

The International Board of Sexology

Application for DIPLOMATE CERTIFICATION			
1.			
	Last name	First	Middle
			Degree
2.	Street Address		
3.	Address Line 2 (if needed)		
4.			
	City	State	Country
	()		()
	5WPhone		Office Phone

INSTRUCTIONS-Please Read Carefully

The issuance of certification documents begins at the Board office when all of the following information has been received:

1. **APPLICATION: PLEASE FILL OUT IN FULL.**
 2. **PROFESSIONAL PEER ENDORSEMENT:** Please have this available to upload to the application.
 3. **Photocopies** of diplomas awarded by regional or state accredited institutions to evidence degrees claimed must be uploaded.
 4. **Submit online or Mail to:** The International Board of Sexology, 1920 Palm Beach Lakes Blvd Suite 211, West Palm Beach, FL
- When submitting, please pay or enclose required recordation fee of **\$250.00** for two year certification.

STATEMENT OF AUTHORIZATION

I hereby apply for certification by the International Board of Sexology and certify that the statements contained in this application and its attached documents (if any) are true to the best of my knowledge. I further acknowledge that falsification is cause for disqualification or future revocation of any certification granted. I hereby grant permission to the Board to make any inquiries it deems necessary to confirm these statements and to determine the quality of my practice. I understand and agree that in consideration of my application, my professional standing will be reviewed and assessed by the Board; that the Board may make inquiry of the persons and institutions named in my application and of such other persons as the Board deems appropriate with respect thereto; but that I will not be advised of the identity of the persons from whom information has been requested or as to the nature of such information; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential and not subject to examination by me or by anyone acting on my behalf. I agree that if my application is not acted upon favorably, I will in no way seek to hold the Board or any of its officers, Diplomates or agents legally responsible for such action.

X _____
PERSONAL SIGNATURE of APPLICANT

_____ Date

Requirements for Diplomate Status

1. Candidates must have an earned doctorate or terminal degree in sexology (in some cases a state license to practice as a counselor may suffice, if in an appropriate field.)
2. Candidates must have completed one hundred twenty (120) clock hours of sexological core courses.
3. Candidates must have three years professional experience in the field of clinical sexology including 50 hours of supervised practice.
4. Candidates must obtain two professional endorsements of Diplomates of The International Board of Sexology or Licensed Therapists or sexologists. who are familiar with the methods and techniques of the candidate.

Please type or print information using upper and lower case letters

I AM APPLYING FOR CERTIFICATION AS A DIPLOMATE WITHIN THE SPECIALTY AREA OF:

CLINICAL SEXOLOGY

Are you certified by any other organization (medical, mental health etc.)? Yes No

Expiration date: _____ Name of organization: _____

Are you licensed? Yes No State: _____ As what? _____

1. **Educational Background**

List your highest three academic degrees.

Doctoral or terminal degree	Degree awarded by	Located in	Year
Masters / 2nd Doctorate	Degree awarded by	Located in	Year
Undergraduate	Degree awarded by	Located in	Year

2. **List general sexology seminars and continuing education**

Name of course	Sponsoring organization	Date of course	Professor/instructor
Name of course			
Name of course			

3. **PROFESSIONAL EXPERIENCE** in clinical sexology. List the sources of your professional experience in clinical sexology. Begin with most recent positions or situations.

4. Additional Requirements

List source(s) of 120 hours of study on theory, methods and techniques of sex therapy or indicate when and where if you completed any postgraduate courses or certificate programs.

5. Sponsor Endorsement:

After December 2020, sponsor must be a Diplomate of the International Board of Sexology.

"I certify that I have read the statements made in this application and that they are complete and correct to the best of my knowledge and that I believe the applicant is eligible for certification as a Diplomate of The International Board of Sexology with certification in clinical sexology.

Prior to December 2020, the sponsor must be a Certified Sex Therapist and Licensed Mental Health Professional in good standing.

[1].X

(Signature of recommending Diplomate)

(Date)

(Printed name of recommending Diplomate)

(Phone)

(Street Address)

(City)

(State)

(Zipcode)

6. Examiner's Endorsement:

"I am the Examiner of record appointed by The Board for the purpose of determining that this candidate possesses an understanding of the concepts of the discipline of sexology put forth in The International Board of Sexology's core curriculum, as determined by completed courses and programming.

APPROVE FOR CERTIFICATION AS REQUESTED

DISAPPROVE FOR CERTIFICATION

[2].X

(Signature of examining Diplomate)

(Date)

(Printed name of examining Diplomate)

(Phone)

(Street Address)

(City)

(State)

(Zipcode)

Candidate's Right of Appeal

In the event of a failure by the candidate to secure endorsement by the appointed examiner, the candidate may appeal the examiner's lack of endorsement directly to Board of Trustees of The International Board of Sexology. Return this form along with a letter in support of your candidacy to the Board. APPEALS MUST BE LODGED WITHIN ONE YEAR OF THE EXAMINER'S DISAPPROVAL.

☰ Appeals directly to The International Board of Sexology, 1920 Palm Beach Lakes Blvd Suite 211 West Palm Beach, FL 33409. Keep a duplicate copy of all correspondence for your records.

This Page for Office Use Only

Application Received _____ Fee Received _____ Acknowledged _____

Recommendations received:

Sponsor _____ Examiner _____ Other _____

Examinations

Date of written examination _____ Results _____

Date of oral examination _____ Results _____

Examiner _____

Action by Board _____

Notification _____

Comments/notes

Questions regarding the disposition of this form, or for clarification regarding recommending or endorsing Diplomates, call the Director of the Department of Membership and Certification at (561) 262-4723. **Return this form to The International ~~Board of Sexology~~, 1920 Palm Beach Lakes Blvd, Suite 211 West Palm Beach, FL 33409.**

