



**INTEGRATIVE SEX
THERAPY INSTITUTE**
THERAPIST TRAINING

EVERGREEN
CERTIFICATIONS

Application for Certified Sex Therapy Informed Professional

Date: _____

Name (as it appears on your license): _____

Mailing Address: _____

City/State/Zip/Country: _____

Phone: _____

Email Address: _____

I attest to the following (please initial each):

___ I am a state or nationally licensed (or equivalent outside the U.S.) professional as outlined in Criterion 1.1 of the certification standards

___ My professional license is current and in good standing as outlined in the [Evergreen Certifications Code of Ethics](#)

___ I have completed the required 14 education hours as outlined in Criterion 2.1 of the certification standards

___ I have completed at least 2 group consultation hours as outlined in Criterion 3.0 of the certification standards

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted.

I understand that information submitted with this application may be verified for accuracy by Evergreen Certifications. I also agree to contact Evergreen Certifications if I no longer meet the requirements to be a Certified Sex Therapy Informed Professional.

Signed: _____ Date: _____