

**SEX OFFENDER MANAGEMENT BOARD PROVIDER
LIST APPLICATION TO MOVE TO FULL
OPERATING LEVEL: TREATMENT PROVIDER,
EVALUATOR, AND POLYGRAPH EXAMINER AS AN
ADULT AND/OR JUVENILE LISTED PROVIDER**

PLEASE CHECK THE LISTING(S) FOR WHICH YOU ARE APPLYING TO MOVE
UP TO THE FULL OPERATING LEVEL FROM THE ASSOCIATE LEVEL:

ADULT

- Treatment Provider
- Evaluator
- Polygraph Examiner
- DD Specialty

JUVENILE

- Treatment Provider
- Evaluator
- Polygraph Examiner

ALL APPLICANTS:

Name: _____

Date of Birth: _____

***PLEASE NOTE THAT ALL ADDRESSES AND PHONE NUMBERS BECOME A MATTER OF
PUBLIC RECORD. FOR SAFETY REASONS, THE USE OF HOME ADDRESSES AND PHONE
NUMBERS ARE NOT RECOMMENDED.***

Business Name and Address: _____

Phone: _____ Fax: _____

Email Address: _____

QUALIFICATIONS OF FULL OPERATING LEVEL TREATMENT PROVIDERS

Reference: Adult and Juvenile Standards, Section 4.000

A Treatment Provider at the Full Operating Level may provide treatment without supervision and may supervise an Associate Level Treatment Provider. The following checklist will help you determine if you meet the qualifications for Full Operating Level Treatment Provider:

- ____ You are currently listed on the Provider List as an Associate Level Treatment Provider Adult and/or Juvenile in good standing.

- ____ You are licensed and in good standing with the licensing board.

- ____ You have completed within the past five (5) years a minimum of one thousand (1,000) hours of clinical experience specifically in the areas of evaluation and treatment of sex offenders and/or adjudicated juveniles, at least half (500) of which shall have been direct face-to-face clinical contact with adult sex offenders and/or juveniles who have committed sexual offenses.

- ____ You have at least one hundred (100) hours of documented training specific to the evaluation and treatment methods, victim issues, and treatment of adult sex offenders as prescribed in the Standards, within the last five (5) years.

- ____ You have an additional sixty (60) direct face-to-face clinical contact co-therapy hours with offenders in the same room with a Full Operating Level treatment provider.

If you meet all of the above criteria, please submit the following:

- Evidence of licensure,
- Description of your clinical experience (see form in this packet),
- Documentation of specialized training (see form in this packet),
- A signed letter from your Full Operating Level Treatment Provider supervisor indicating their recommendation that you move to Full Operating Level Treatment Provider status.
- Attachments: 2 current treatment plans

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, Assessment, and Supervision of Juveniles Who Have Committed A Sexual Offense* in its entirety, and agree to carry out the Standards related to the listing and level for which I am applying. I have answered all questions on this application fully and frankly and the answers are complete and true to the best of my knowledge. I further understand that false statements or material misstatements in this application are grounds for removal from the SOMB Provider List.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

QUALIFICATIONS OF FULL OPERATING LEVEL EVALUATORS

Reference: Adult and Juvenile Standards, Section 4.000

An Evaluator at the Full Operating Level may treat sex offenders without supervision and may supervise an Associate Level Evaluator. The following checklist will help you determine if you meet the qualifications for Full Operating Level Evaluator:

____ You are currently listed on the Provider List as an Associate Level Evaluator in good standing.

____ You are licensed and in good standing with the licensing board.

____ You are listed as a Full Operating Level Treatment Provider on the Provider List.

____ **Adult:** You have completed, within the past five (5) years, a minimum of thirty (30) mental health sex offense specific evaluations.

____ **Juvenile:** You have completed, within the past five (5) years, a minimum of thirty (30) sex offense specific evaluations.

____ **Adult:** You have at least one hundred (100) hours of documented training including twenty (20) hours related to the sex offense specific evaluation of adult sex offenders within the last five (5) years.

____ **Juvenile:** You have at least one hundred (100) hours of documented training including twenty (20) hours related to the sex offense specific evaluation of juveniles who have committed sexual offenses within the last five (5) years.

If you meet all of the above criteria, please submit the following:

- Evidence of licensure,
- Description of your clinical experience conducting mental health sex offense specific evaluations (see form in this packet),
- Documentation of specialized training (see form in this packet),
- A signed letter from your Full Operating Level Evaluator supervisor indicating their recommendation that you move to Full Operating Level Evaluator status.
- Attachments: 2 current evaluations

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, Assessment, and Supervision of Juveniles Who Have Committed A Sexual Offense* in its entirety, and agree to carry out the Standards related to the listing and level for which I am applying. I have answered all questions on this application fully and frankly and the answers are complete and true to the best of my knowledge. I further understand that false statements or material misstatements in this application are grounds for removal from the SOMB Provider List.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

QUALIFICATIONS OF FULL OPERATING LEVEL POLYGRAPH EXAMINERS

Reference: Adult and Juvenile Standards, Section 4.000

The following checklist will help you determine if you meet the qualifications for Full Operating Level Polygraph Examiner:

- _____ You are currently listed on the Provider List as an Associate Level Polygraph Examiner in good standing.
- _____ You have graduated from an accredited American Polygraph Association school.
- _____ You have a baccalaureate degree from a four-year college or university.
- _____ You have conducted at least two hundred (200) post-conviction sex offender polygraph tests.
- _____ You have completed specialized training as outlined in the *Standards: Adult Section 4.800, Juvenile Section: 4.800*

If you meet all of the above criteria, please submit the following:

- Documentation of specialized training (see form in this packet),
- Description of your clinical experience conducting polygraph exams (see form in this packet),
- Evidence of baccalaureate degree,
- A signed letter from your Full Operating Level Polygraph Examiner supervisor indicating their recommendation that you move to Full Operating Level Polygraph Examiner status
- Attachments: 2 current polygraph exams

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, Assessment, and Supervision of Juveniles Who Have Committed A Sexual Offense* in its entirety, and agree to carry out the Standards related to the listing and level for which I am applying. I have answered all questions on this application fully and frankly and the answers are complete and true to the best of my knowledge. I further understand that false statements or material misstatements in this application are grounds for removal from the SOMB Provider List.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Clinical Experience

This form is to be used for documentation of the number of hours you have accumulated within the last five (5) years by providing treatment, evaluations, or polygraphs.

TREATMENT PROVIDER

Adult: Refer to Adult Standards 4.400.

EVALUATOR

Adult: Refer to Adult Standards 4.600.

Juvenile: Refer to Juvenile Standard 4.600

POLYGRAPH EXAMINER

Adult: Refer to Standards 4.800, Juvenile: Refer to Standards 4.800

Juvenile: Refer to Standard 4.600 (E).

You may copy this page.

DATES	# of hours, or # of evals., or # of exams	CLINICAL ACTIVITY TYPE (<i>Group therapy, polygraph examinations, sex offense- specific evaluations, etc.</i>)	LOCATION or AGENCY
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			