear about AASAT?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Part 7: Remember**

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

- \_\_\_\_\_ Application Fee\*
- \_\_\_\_\_ Copy of Current License(s)/Certificates
- \_\_\_\_\_ Degrees
- \_\_\_\_\_ Current CV/Resume
- \_\_\_\_\_ Three Letters of Recommendation
- \_\_\_\_\_ Application
- \_\_\_\_\_ Photo\*\*

\*You will provide billing information in Part 9 of this application (just specify we can use the information provided). Please make any checks or money orders you send payable to AASAT. We also accept cash.

\*\*This may be used for your website listing. You may email a photo to [info@asat.org](mailto:info@asat.org) instead.

## **Part 8: Background Check Information**

In order to be certified, you must pass a criminal background check. Please fill out the information below. This information will only be used to complete your background check. If any of this information is not present on this application it can delay your certification.

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Part 9: Billing Information**

By providing your billing information and signing below, you authorize the American Association for Sex Addiction Therapy to conduct a criminal background check using the information provided on this application. You also authorize the American Association for Sex Addiction Therapy to use this information for any monthly billing charges for Supervision with Dr. Weiss as well as any annual billing charges for your Annual Membership with the American Association for Sex Addiction Therapy. You understand that it is your responsibility to update this information with the American Association for Sex Addiction Therapy should any changes to your billing information arise.

You also understand by signing below that this application expires after two years. In the event that your application expires you will be required to submit a new application and any changes that have been made to AASAT certification requirements will need to be met in order to be certified.

\_\_\_\_\_ Use the information provided for my Application Fee.

\_\_\_\_\_ Visa    \_\_\_\_\_ Mastercard    \_\_\_\_\_ American Express    \_\_\_\_\_ Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

V-Code (This is the 3-digit code on the back of the card) \_\_\_\_\_

Cardholder Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_