

COLORADO SEX OFFENDER MANAGEMENT BOARD

**APPLICATION FOR PLACEMENT
ON THE
PROVIDER LIST
AS A:**

**PROVISIONAL TREATMENT for
*ADULT SEX OFFENDERS AND JUVENILES
WHO HAVE COMMITTED SEXUAL
OFFENSES***



**Colorado Department of Public Safety
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**

Who should complete this application?

Individuals who wish to provide services to convicted adult sex offenders and/or adjudicated juveniles who have committed a sexual offense in an **underserved area**. Applicants must demonstrate that they meet the qualifications for Provisional Status and comply with standards of practice contained in *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* and the *Standards and Guidelines For The Evaluation, Assessment, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses* published by the Sex Offender Management Board, (SOMB) and, if applicable, *the Standards for Community Entities That Provide Supervision and Treatment for Adult Sex Offenders who have Developmental Disabilities*. Applicants should apply as individuals, not partnerships or programs.

How to complete this application:

- The applicant should first **read and understand the Standards** before completing this application. Within the body of this application, you will be asked to document your training and experience; you may wish to compile these materials in advance.
- When complete, the application should be returned in hard copy to the address on the cover page, “Attention: SOMB”. Save a copy of the completed application and attached documentation for your files.
- Additional copies of the *Standards* or the application materials may be obtained by contacting (303) 239-4526. Standards are also available on the Internet at: http://dcj.state.co.us/odvsom/sex_offender.
- Questions may be addressed to Cathy Rodriguez at (303) 239-4499 for questions pertaining to the adult portion of this application and Kristy Alles-Serrant at (303) 239-4197 for questions pertaining to the juvenile portion of this application.

Additional Responsibilities if you are placed on the Provider List under Provisional Status:

- To notify the SOMB, in writing of any changes in your name, address, telephone number, program name, program materials or if you have added an additional treatment location.
- To provide the SOMB, in writing, information regarding any changes to your professional status, such as grievances, license revocations or any other change in your professional standing.

GENERAL INSTRUCTIONS

1. Use the forms provided in this application.
2. Submit ONLY the information requested.
3. Submit the required information **in the order requested.**
4. Follow all instructions carefully – incorrect applications may be returned.
5. **KEEP A COPY OF YOUR COMPLETED APPLICATION AND ATTACHMENTS FOR YOUR FILES.**
6. Please remove pages i through ix before mailing in your completed application.
7. PLEASE DO NOT use staples, paper clips, binders, sheet protectors or other materials because all applications are copied multiple times in their entirety during processing.
8. Please submit all materials on SINGLE-SIDED COPIES .
9. A **money order** for **\$100.00** made payable to **Colorado Department of Public Safety** must be included to cover the cost of your background check.

The Application Review Committee of the SOMB must receive a minimum of four evaluation reports from your Advanced Practitioner along with a final recommendation in order for your application to be processed and reviewed for Provisional listing. Your application will **NOT** be processed until the required supplemental information is received from your Advanced Practitioner.

Compliance with the Standards will be assessed over time through a periodic renewal process, a monitoring process, and a mechanism to receive and investigate complaints within the policies established for such complaints.

APPLICANT NAME:

DATE:

Provider #:

(SOMB use only)

Adult and Juvenile Application:

**For Placement on the Sex Offender Management Board's
Provider List as a Provisional Treatment Provider.**

Please check the category(ies) for which you are applying:

- ADULT TREATMENT PROVIDER

- JUVENILE TREATMENT PROVIDER

Was a Provisional Intent to Apply Application previously sent in?

- YES
- NO

**If you answered "No" please contact the SOMB immediately
as the Intent is **REQUIRED** prior to submitting an
application.**

SECTION ONE

Background and Identifying Information: *Adult and Juvenile Provisional Applicants*

This information will be used by SOMB staff to conduct a criminal history check, a background investigation, and to document your qualifications.

Applicant Name: _____

Credentials _____

Aliases: _____

Gender: Male Female Social Security Number: _____

Date of Birth _____ Colorado Driver's License Number _____

Employer or Business Name: _____

PLEASE NOTE THAT ALL ADDRESSES AND TELEPHONE NUMBERS BECOME A MATTER OF PUBLIC RECORD. FOR SAFETY REASONS, THE USE OF HOME ADDRESSES AND TELEPHONE NUMBERS IS NOT RECOMMENDED. PLEASE UPDATE STAFF OF ALL CHANGES.

Primary Business Address: _____

County of Primary Location: _____

Telephone: _____ Fax: _____ E-mail: _____

You may list up to five addresses and/or counties on the provider list. Please list address, including **county**.

1. _____

2. _____

3. _____

4. _____

5. _____

Please list languages, other than English, which you speak fluently and in which you can demonstrate clinical proficiency (*this information will be published on the Provider List*):

Are you on the Approved Provider List of the Colorado Domestic Violence Offender Management Board (DVOMB)? _____ Yes _____ No

Have you submitted a fingerprint card to the SOMB or DVOMB? _____ Yes _____ No

**Authorization for Release of Information:
*Adult and Juvenile Provisional Applicants***

I, _____, authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to be on the Sex Offender Management Board's Provider List as one or more of the following: **Provisional Treatment Provider or Provisional Evaluator**. I agree to give any further information that may be required in reference to my past record.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court association, or institutions having possession of any documents, records or other information pertaining to me, to furnish to the Sex Offender Management Board such information, including, but not limited to, documents and records, informal, pending or closed, or any other pertinent data and to permit the Sex Offender Management Board or any of its designated officers, committees, or staff to inspect and make copies of such documents, records and other information in connection with this application.

The foregoing authorization for release of information or records does not include consent for release of personal financial records, bank accounts, loans or other such personal information not related to my moral character, professional reputation, or fitness as a treatment provider and/or evaluator and/or polygraph examiner.

I hereby release, discharge and exonerate the Sex Offender Management Board, its agents and representatives, and any person furnishing such information from any and all liability of every nature and kind arising out of the furnishing of such information to other medical or professional societies or organizations, hospitals and hospital committees, and government agencies in the event that other such organizations and agencies present to the Sex Offender Management Board a release of authorization for release of information executed by me or a facsimile of such release or authority executed by me.

Signature of Applicant

Clearly Printed Applicant Name

Date

Adult and Juvenile Provisional Applicants:

Please list your place(s) of employment and positions for the last five years starting with your current or most recent employment. If you practiced psychotherapy in another state, with or without a license, please also include that work experience. You may substitute a professional resume if it provides all the information requested.

You may copy this page

<i>Employer/Business Name:</i>	<i>Telephone:</i>
<i>Street Address:</i>	
<i>City:</i>	<i>State:</i> <i>Zip Code:</i>
<i>Position:</i>	<i>Dates of Employment:</i> <i>From</i> <i>To</i>
<i>Unless you were self-employed, list supervisor name:</i>	<i>Telephone:</i>
<i>If self-employed, provide the name of a professional reference to verify this employment:</i>	<i>Telephone:</i>
<i>Summary of job duties:</i>	
<i>Reason for leaving:</i>	

<i>Employer/Business Name:</i>	<i>Telephone:</i>
<i>Street Address:</i>	
<i>City:</i>	<i>State:</i> <i>Zip Code:</i>
<i>Position:</i>	<i>Dates of Employment:</i> <i>From</i> <i>To</i>
<i>Unless you were self-employed, list supervisor name:</i>	<i>Telephone:</i>
<i>If self-employed, provide the name of a professional reference to verify this employment:</i>	<i>Telephone:</i>
<i>Summary of job duties:</i>	
<i>Reason for leaving:</i>	

Adult and Juvenile Provisional Applicants:

You may substitute and attach a professional resume if it provides all the information requested.

ACADEMIC DEGREE	SPECIALTY AREA	DATE OF DEGREE	NAME OF COLLEGE OR UNIVERSITY	LOCATION-CITY & STATE
B.A./B.S.				
M.A., M.S., M.S.W.				
Ed.D.				
Ph.D.				
Psy.D.				
Psychiatric Clinical Nurse				
M.D.				
Board Certified:	___ Yes ___ No			
Other (describe)				

Adult and Juvenile Provisional Applicants:

- Have you ever received a written reprimand at any place of employment?
 NO YES If yes, please explain.

- Have you ever been suspended, fired, or asked to resign from a position or employment?
 NO YES If yes, please explain.

- Have you ever been convicted of, or received a deferred judgment for, any offense involving criminal sexual or violent behavior?
 NO YES If yes, please explain.

- Have you ever been arrested, charged or convicted of any criminal offense?
 NO YES If yes, please explain.

- Have you ever been convicted of a felony?
 NO YES If yes, please explain.

Adult and Juvenile Provisional Applicants for TREATMENT PROVIDER for the PROVISIONAL LIST:

Reference: Adult and Juvenile Standards, sections 2.000, 3.000 and 4.000.

ALL APPLICANTS WHO ARE NOT LICENSED MUST BE REGISTERED WITH THE DATABASE FOR UNLICENSED PSYCHOTHERAPISTS IN ORDER TO BE PLACED ON THE SOMB PROVIDER LISTS EVEN IF THEIR CURRENT EMPLOYMENT DOES NOT REQUIRE IT.

- Do you have a current Colorado license to practice psychotherapy?
 NO **YES** (A copy of your license must be attached to this application sections 12-43-303; 12-43-403; 12-43-503; 12-43-603 C.R.S.)

If you are not licensed:

- a. Are you registered with the Database of Unlicensed Psychotherapists? (A copy of your registration must be attached to this application 12-43-702.5, C.R.S.) This requirement applies to ALL applicants, including DOC.
 NO **YES**

- b. Are you in the process of applying for a Colorado license?
 NO **YES**

- c. Have you practiced psychotherapy without a license in any other state?
 NO **YES** (If Yes, please list those states and include this experience in your employment history form.)

- Have you ever been licensed or certified to practice psychotherapy in any other states?
 NO **YES** (If Yes, please list those states and include this experience on the employment history page.)

- Have you ever been found to engage in unethical behavior by any licensing or certifying body in Colorado or any other state or jurisdiction?
 NO **YES** If yes, please explain.

- Have you ever had a license or certification revoked, canceled, suspended or have you been placed on probationary status by any professional licensing body? This includes any previously successful or currently pending challenge to your licensure, certification or registration.

NO **YES** If yes, please explain.

- Have you ever voluntarily relinquished a license or certification to provide psychotherapy?

NO **YES** If yes, please explain.

- Have you ever voluntarily or involuntarily limited, reduced or lost any clinical or mental health staff privileges?

NO **YES** If yes, please explain.

- Do you have any pending professional liability or malpractice actions, or final judgments or settlements involving your professional practice?

NO **YES** If yes, please explain.

*If you meet all of the previous criteria for **Provisional Adult Treatment Provider**, please submit the following:*

- ❑ **\$100.00 money order made out to Colorado Department of Public Safety enclosed**
- ❑ **Copy of your current Driver’s License**
- ❑ **Evidence of licensure**

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*If you meet all of the previous criteria for **Provisional Juvenile Treatment Provider**, please submit the following:*

- **Copy of your current Driver’s License**
- **Evidence of registration with the Database of Unlicensed Psychotherapists
OR
Evidence of licensure**

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SECTION TWO

Statement of Understanding

Adult and Juvenile Provisional Applicants

1. I understand that the information I have submitted on this application for the Sex Offender Management Board Provider List will be used for the following purposes:
 - A. To conduct criminal history checks and background investigations as necessary.
 - B. To create and disseminate a provider list of treatment providers, evaluators, and/or polygraph examiners.
2. My application materials will become a public record of the Division of Criminal Justice and may be subject to open record act requests pursuant to Section 24-72-304,C.R.S.
3. Inclusion on the provider list does not constitute certification or licensure and should not be represented as such. It does not create an entitlement or guarantee that I will receive referrals. If I am approved to be on the Provider List, it means that I am eligible to be considered as a provider of evaluation, assessment, treatment, and/or behavioral monitoring services for convicted sex offenders and/or adjudicated juveniles who have committed a sexual offense, pursuant to Section 16-11.7-106, C.R.S. which states:

“(1) The department of corrections, the judicial department, the division of criminal justice of the department of public safety, or the department of human services shall not employ or contract with and shall not allow a sex offender to employ or contract with any individual or entity to provide sex offender evaluation or treatment services pursuant to this article unless the sex offender evaluation or treatment services to be provided by such individual or entity conforms with the standards developed pursuant to Section 16-11.7-103(4) (b).”

(2) The board shall require any person who applies for placement on the list of persons who may provide sex offender treatment services pursuant to this article to submit a complete set of his or her fingerprints. The board shall forward any such fingerprints received pursuant to this subsection (2) to the Colorado bureau of investigation for use in conducting a state criminal history record check and for transmittal to the federal bureau of investigation for a national criminal history record check. The board shall use the information obtained from the state and national criminal history record check in determining whether to place the person on the approved provider list.
4. The Sex Offender Management Board will release information to all referring agencies regarding the status of my application, my placement on the Provider List, founded complaints, removal from the Provider List or denial of my application to the Provider List.
5. In the event a complaint is filed against me, the contents of my application will be reviewed by the Sex Offender Management Board in accordance with the Sex Offender Management Board Administrative Policies.
6. I have read the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders and/or the Standards and Guidelines for the Evaluation, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses and/or Standards for Community Entities That Provide Supervision and Treatment for Adult Sex Offenders Who Have Developmental Disabilities* in its entirety, and agree to carry out the *Standards* to the best of my ability related to the listing and level for which I am applying. I have answered all questions on this application honestly and the answers are complete to the best of my knowledge. I further understand that false statements or misstatements on this application are grounds for removal from the SOMB Provider Lists.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

SECTION THREE

References

Adult and Juvenile Provisional Applicants

References

As part of the background check, six references are required, four of which will be randomly contacted by our background investigator. These individuals must be familiar with your professional qualifications and the references listed in 1B-3B must be members of a Community Supervision Team and/or Multidisciplinary Teams in which you participate. DOC/DYC employees please refer to * note below.

1A. Name:

Position:

Address:

Telephone number:

2A. Name:

Position:

Address:

Telephone number:

3A. Name:

Position:

Address:

Telephone number:

REQUIRED ADDITIONAL REFERENCES -

1B. PROBATION/PAROLE OFFICER

Name:

Address:

Telephone number:

2B. VICTIM ADVOCATE, THERAPIST, OR OTHER VICTIM PROFESSIONAL

Name:

Address:

Telephone number:

3B POLYGRAPH EXAMINER, TREATMENT PROVIDER, EVALUATOR, SUPERVISING OFFICER OR OTHER (Please indicate the individual's profession below)

Name:

Profession:

Address:

Telephone number:

* DOC/DYC EMPLOYEES: Since you may not be working with Community Supervision Teams and/or Multidisciplinary Teams you may provide names of co-workers or others familiar with your professional qualifications.

SECTION FIVE

Standards of Practice for *Adult Provisional Treatment Providers*:

Description of Sex Offense-Specific Treatment

Reference: Standards, Section 3.600 and Guiding Principles. (Note that the sole use of individual therapy is not recommended with sex offenders, and the referral agency may require group therapy as the primary treatment modality, unless geographical or disability limitations eliminate it as an option.)

- Do you use group therapy as your primary modality of treatment with sex offenders?
 NO YES
- a. Length of each session: 1 hour 1-2 hours More than 2 hours
- b. Frequency of group sessions: Once a week Twice a week More than twice a week
- c. Number of separate groups offered: _____
- d. Are clients assigned any homework between sessions? NO YES
- e. What is the average size of a treatment group? _____
- f. What is the therapist/client ratio? _____
- g. What time(s) of day do you offer treatment groups? _____
- h. Are your treatment groups open or closed? Open Closed
- i. What is the minimum length of time it takes a sex offender to complete your treatment program? _____
- j. If group therapy is not your primary treatment modality, please describe your primary modality. _____

- k. If you are a rural treatment provider and do not have enough referrals at one time to run a group, please indicate how you treat sex offenders in lieu of group.

- l. Do you provide separate groups for male and female offenders? _____
- m. Do you provide separate groups for those 18 and over, and under 18 years of age?

- In addition to your primary treatment modality previously listed, what other modalities of treatment do you use?
 - Group therapy
 - Family therapy
 - Victim clarification process
 - Substance abuse treatment
 - Referrals to self-help or 12 step programs
 - Other therapies for co-existing conditions
 - Support groups for families of sex offenders
 - Other (please explain) _____
 - Individual therapy
 - Partner therapy
 - Biomedical therapies
 - Referrals to psychiatrist
 - Domestic violence treatment

Attachments:

- a. Please attach copies of two (2) representative sex offense-specific treatment plans, with client identifying information deleted, that include the information required in Standards, Section 3.130.
- b. Please attach a sample Treatment Contract. The contract provided should be specific to adult convicted sex offenders.
- c. Please attach a brief description of your program.

SECTION SEVEN

Standards of Practice for *Juvenile Provisional Treatment Provider*:

Description of Sex Offense Specific Treatment

Reference: Juvenile Standards, Section 3.000 and Guiding Principles

- Which treatment modalities do you use?
 - Group therapy
 - Family therapy
 - Victim clarification process
 - Substance abuse treatment
 - Referrals to self-help or 12 step programs
 - Other therapies for co-existing conditions
 - Domestic violence treatment
 - Support groups for families of JVSO
 - Other (please explain) _____
 - Individual therapy
 - Partner therapy
 - Biomedical therapies
 - Referrals to psychiatrist

Attachments:

- a. Please attach copies of two (2) sex offense specific treatment plans for juveniles with client identifying information deleted, that include the information required in Section 3.130.
- b. Please attach a sample Treatment Contract/Advisement form containing the information required in Sections 3.200 and 3.310(A), (B).
- c. Please attach a brief description of your program.