**Associate Membership Application Form**

**Name:**

**Workplace Address:**

**Home Address:**

**Home Phone:** **Work Phone:**

**Email: Fax:**

**Current Employment:**

**PRIMARY PROFESSIONAL DESIGNATION**:

Psychotherapist ( )

Marriage and Family Therapist ( )

Family Physician ( )

Minister of Religion ( )

Psychiatrist ( )

Pastoral Care ( )

Psychologist ( )

Sex Educator ( )

Sex Counsellor ( )

Sex Therapist ( )

Social Worker ( )

Nursing Professional ( )

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AAMFT Fellow**: **Yes**: **No: AAMFT Approved Supervisor: Yes: No:**

**Academic Degree:**

**Malpractice Insurance Carried and & Policy *#*:**

**Regulating College:**

**College Registration** **Number:**

# RELATIONSHIP THERAPY & SUPERVISION EXPERIENCE

1. **EDUCATION AND TRAINING** **in relationship therapy (Intensive Sex Therapy Training, university courses, workshops and training such as EFT, Gottman):**

**Name of Institution/Training Facility Course Title # of Hours Date**

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**Any additional courses/training can be added on a separate sheet.**

**B: SUPERVISION IN RELATIONSHIP THERAPY:**

**Please list your experience in supervision of your relationship therapy**

1. Institution/setting:

Years and dates when working/training in this setting:

Number of cases seen in this setting:

Number of clinical/client hours in this setting:

Supervisor’s name and address:

Number of supervision hours in this setting: Individual: Group:

Was this supervised training post-Master’s degree? Yes: No:

1. Institution/setting:

Years and dates when working/training in this setting:

Number of cases seen in this setting:

Number of clinical/client hours in this setting:

Supervisor’s name and address:

Number of supervision hours in this setting Individual: Group:

Was this supervised training post-Master’s degree? Yes: No:

1. Institution/setting:

Year and dates when working/training in this setting:

Number of cases seen in this setting:

Number of clinical/client hours in this setting:

Supervisor’s name and address:

Number of supervision hours in this setting: Individual: Group:

Was this supervised training post-Master’s degree? Yes: No:

***Any other supervision information can be added on a separate sheet.***

Do you have current ongoing supervision of your relationship therapy work? Yes: No:

If yes, with whom and where?

Please list significant books and journals read related to relationship therapy:

Please list any additional information which you consider relevant to

to your training in relationship therapy:

**SEX THERAPY & SUPERVISION EXPERIENCE**

1. **EDUCATION AND TRAINING** **in sex therapy (Intensive Sex Therapy Training, university courses, workshops, and training):**

Name of Institution/Training Facility Course Title # of Hours Date

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**Any additional courses/training can be added on a separate sheet.**

1. **SUPERVISION IN SEX THERAPY:**

**Please list your experience in supervision of your sex therapy work.**

1. Institution/setting:

Years and dates when working/training in this setting:

Number of cases seen in this setting:

Number of clinical/client hours in this setting:

Supervisor’s name and address:

Number of supervision hours in this setting: Individual: Group:

Was this supervised training post-Master’s degree? Yes: No:

Do you have current ongoing supervision of your sex therapy work? Yes: No:

If yes, with whom and where?

1. Institution/setting:

Years and dates when working/training in this setting:

Number of cases seen in this setting:

Number of clinical/client hours in this setting:

Supervisor’s name and address:

Number of supervision hours in this setting: Individual: Group:

Was this supervised training post-Master’s degree? Yes: No:

1. Institution/setting:

Years and dates when working/training in this setting:

Number of cases seen in this setting:

Number of clinical/client hours in this setting:

Supervisor’s name and address:

Number of supervision hours in this setting Individual: Group:

Was this supervised training post-Master’s degree? Yes: No:

Please list significant books and journals read related to sexuality/sex therapy:

Have you participated in a SAR (Sexual Attitudes Reassessment) experience? (minimum 14 hours)

(Note: This is not required for Associate membership but is required prior to Certification.

If so, specify from which institution, date and facilitators:

Please list any additional information which you consider relevant to your training in sex therapy:

1. **EXPERIENCE IN PROVISION OF SEX THERAPY:**

The following is a list of sexual concerns that may present in therapy. Please indicate an approximate number of cases of each type of concern you have seen in your professional work to date:

Sexual Dysfunctions Related to Desire:

Sexual Dysfunctions Related to Arousal:

Orgasmic Dysfunctions:

Genital or Pelvic Pain (please specify):

Porn-Induced Sexual Dysfunction:

Erectile Difficulties:

Ejaculation Control Difficulties (Rapid):

Ejaculation Control Difficulties (Delayed):

Sexual Compulsivity/ Sexual Addiction:

Childhood Sexual Abuse:

Adult Sexual Abuse:

Issues Related to Sexual Orientation:

Gender Dysphoria:

Other Transgender Issues:

Marked Lack of Sex Information:

Paraphilias:

Frequency Incompatibility:

Infidelity:

Infertility:

Other (please specify):

Please feel free to add any other relevant information regarding your experience in the provision of sex therapy: