

Colorado Sex Offender Management Board (SOMB)

INTENT TO APPLY FOR THE ADULT AND JUVENILE PROVIDER LIST

**AS A
TREATMENT PROVIDER, EVALUATOR, AND/OR
POLYGRAPH EXAMINER,**



Color

fety

**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

Implemented for use in June 2006

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

Who should complete this form?

Individuals who wish to work towards listing status on the Sex Offender Management Board's approved provider list(s) 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*.

Please note: Any provider wishing to add onto their current status, ***shall*** provide an Intent to Apply form (e.g. A treatment provider working towards becoming an evaluator). You will receive a letter from our office indicating that your paperwork has been processed and your name will subsequently be published on the Intent to Apply list on our website.

DATE: _____
APPLICANT'S NAME: _____
AGENCY: _____
ADDRESS: _____
TELEPHONE #: _____
FAX #: _____ EMAIL: _____

SUPERVISOR'S NAME: _____
AGENCY: _____
ADDRESS: _____
TELEPHONE #: _____
FAX #: _____

I intend to apply to the Sex Offender Management Board's Provider List within one year for approval as: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adult Associate Level Treatment Provider | <input type="checkbox"/> Juvenile Associate Level Treatment Provider |
| <input type="checkbox"/> Adult Associate Level Evaluator | <input type="checkbox"/> Juvenile Associate Level Evaluator |
| <input type="checkbox"/> Adult Associate Level Polygraph Examiner | <input type="checkbox"/> Juvenile Associate Level Polygraph Examiner |
| <input type="checkbox"/> Adult Developmental Disability Specialty | |
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Please note: Any clinical supervision ***shall not*** be provided by a relative of the applicant.

INTENT TO APPLY CONTRACT

I understand that I will be able to submit my application(s) for approval to the Board within **one year** from the date indicated on this contract. I have read and understand the 'Qualifications' section of the Standards (4.000), including the subsections which indicate I may be ineligible for approval if I have a criminal history. For applicants who have a criminal history, please enclose with this contract a written explanation of the charges and verification of the disposition. Please note that it is illegal to practice psychotherapy in the state of Colorado without registration or licensure through the D.O.R.A. (Department of Regulatory Agencies) unless you work for an exempt agency. (Please contact D.O.R.A. for details.)

I understand that I must accumulate the required clinical experience, specialized training, professional supervision, and other requirements prescribed in the 'Qualifications' of 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*. **I further understand that I will not be listed as a provider until I meet all of the listed requirements and an application has been submitted and approved by the SOMB.**

My supervision will consist of _____ hours a month of supervision directly related to sex offense-specific treatment/evaluation/polygraphy and will include the following types of supervision (group, individual, face-to-face, electronic, etc.): _____

My clinical supervisor and I are in agreement that supervision will be governed by the requirements prescribed in the Standards (see Section 4.000).

I am enclosing:

- A completed **fingerprint card**
- Documentation/verification of my status with D.O.R.A. (i.e. copy of registration or licensure)
- A **money order** made out to "CBI" for **\$39.50**
- This signed two page application entitled "**Intent to Apply for the Adult and Juvenile Provider List**"

Supervisor's 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		(11)			
DATE (14)	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ (3)	(3A)	(4)	(5)	(6)	(7)	(8)	(9)	(11)		
EMPLOYER AND ADDRESS (15)		YOUR NO. OCA (20)			LEAVE BLANK								
REASON FINGERPRINTED (16)		FBI NO. FBI			CLASS _____								
		ARMED FORCES NO. MNU			REF. _____								
		SOCIAL SECURITY NO. SOC (17)											
		MISCELLANEOUS NO. MNU (18)											
(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 |