

# ISTI Program Application

## Instructions

Please complete all of the application along with the statement of intent in English. Please include in your application:

1. A current resume/CV
2. A copy of your (unofficial/official) transcript
3. A copy of your licensure/current credentials

Email complete application materials to [admin@integrativesextherapyinstitute.com](mailto:admin@integrativesextherapyinstitute.com) with no more than **TWO** PDFs containing this application and the supporting documentation.

Name	Street Address Including City, State, and ZIP Code
<b>Applicant Info</b>	
Telephone number	Personal Email Address
Work Email Address	Web Site
Highest Degree Earned	Graduation Date (mm/yy)

Are you interested taking course work through ISTI:

in person       e learn       Combination

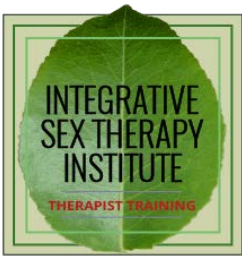
Are you interested in certifying as:

- Certified Sex Therapist (Only AASECT can approve this certification)
- Certified Sex Counselor (Only AASECT can approve this certification)
- Certified Sex and Couples Therapy (Only ISTI can approve this certification)

Are you interested in integrative supervision?

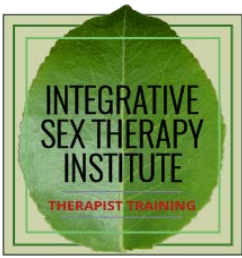
Yes       No

- ISTI provides a comprehensive study program integrating couples therapy with sex therapy in unique, comprehensive learning environments.
- Achieve your certification goals for the new Certified Sex and Couples Therapist (CSCT) and AASECT Sex Therapist Certification (CST).
- Build advanced clinical and theoretical skills with the top instructors and become a leader in the field.
- Be part of supervision and consultation groups with international experts, authors, and researchers who focus on your clinical cases.



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Courses taken that could apply to certification requirements	Course title, institution, number of hours, date (mm/yy)
	<b>Total Hours:</b>



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Statement of intent should summarize your goals for enrolling in the ISTI program. Please include the populations you wish to work with and vision on how this certification will enhance you as a clinician and the work you do with your clients.

I have reviewed and approved this application for entrance into the CISTI certification program. By signing this application, I acknowledge that I have read the Integrative Sex Therapy Institute's purpose, ethics, and expectations and agree to be bound by them. I also acknowledge that this application is true and accurate to the best of my knowledge.

X