



25 h Sexual Self Acknowledgement (SSA)	Year:
Clinical sexological practice within the last 2 years:	Total hours: _____ hours (minimum 100 hours) Year: Clinic: Confirmation by: _____ Must be attached
Sexological supervision taken Group >75h:	Group: ..... hours. Authorized supervisor:
Individual >50h:	Individual: ..... hours. Authorized supervisor:
Sexological field of interest:	
Publications/presentations: (not mandatory)	Author: Title: Year: _____ List of publications/presentations must be attached Copies/abstract may be asked for
<b>APPROVAL:</b>	
Approved by at national authorisation group:	Date: _____ Signature: _____ ..... Coordinator National Authorization Group
Approved by NACSAC:	Date: _____ Signature: _____ ..... Coordinator NACSAC