

# Certified Sexual Addiction Specialist

## SUPERVISION DOCUMENTATION & REFERENCE FORM

**Name of Applicant** (please print clearly): \_\_\_\_\_

The above named applicant is applying for certification by the *Board of Christian Professional and Pastoral Counselors* (BCPPC) as a sexual addiction specialist. This form is to verify your supervision with the above named applicant.

**Name of Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization/Church** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone:** Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Dates when supervision occurred:** from \_\_\_\_\_ (month/year) until \_\_\_\_\_ (month/year)

**Total # of hours applicant provided sexual addiction counseling while under supervision** \_\_\_\_\_

**Total # of hours of supervision received by supervisor** \_\_\_\_\_

**Form(s) of supervision provided (check all that apply):**  Individual Case Consult  Group Case Consult  
 Audio Review  Video Review  Live Observation  Co-Therapy (supervisee as lead counselor)

**Modalities/client populations seen by supervisee (check all that apply):**  Adult Males  Adult Females  
 Minors  Couples  Families  Groups

**Please rate the applicant on the following characteristics using the descriptions provided below.** Please check only one box for each characteristic.

		Above		Below	
	Exceptional	Average	Average	Average	Unsure
1. Reflects a commitment to ongoing growth in his/her personal, professional, and/or ministerial life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to understand and conceptualize pertinent sexual addiction issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appropriately incorporates Christian faith and biblical counseling principles in an effective manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to establish and maintain healthy counseling relationships with appropriate boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates empathy in counseling with others, mature, judgment, emotional stability, and spiritual maturity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates effective communication, organizational, and treatment planning skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Consistently follows established professional and ethical standards of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I recommend certification by the BCPPC** (check one): \_\_\_ Highly \_\_\_ Moderately \_\_\_ With Reservation

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you would like to add any additional comments, feel free write on the back of this page or attach a separate letter. Please put the completed reference form (and other comments) in a *sealed envelope* with your *signature across the back flap* and return to the applicant. Thank you for your participation.