

Application form (Specialist in clinical sexology NACS)

5 .10.2012 NACS-AC: only this form can be used.

To be filled in by the applicant:

PERSONAL DATA	
Name: Address: E-mail: Phone: Country: Birth Year: Month: Date:	
Paying member of national sexology organisation since:	Year: Month: Date: Name of organization:
APPLICATION	
Application as:	Specialist in Clinical Sexology NACS
Date of application:	Year: Month: Date:
Recommendation letters from 2 NACS-members:	Supervisor (authorized): Letter must be attached
	Second recommendation by: Letter must be attached
Attachments:	Reading list
	Confirmation of sexological practice during the last 2 years:
	List of publications/presentations (SCS):
	First letter of recommendation
	Second letter of recommendation
I am familiar with the ethical guidelines by NACS and declare that all information given in this form is correct:	Signature by the applicant:
Paying authorization fee, 300 Euro:	Year: Month: Date:
BASIC PROFESSIONAL EDUCATION	
Professional education - highest degree: (Minimum 6 years clinical education)	
Professional title:	
Professional practice: (Number of years)	
SEXOLOGICAL EDUCATION	
Specialist in Sexological Counselling (60 ECTS or equivalent):	Year: Month: Date:
Clinical sexological education (60 ECTS(SSC) + 60 ECTS(SCS) or equivalent):	
(4000)+4000 pages relevant sexological literature.	Yes: Reading list must be attached

48 hours Sexual Self Acknowledgement (SAR/SSA)	Year:
Clinical sexological practice within the last 2 years:	Total hours: _____ hours (minimum 200 hours) Year: Clinic: Confirmation by: _____ Must be attached
Sexological supervision taken Group >120h:	Group:hours. Authorized supervisor:
Individual >80h:	Individual:hours. Authorized supervisor:
Sexological field of interest:	
Publications/presentations:	Author: Title: Year: _____ List of publications/presentations must be attached Copies/abstracts may be asked for
APPROVAL	
Approved by national authorisation group:	Date: _____ Signature: _____ Coordinator National Authorisation Group
Approved by NACSAC:	Date: _____ Signature: _____ Coordinator NACSAC