

# International Board of Christian Counselors

## Certified Sexual Addiction Specialist

### Application

Thank you for your interest in pursuing your credential as a *Certified Sexual Addiction Specialist*. Everyone who applies for a credential *must specify* the appropriate specialty designation as well as the level of credentialing that he/she is seeking. Two specialty credentials are currently being offered through the IBCC: *Clinical Sexual Addiction Specialist* (CSAS) and *Pastoral Sexual Addiction Specialist* (PSAS). Each specialty designation also has *four* different levels of certification: *Basic, Advanced, Supervisor, and Trainer*.

Please complete and **PRINT** all information that is requested in a legible manner, or mark N/A if not applicable. Illegible and/or incomplete applications will be returned to the applicant. The IBCC will not disclose the confidential information given in this application without your express, written consent. Applicants who receive a core credential through the IBCC and elect to participate in the AACC's comprehensive Christian Care Network, understand that certain contact information (*only business related and not personal*), along with other pertinent demographic information (gender, age, ethnicity, years of experience, credentials, areas of specialization, etc.), may be listed in resource directories in order to assist those seeking help in making appropriate and/or desired choices for care. *Please allow 4-6 weeks for processing.*

#### I. Demographic Information

Last Name	First Name	MI
Home Address		
City	State	Zip
Country		
Name of Practice/Organization/University/Church, etc., where you work and/or provide counseling/caregiving services		
Business Address		
City	State	Zip
Country		
Work Phone	E-Mail Address	
Fax	Secondary/Emergency Phone	
Cell Phone ( <i>optional</i> )	Home Phone ( <i>optional</i> )	

## II. Core Credential and Level of Certification

Based on the information in the *CSAS Credential Descriptions & Requirements* document, please check the appropriate *specialty designation* and the *level of certification* you are seeking, as well as which *option* reflects your current education and training.

### CSAS – Clinical Sexual Addiction Specialist

#### **Basic Level:**

##### Option #1

- Grandfathered as a Certified Sexual Addiction Specialist (CSAS) under the American Association of Certified Christian Sexual Addiction Specialists (AACCSAS) guidelines. *Applicants must still complete the IBCC application and attestation documents for their file.*

##### Option #2

- Meet the IBCC requirements for either the Board Certified Professional Christian Counselor (BCPCC) or Board Certified Christian Counselor (BCCC); **AND**
- Meet the educational, experience, and supervision requirements for this level

#### **Advanced Level:**

##### Option #1

- Grandfathered as a Certified Sexual Addiction Specialist (CSAS) under the American Association of Certified Christian Sexual Addiction Specialists (AACCSAS) guidelines. *Applicants must still complete the IBCC application and attestation documents for their file; AND*
- Meet the experience and supervision requirements for this level.

##### Option #2

- Meet the IBCC requirements for either the Board Certified Professional Christian Counselor (BCPCC) or Board Certified Christian Counselor (BCCC); **AND**
- Meet the educational, experience, and supervision requirements for this level.

#### **Supervisor Level:**

##### Option #1

- Grandfathered as a Certified Sexual Addiction Specialist (CSAS) under the American Association of Certified Christian Sexual Addiction Specialists (AACCSAS) guidelines. *Applicants must still complete the IBCC application and attestation documents for their file; AND*
- Meet the experience and supervision requirements for this level; **AND**
- Meet the supervisory education and experience requirements for this level.

##### Option #2

- Meet the IBCC requirements for either the Board Certified Professional Christian Counselor (BCPCC) or Board Certified Christian Counselor (BCCC); **AND**
- Meet the educational, experience, and supervision requirements for this level; **AND**
- Meet the supervisory education and experience requirements for this level.

#### **Trainer Level:**

##### Option #1

- Grandfathered as a Certified Sexual Addiction Specialist (CSAS) under the American Association of Certified Christian Sexual Addiction Specialists (AACCSAS) guidelines. *Applicants must still complete the IBCC application and attestation documents for their file; AND*
- Meet all requirements for the Supervisor Level; **AND**
- Meet the training/teaching experience requirements for this level.

**Option #2**

- Meet the IBCC requirements for either the Board Certified Professional Christian Counselor (BCPCC) or Board Certified Christian Counselor (BCCC); **AND**
- Meet the educational, experience, and supervision requirements for the Supervisor Level; **AND**
- Meet the training/teaching experience requirements for this level.

 **PSAS – Pastoral Sexual Addiction Specialist** **Basic Level:** **Option #1**

- Grandfathered as a Pastoral Sexual Addiction Specialist (PSAS) under the American Association of Certified Christian Sexual Addiction Specialists (AACCSAS) guidelines. *Applicants must still complete the IBCC application and attestation documents for their file.*

 **Option #2**

- Meet the IBCC requirements for the Board Certified Pastoral Counselor (BCPC); **AND**
- Meet the educational, experience, and supervision requirements for this level

 **Advanced Level:** **Option #1**

- Grandfathered as a Pastoral Sexual Addiction Specialist (PSAS) under the American Association of Certified Christian Sexual Addiction Specialists (AACCSAS) guidelines. *Applicants must still complete the IBCC application and attestation documents for their file; **AND***
- Meet the experience and supervision requirements for this level.

 **Option #2**

- Meet the IBCC requirements for the Board Certified Pastoral Counselor (BCPC); **AND**
- Meet the educational, experience, and supervision requirements for this level.

 **Supervisor Level:** **Option #1**

- Grandfathered as a Pastoral Sexual Addiction Specialist (PSAS) under the American Association of Certified Christian Sexual Addiction Specialists (AACCSAS) guidelines. *Applicants must still complete the IBCC application and attestation documents for their file; **AND***
- Meet the experience and supervision requirements for this level; **AND**
- Meet the supervisory education and experience requirements for this level.

 **Option #2**

- Meet the IBCC requirements for the Board Certified Pastoral Counselor (BCPC); **AND**
- Meet the educational, experience, and supervision requirements for this level; **AND**
- Meet the supervisory education and experience requirements for this level.

 **Trainer Level:** **Option #1**

- Grandfathered as a Pastoral Sexual Addiction Specialist (PSAS) under the American Association of Certified Christian Sexual Addiction Specialists (AACCSAS) guidelines. *Applicants must still complete the IBCC application and attestation documents for their file; **AND***
- Meet all requirements for the Supervisor Level; **AND**
- Meet the training/teaching experience requirements for this level.

**Option #2**

- Meet the IBCC requirements for the Board Certified Pastoral Counselor (BCPC); **AND**
- Meet the educational, experience, and supervision requirements for the Supervisor Level; **AND**
- Meet the training/teaching experience requirements for this level.

**III. Verification of Professional/Formal Sexual Addiction Education and Training**

Applicants for certification must document their formal course work/training in sexual addiction studies and show the requisite number of required clock hours based on the specialty designation and level of certification selected above. If workshop or conference hours are being submitted, include a copy of the *learning objectives* and *abstract*. Please use additional sheets if necessary.

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Training:	# of Clock Hours:

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Training:	# of Clock Hours:

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Training:	# of Clock Hours:

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Training:	# of Clock Hours:

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Training:	# of Clock Hours:

Course/Presentation Title:		
Instructor:	School/Organization:	
Type of Training:		# of Clock Hours:

Course/Presentation Title:		
Instructor:	School/Organization:	
Type of Training:		# of Clock Hours:

Course/Presentation Title:		
Instructor:	School/Organization:	
Type of Training:		# of Clock Hours:

Course/Presentation Title:		
Instructor:	School/Organization:	
Type of Training:		# of Clock Hours:

Course/Presentation Title:		
Instructor:	School/Organization:	
Type of Training:		# of Clock Hours:

Course/Presentation Title:		
Instructor:	School/Organization:	
Type of Training:		# of Clock Hours:

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Training:	# of Clock Hours:

Total number of clock hours of professional/formal education and training submitted \_\_\_\_\_

**IV. Verification of Sexual Addiction Counseling**

Applicants for certification must document that they have completed the required number of hours of sexual addiction counseling with clients for the designation and level they are seeking. All counseling must be provided on a *face-to-face basis* and can include a variety of modalities (e.g. individual, group, couple, family, etc.), as well as different client populations (e.g. adolescents, adults, children, etc.). Please use additional sheets if necessary.

Place Where Services Were Provided:	Dates of Service:
Position within the Organization:	Total # of Contact Hours Providing Sexual Addiction Counseling:
Type of Training/Experience Providing Sexual Addiction Counseling (specify the # of hours in each category): _____ Indiv. Adult Males    _____ Indiv. Adult Females    _____ Couples    _____ Group (Males)    _____ Group (Females) _____ Minors    Other (please specify): _____	

Place Where Services Were Provided:	Dates of Service:
Position within the Organization:	Total # of Contact Hours Providing Sexual Addiction Counseling:
Type of Training/Experience Providing Sexual Addiction Counseling (specify the # of hours in each category): _____ Indiv. Adult Males    _____ Indiv. Adult Females    _____ Couples    _____ Group (Males)    _____ Group (Females) _____ Minors    Other (please specify): _____	

Place Where Services Were Provided:	Dates of Service:
Position within the Organization:	Total # of Contact Hours Providing Sexual Addiction Counseling:
Type of Training/Experience Providing Sexual Addiction Counseling (specify the # of hours in each category): _____ Indiv. Adult Males    _____ Indiv. Adult Females    _____ Couples    _____ Group (Males)    _____ Group (Females) _____ Minors    Other (please specify): _____	

Place Where Services Were Provided:	Dates of Service:
Position within the Organization:	Total # of Contact Hours Providing Sexual Addiction Counseling:
Type of Training/Experience Providing Sexual Addiction Counseling (specify the # of hours in each category): _____ Indiv. Adult Males    _____ Indiv. Adult Females    _____ Couples    _____ Group (Males)    _____ Group (Females) _____ Minors    Other (please specify): _____	

Place Where Services Were Provided:	Dates of Service:
Position within the Organization:	Total # of Contact Hours Providing Sexual Addiction Counseling:
Type of Training/Experience Providing Sexual Addiction Counseling (specify the # of hours in each category): _____ Indiv. Adult Males    _____ Indiv. Adult Females    _____ Couples    _____ Group (Males)    _____ Group (Females) _____ Minors    Other (please specify): _____	

Place Where Services Were Provided:	Dates of Service:
Position within the Organization:	Total # of Contact Hours Providing Sexual Addiction Counseling:
Type of Training/Experience Providing Sexual Addiction Counseling (specify the # of hours in each category): _____ Indiv. Adult Males    _____ Indiv. Adult Females    _____ Couples    _____ Group (Males)    _____ Group (Females) _____ Minors    Other (please specify): _____	

**Total number of contact hours in each modality:**

\_\_\_\_\_ Indiv. Males    \_\_\_\_\_ Indiv. Females    \_\_\_\_\_ Couples    \_\_\_\_\_ Group (Males)  
 \_\_\_\_\_ Group (Females)    \_\_\_\_\_ Minors    \_\_\_\_\_ Other

**Total number of contact hours of sexual addiction counseling submitted \_\_\_\_\_**

**V. Verification of Supervision in Sexual Addiction Counseling**

Applicants for certification must document that they have completed the required number of hours of clinical supervision *received* for the designation and level they are seeking. All supervision that is submitted for consideration should adhere to the following parameters:

- An hour of supervision can only be counted if the primary focus of the supervision was for a case(s) involving a sexual addiction issue where the supervisee (applicant) was the primary therapist/counselor.
- Personal therapy that is received cannot be counted for supervision hours.

- Primary didactic formats (e.g. workshops, seminars, classes being taught, etc.) cannot be counted for supervision hours, even if the supervisee (applicant) is teaching and the supervisor is observing.
- Co-therapy with the supervisor can only be counted if the supervisee (applicant) is the primary therapist/counselor for the hour counted.
- No more than 50% of supervision may be conducted in a group, with a group being defined as three or more supervisees.

Opportunities for face-to-face supervision are sometimes provided in intensive formats where an individual can come to a supervisor and do most of these hours in one setting. Face-to-face supervision can also take place via web-cam with the proper equipment and other supervision can take place via telephone conferencing. If an applicant believes that there is a qualified supervisor who is not on the approved list, a letter of explanation/request can be sent to the *Sexual Addiction Specialist Certification Review Committee, c/o IBCC, P.O. Box 739, Forest, Virginia, 24551*. A copy of the prospective supervisor's vitae, experience, and contact information should be attached. Applicants will be notified within 30 days of receipt of these materials.

A confidential *Supervisor Reference Form* must be submitted for *each supervisor* listed in this section. Please use additional sheets if necessary.

Name and Credentials of Supervisor:	Dates of Supervision:
Setting:	Total # of Supervision Hours Provided to the Applicant:
Type of Supervision that was Provided (specify the # of hours in each category): _____ Indiv. Case Consult    _____ Group    _____ Audio    _____ Video    _____ Live Observation    _____ Co-Therapy	

Name and Credentials of Supervisor:	Dates of Supervision:
Setting:	Total # of Supervision Hours Provided to the Applicant:
Type of Supervision that was Provided (specify the # of hours in each category): _____ Indiv. Case Consult    _____ Group    _____ Audio    _____ Video    _____ Live Observation    _____ Co-Therapy	

Name and Credentials of Supervisor:	Dates of Supervision:
Setting:	Total # of Supervision Hours Provided to the Applicant:
Type of Supervision that was Provided (specify the # of hours in each category): _____ Indiv. Case Consult    _____ Group    _____ Audio    _____ Video    _____ Live Observation    _____ Co-Therapy	

Name and Credentials of Supervisor:	Dates of Supervision:
Setting:	Total # of Supervision Hours Provided to the Applicant:
Type of Supervision that was Provided (specify the # of hours in each category): _____ Indiv. Case Consult    _____ Group    _____ Audio    _____ Video    _____ Live Observation    _____ Co-Therapy	

Name and Credentials of Supervisor:	Dates of Supervision:
Setting:	Total # of Supervision Hours Provided to the Applicant:
Type of Supervision that was Provided (specify the # of hours in each category): _____ Indiv. Case Consult    _____ Group    _____ Audio    _____ Video    _____ Live Observation    _____ Co-Therapy	

**Total number of contact hours in each modality:**

\_\_\_\_\_ Indiv. Case Consult    \_\_\_\_\_ Group    \_\_\_\_\_ Audio    \_\_\_\_\_ Video  
 \_\_\_\_\_ Live Observation    \_\_\_\_\_ Co-Therapy

**Total number of contact hours of sexual addiction counseling submitted \_\_\_\_\_**

**VI. Verification of Supervisory Education, Training, and Experience**

If seeking the Supervisor Level, applicants for certification must document the *education/training* they have received in clinical supervision as well as the *required number of hours* of actual supervision in sexual addiction counseling *provided to others*. Please use additional sheets if necessary.

N/A (I am not seeking the Supervisor Level.)

**Education and/or Training in Supervision**

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Education/Training:	# of Clock Hours:

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Education/Training:	# of Clock Hours:

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Education/Training:	# of Clock Hours:

Course/Presentation Title:	
Instructor:	School/Organization:
Type of Education/Training:	# of Clock Hours:

Total number of clock hours of professional/formal education and training submitted \_\_\_\_\_

**Actual Supervision Provided to Supervisees:**

Practice/Ministry Setting in which Supervision was Given to Supervisees: _____	Dates of Supervisory Experience:
	Total # of Supervision Hours Provided to Supervisees:
Type of Supervision that was Provided to Supervisees (specify the # of hours in each category): _____ Indiv. Case Consult    _____ Group    _____ Audio    _____ Video    _____ Live Observation    _____ Co-Therapy	

Practice/Ministry Setting in which Supervision was Given to Supervisees: _____	Dates of Supervisory Experience:
	Total # of Supervision Hours Provided to Supervisees:
Type of Supervision that was Provided to Supervisees (specify the # of hours in each category): _____ Indiv. Case Consult    _____ Group    _____ Audio    _____ Video    _____ Live Observation    _____ Co-Therapy	

Practice/Ministry Setting in which Supervision was Given to Supervisees: _____	Dates of Supervisory Experience:
	Total # of Supervision Hours Provided to Supervisees:
Type of Supervision that was Provided to Supervisees (specify the # of hours in each category): _____ Indiv. Case Consult    _____ Group    _____ Audio    _____ Video    _____ Live Observation    _____ Co-Therapy	

Practice/Ministry Setting in which Supervision was Given to Supervisees: _____	Dates of Supervisory Experience:
	Total # of Supervision Hours Provided to Supervisees:
Type of Supervision that was Provided to Supervisees (specify the # of hours in each category): _____ Indiv. Case Consult    _____ Group    _____ Audio    _____ Video    _____ Live Observation    _____ Co-Therapy	

**Total number of supervision hours in each modality:**

\_\_\_\_\_ Indiv. Case Consult    \_\_\_\_\_ Group    \_\_\_\_\_ Audio    \_\_\_\_\_ Video  
 \_\_\_\_\_ Live Observation    \_\_\_\_\_ Co-Therapy

**Total number of supervision hours related to sexual addiction counseling submitted \_\_\_\_\_**

**VII. Verification of Training Experience**

Applicants for certification must document that they have completed the required number of hours of training/teaching *provided to others* if they are seeking the Trainer Level. Please use additional sheets if necessary.

N/A (I am not seeking the Trainer Level)

Title of Applicant's Course/Presentation:	
Setting/Organization in which Education/Training was Provided:	# of Participants:
Type of Education/Training:	# of Clock Hours:

Title of Applicant's Course/Presentation:	
Setting/Organization in which Education/Training was Provided:	# of Participants:
Type of Education/Training:	# of Clock Hours:

Title of Applicant's Course/Presentation:	
Setting/Organization in which Education/Training was Provided:	# of Participants:
Type of Education/Training:	# of Clock Hours:

Title of Applicant's Course/Presentation:	
Setting/Organization in which Education/Training was Provided:	# of Participants:
Type of Education/Training:	# of Clock Hours:

Title of Applicant's Course/Presentation:	
Setting/Organization in which Education/Training was Provided:	# of Participants:
Type of Education/Training:	# of Clock Hours:

Total number of clock hours of professional/formal education and training provided \_\_\_\_\_

**VIII. Attestation and Signature**

I affirm and attest by my signature below that I have answered all the questions in this Application truthfully and with full disclosure and have attached all requested supporting documentation. I understand that the information included in this Application has been voluntarily supplied for the purpose of being certified as a Sexual Addiction Specialist through the International Board of Christian Counselors (IBCC)

I authorize the IBCC to verify this information and understand that in the process of verification, these facts might become known to third parties. I expressly waive any claim to confidentiality of the material enclosed in this Application except where otherwise noted.

While effort has been made to keep the application and review process objective, I understand that there is a subjective element to evaluating my Application. I acknowledge that if my Application is not accepted, I can appeal the decision to the IBCC Credential Committee. I further agree that because I am voluntarily submitting this Application and if it is not approved, I will in no way hold the IBCC, the AACC, or any of their officers, board members, or employees liable for any such action.

I have enclosed the required application fee of fifty dollars (\$50.00) and understand that it is non-refundable, along with the thirty-five dollar (\$35.00) IBCC Specialty Designation Fee.

I understand that I will need to renew my credential on a biennial basis (every two years) and verify the completion of required Continuing Education hours. This also entails maintaining an active IBCC credential at the appropriate level.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date