

Colorado Sex Offender Management Board

INTENT TO APPLY FOR LISTING TO THE ADULT AND JUVENILE *PROVISIONAL* PROVIDER LIST

AS A
TREATMENT PROVIDER



Color

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DIVISION OF CRIMINAL JUSTICE
Office of Domestic Violence and Sex Offender Management
Sex Offender Management Board

700 Kipling Street, Suite 3000, Denver, CO 80215

Email: somb@cdps.state.co.us

<http://dcj.state.co.us/odvsom/>

Telephone: (303) 239-4526 Fax: (303) 239-4491

New application for use starting September 2008

**INTENT TO APPLY FOR LISTING TO THE
ADULT AND JUVENILE PROVISIONAL PROVIDER LIST**

Who should complete this form?

Individuals who wish to work towards *PROVISIONAL* listing status on the Sex Offender Management Board's approved provider lists shall submit their written intent to the Board pursuant to:

1. Section 4.100 of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, published by the Sex Offender Management Board, revised and reprinted March 2008, and Section 4.100 of the *Standards and Guidelines for the Evaluation, Assessment, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses revised March 2008*.
2. The Sex Offender Management Board Policy *Intent to Apply for Listing Status and Process 05-23-06*, and
3. The Sex Offender Management Board *Position Statement 05-23-06 Requirements for Individuals Working Towards Listing Status*.

DATE: _____ **# PROVIDERS IN AREA** _____
UNDERSERVED AREA: _____

APPLICANT

NAME: _____
AGENCY: _____
CREDENTIALS: _____
ADDRESS: _____
TELEPHONE #: _____
FAX #: _____
EMAIL: _____

**FULL OPERATING LEVEL TREATMENT
PROVIDER**

NAME: _____
AGENCY: _____
ADDRESS: _____
TELEPHONE #: _____
FAX #: _____
EMAIL: _____

COLLABORATIVE AGENCY SUPPORT

CONTACT PERSON/NAME: _____
AGENCY: _____
ADDRESS: _____
TELEPHONE #: _____
FAX #: _____
EMAIL: _____

I intend to apply for the following:

- Adult Provisional Treatment Provider
- Juvenile Provisional Treatment Provider

****Please note, supervision shall not be provided by a relative of the applicant.**

I understand that I have **one (1) year** from the date of this contract to submit my application(s) to the Board. I understand that I must accumulate the required specialized training, professional supervision through an approved Advanced Practitioner Supervisor, and other requirements prescribed by the *Standards & Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* and/or the *Standards and Guideline for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses* pursuant to the Provisional requirements.

I understand that I will not be listed as a provisional provider until I meet all of the listed requirements, an application has been submitted in addition to a recommendation from the Full Operating Level Provider, and I am granted final approval by the SOMB.

FORMS OF SUPERVISION:

- Face to Face** _____ x per month
- Videoconference** _____ x per month
- Telephone** _____ x per month
- Other** _____

The Full Operating Level Provider and I are in agreement that supervision will be governed by the requirements prescribed in the Standards and requirements for Provisional status.

I have enclosed:

- ❑ A completed **fingerprint card**
- ❑ A **money order** made out to “**CBI**” for **\$39.50**
- ❑ This signed two page application entitled “**Intent to Apply for Listing to the Adult and Juvenile Provisional Provider List**”

Full Operating Level Provider signature: _____

Date: _____

Applicant's signature: _____

Date: _____

Please submit this application with a SOMB Fingerprint Card. Cards can be obtained by calling (303) 239-4199 or (303) 239-4526

How do I complete the Fingerprint Card?

Per Colorado Revised Statute 16-11.7-106 (2), applicants must submit one set of fingerprints for use by the Colorado Bureau of Investigation (CBI) and for transmittal to the Federal Bureau of Investigation (FBI). All current approved providers, all new applicants, and all individuals intending to apply, are required to submit a fingerprint card unless you submitted a card to the Domestic Violence Management Board or to the Sex Offender Management Board.

Please carefully read the instructions below:

1. You must use the fingerprint card that is enclosed due to the specific coding on the card. Do not substitute it for a fingerprint card from your local law enforcement agency.
2. Take the enclosed card to your local law enforcement agency for fingerprinting. They will charge you a fee.
3. Pay close attention to the numbered description of each category that needs to be filled out. Any inaccuracies will result in your card being returned to you. This will delay the process and may result in additional fees.
4. Use black ink only.
5. All written information must be contained within each box. Do not write on any blue lines.
6. Do not highlight any information.
7. You must submit your completed fingerprint card (along with an enclosed **money order** made out to **CBI** for **\$39.50**) to:

Sex Offender Management Board
Division of Criminal Justice
700 Kipling Street, Suite 3000
Denver, CO 80215

8. Insert information into boxes on fingerprint card according to the **sample** on the next page.

FINGERPRINT CARD SAMPLE:

APPLICANT		LEAVE BLANK			TYPE OR PRINT ALL INFORMATION IN BLACK			FBI		LEAVE BLANK	
		LAST NAME NAM			FIRST NAME			MIDDLE NAME			
		(1)								(21)	
SIGNATURE OF PERSON FINGERPRINTED (12)		ALIASES AKA			O R I CO030085C ST DIV CRIM JUST DENVER, CO			DATE OF BIRTH DOB		Month (10) Year	
RESIDENCE OF PERSON FINGERPRINTED (13)		(2)						PLACE OF BIRTH POB			
DATE (14)		CITIZENSHIP CTZ			SEX (4) (5) (6) (7) (8) (9) (11)			WEIGHT		EYES	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		(3) (3A) (20)			YOUR NO. OCA			HAIR		PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS (15)		FBI NO. FBI			ARMED FORCES NO. MNU			CLASS		REF.	
REASON FINGERPRINTED (16)		SOCIAL SECURITY NO. SOC (17)			MISCELLANEOUS NO. MNU (18)			LEAVE BLANK			
(19)											
1. R. THUMB		2. R. INDEX			3. R. MIDDLE			4. R. RING		5. R. LITTLE	

PLEASE FILL OUT ENCLOSED FINGERPRINT CARD AS FOLLOWS:

- | | |
|--------------------|--|
| 1. NAME | Type or print Last, First and Middle Name |
| 2. AKA | Maiden name, other married names or any other name used |
| 3. CITIZENSHIP | U.S. (if born in the U.S) or Alien registration number |
| 3A. AMOUNT | DO NOT FILL IN |
| 4. SEX CODES | M (Male) F (Female) |
| 5. RACE CODES | W (White) B (Black) W (Hispanic) I (Indian) A (Asian – Oriental) |
| 6. HEIGHT | Feet and inches (for example 5'6" = 506; 6' = 600) |
| 7. WEIGHT | 090, 100, 250, etc. |
| 8. EYE CODES | BLK (Black), BLU (Blue), BRO (Brown), GRN (Green), GRY (Gray), HAZ (Hazel), XXX (Unknown) |
| 9. HAIR CODES | BAL (Bald), BLK (Black), BRO (Brown), GRY (Gray), RED (Red/Auburn), WHI (White), XXX (Unknown) |
| 10. DOB | Date of Birth |
| 11. POB | Place of Birth |
| 12. SIGNATURE | Signature of person fingerprinted – Individual's Signature |
| 13. RESIDENCE | Complete mailing address of person fingerprinted; includes city, state, & zip code |
| 14. DATE | Date Printed; Signature of <u>Law Enforcement Official</u> taking fingerprints |
| 15. EMPLOYER | DO NOT FILL IN |
| 16. REASON PRINTED | DO NOT FILL IN |
| 17. SOC | Social Security Number |
| 18. MISCELLANEOUS | DO NOT FILL IN |
| 19. FINGERPRINTS | All Applicants prints should be taken by a law enforcement agency |
| 20. OCA | DO NOT FILL IN |
| 21. FBI | DO NOT FILL IN |