APPLICATION FOR CERTIFICATION

SEX OFFENDER TREATMENT PROVIDER

APPRENTICE PROVIDER LEVEL

California Sex Offender Management Board

1608 T Street, Sacramento, CA 95811

Website: www.casomb.org

Contact Information for Inquiries Regarding the Certification Process is Available at: http://www.casomb.org

Who should complete this application:

Every individual who wishes to provide services as a Certified Apprentice Provider to convicted sex offenders pursuant to Penal Code Section 290.09 and Sections 1203.067 and 3008 must complete this application. Providers must demonstrate that they meet the qualifications and comply with standards of practice contained in *Sex Offender Treatment Provider Certification Requirements,* published in June, 2011, by the California Sex Offender Management Board (CASOMB). This application should only be completed by individuals, not partnerships, groups or programs. Note that each person providing the designated services must be certified as an individual AND may only provide such services within the setting of a CASOMB Certified Program. Program certification is a separate process. Refer to the information provided at http://www.casomb.org/certification.htm.

How to complete this application:

- The applicant should read and understand the *Certification Requirements* before completing this application. This document is available at: http://www.casomb.org/certification.htm.

- Within the body of this application, providers will be asked to report their training, education, experience, and clinical licensure. Applicants may wish to compile the relevant records and materials in advance. Submission of the verifying documentation is not required as a part of the initial application but the documents substantiating the claimed experience and training may be requested by CASOMB at any time, whether for cause or as part of a random audit.

- When complete, the application should be mailed to the CASOMB Certification Unit, 1608 T Street, Sacramento, CA 95811. The applicant should be sure to save a copy of the completed application and attached documentation.

Additional Responsibilities if placed on the Certified Provider List:

- All Certified Providers (Independent, Associate, Apprentice) must work for a Certified Program.

- It is the responsibility of each certified provider to notify CASOMB, in writing, of any changes to the provider's name, address, telephone number, email address, license status, affiliated Certified Program or other key information.

APPLICATION CHECKLIST

All of the following steps must be taken to apply to become a
Certified Apprentice Provider

☐ **Complete and submit the Application Form.**
Do not omit any of the parts of the Form. Sign the Form in the required location on the Attestation page.

☐ **Submit the Application Fee - $180**
Include a personal check, money order or cashier's check payable to "CDCR" with the application materials submitted. This fee is nonrefundable.

☐ **Submit a copy of *one* of the following:**
- Driver's License
- State ID card
- Passport
- Military ID card

☐ **Complete the Live Scan Fingerprinting Procedure**

To complete the Live Scan fingerprinting procedure, each applicant will need to:

1. Complete the required portions of the Request for Live Scan Service form (BCII 8016) provided on the CASOMB website and print three (3) copies of the form to be taken with you to the Live Scan vendor. The agency information included on this form is unique to the CASOMB Certification Program and failure to use the form provided will result in delay of certification.
2. Find a conveniently located Live Scan provider by searching the list of approved sites found at http://ag.ca.gov/fingerprints/publications/contact.php. *Please be sure to go to a provider who will accept direct payment from the customer. Do not go to a provider who only does "BILLING NUMBER REQUIRED" scans*.
3. Bring a *valid* form of picture identification along with the fingerprint form of this application to the Live Scan provider.
4. Pay the Live Scan provider the fee for having the scan done. Fees charged at different locations may vary. The fee currently charged at each location is indicated on the above website.
5. Have fingerprints scanned. Once the fingerprints have been taken, nothing more need be done. The prints will be sent to the California Department of Justice for processing. The cost of processing is included as part of the $180 application fee. Any applicant who does not receive background clearance from the Department of Justice will be notified of the outcome by CASOMB. Others may assume that the needed clearance has been obtained.

CASOMB APPLICATION FORM

APPLICATION TO BE A CERTIFIED APPRENTICE PROVIDER

COMPLETE ALL PARTS OF THIS FORM. Contact the California Sex Offender Management Board (Contact information at www.CASOMB.org) if there are any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable. This information will be used to document and evaluate applicant qualifications.

Applicant Information

LAST NAME: **FIRST NAME:** **MIDDLE INITIAL:**

PHYSICAL ADDRESS:

CITY: **STATE:** **ZIP CODE:**

MAILING ADDRESS (If different):

CITY: **STATE:** **ZIP CODE:**

TELEPHONE NUMBER:

EMAIL ADDRESS: **SOCIAL SECURITY NUMBER:** - -

GENDER: MALE ☐ FEMALE ☐ **BIRTH DATE:**

Have you ever been known under any other name (s)? YES☐ NO☐

If yes, please list the name(s):

Please list languages, other than English, which you speak fluently and in which you can demonstrate clinical proficiency:

Initial Certification Requirements – Apprentice Provider Level

1. EDUCATION:

Please list the highest level of education that you have completed.

UNIVERSITY OR COLLEGE – NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	DIPLOMA, DEGREE, OR CERTIFICATE OBTAINED	DATE COMPLETED

2. LICENSURE:

Mental Health Licensure/Certification/Registration Information

List any certification(s), license(s), or registrations currently held which are required to meet the certification criteria and which support this certification application.

PROFESSION	ISSUE DATE	STATE	LICENSE/CERTIFICATION/REGISTRATION NUMBER

PERSONAL DATA QUESTIONS

If the application includes a YES response to any of the personal data questions, the applicant must submit additional supporting documentation and a letter of explanation for that question, as indicated on the application. A "Yes" response will not necessarily result in application denial; however, failure to honestly respond could be grounds to deny an application

	YES / NO
1. Has any state licensing board refused to issue, refused to renew or denied you a license to practice?	☐ / ☐
2. Have you ever had any disciplinary or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?	☐ / ☐
3. Have you ever been arrested, charged with, entered a plea of guilty, no contest, convicted of or been sentenced for any criminal offense either misdemeanor or felony, including driving under the influence, in any state? (The fact that a conviction has been pardoned, expunged, dismissed or that your civil rights have been restored does not mean that you answer this question "NO"; you would answer "YES" and give details on the charge.)	☐ / ☐
4. Are you aware of any current, proposed, impending or threatened civil or criminal action against you? This includes whether or not a claim, charge or filing was actually made with court.	☐ / ☐
5. Do you currently, or have you had within the past five (5) years, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your profession safely and competently?	☐ / ☐
6. Do you currently have, or have you had within the past five (5) years, a dependency on the use of alcohol or drugs which impaired, or does impair, your ability to practice your health care profession safely and competently?	☐ / ☐
7. Within the past five (5) years, have you entered into a diversion program for evaluation, treatment, or monitoring for substance abuse or dependency, or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a health care program or facility, regulatory or licensing board, or criminal or civil court; or have you been notified that such action is pending or proposed?	☐ / ☐

3. EXPERIENCE: Includes direct face-to-face or other qualifying therapy with sex offenders

Experience Reporting Form

EXPERIENCE PROVIDING SERVICES TO SEX OFFENDERS – Prior to July 1, 2012, 200 hours of clinical experience within the past three years are required providing services to adult sex offenders. After July 1, 2012 individuals applying for Apprentice Level Certification must have documented a minimum of 30 hours of observation – direct, mirror, or videotape – of certified sex offender treatment providers working with adult sex offenders.

List professional experience providing direct treatment services, supervision or indirect services, listing the most recent first. Complete all parts of this form. Attach additional pages as needed. Hours of experience listed must be able to be verified upon CASOMB request. It is not necessary to list all of one's experience, but enough hours to meet the stated requirements must be included.

CASOMB CERTIFIED EMPLOYER:	**PHONE:**	
EMPLOYER STREET ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
DATES OF EMPLOYMENT FROM:	**TO:**	
JOB TITLE:	**NAME OF CASOMB CERTIFIED PROVIDER:**	
BRIEFLY DESCRIBE SETTING:*		
BRIEFLY DESCRIBE DUTIES:		
BRIEFLY DESCRIBE CLIENT POPULATION:		
NUMBER OF DIRECT FACE-TO-FACE CLIENT HOURS OR SUPERVISION HOURS PROVIDED:	**OTHER QUALIFYING HOURS** (OTHER THAN DIRECT FACE-TO-FACE OR SUPERVISING**):**	

EMPLOYER:	**PHONE:**	
EMPLOYER STREET ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
DATES OF EMPLOYMENT FROM:	**TO:**	
JOB TITLE:	**NAME OF SUPERVISOR (If any):**	
BRIEFLY DESCRIBE SETTING:*		
BRIEFLY DESCRIBE DUTIES:		
BRIEFLY DESCRIBE CLIENT POPULATION:		
NUMBER OF DIRECT FACE-TO-FACE CLIENT HOURS OR SUPERVISION HOURS PROVIDED:	**OTHER QUALIFYING HOURS** (OTHER THAN DIRECT FACE-TO-FACE OR SUPERVISING**):**	

EMPLOYER:	**PHONE:**	
EMPLOYER STREET ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
DATES OF EMPLOYMENT FROM:	**TO:**	
JOB TITLE:	**NAME OF SUPERVISOR (If any):**	
BRIEFLY DESCRIBE SETTING:*		
BRIEFLY DESCRIBE DUTIES:		
BRIEFLY DESCRIBE CLIENT POPULATION:		
NUMBER OF DIRECT FACE-TO-FACE CLIENT HOURS OR SUPERVISION HOURS PROVIDED:	**OTHER QUALIFYING HOURS** (OTHER THAN DIRECT FACE-TO-FACE OR SUPERVISING**):**	

EMPLOYER:	**PHONE:**	
EMPLOYER STREET ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
DATES OF EMPLOYMENT FROM:	**TO:**	
JOB TITLE:	**NAME OF SUPERVISOR (If any):**	
BRIEFLY DESCRIBE SETTING:*		
BRIEFLY DESCRIBE DUTIES:		
BRIEFLY DESCRIBE CLIENT POPULATION:		
NUMBER OF DIRECT FACE-TO-FACE CLIENT HOURS OR SUPERVISION HOURS PROVIDED:	**OTHER QUALIFYING HOURS** (OTHER THAN DIRECT FACE-TO-FACE OR SUPERVISING**):**	

*E.G. Large multidisciplinary public agency; small private practice; residential program, jail; etc.

Total hours of experience providing direct face-to-face services to sex offenders or supervising such services:	_____ **HOURS**	Total of other services to sex offenders:	_____ **HOURS**	Total Service Hours	_____ **HOURS**

4. TRAINING:

Formal Training Reporting Form - Core Topics

Formal Training (Core Topics) – A minimum of eight (8) documented training hours within the **last two years** is required.

List the Core Topic Training and Educational experiences which establish applicant's qualification. At least 8 hours of training must be listed.

ACTIVITY/EVENT	DATE	TRAINING ORGANIZATION	HOURS
		Total Core Topic Hours:	

5. SUPERVISION:

Any sex-offender related services regulated by the CASOMB criteria and provided by an Apprentice Provider must be provided under the direct supervision of an Independent Provider or an Associate Provider.

If the Apprentice Provider is not licensed, it is to be understood that the individual will continue to receive supervision as required by the state licensing authority or, if applicable, by his or her academic training program.

The supervision described in this document may or may not be coextensive with any other supervision requirements for the Apprentice Provider so that the various types of supervision requirements may or may not be met by the same supervisor in the same supervision session.

Unless the individual is already licensed, hours accrued before July 1, 2012, must have been completed under the supervision of a licensed mental health professional.

Any hours accrued after July 1, 2012 must have been completed under the supervision of a Certified Independent Provider or Certified Associate Provider.

The required supervision must be provided in a face-to-face setting.

For purposes of this certification an Apprentice Provider must receive a minimum of one (1) hour of supervision for every ten (10) hours of direct sex offender services.

Applicant's Attestation

I, _____, certify that I am the person described and identified in this application.

I have read and will abide by the *Sex Offender Treatment Provider Certification Requirements: Apprentice Provider Level.* I have answered all questions in this application truthfully and completely, and am able, upon request, to provide the documentation in support of my application information.

I understand that the California Sex Offender Management Board may require additional information from me prior to making a determination regarding my application, and may independently validate any information attested to in this application.

I affirm that I will keep the California Sex Offender Management Board informed of any change to my licensure status and any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my certification as a Certified Provider by the California Sex Offender Management Board; and will be reported to the California Department of Consumer Affairs licensing board for appropriate review and possible action upon my license. Any person who knowingly provides false information in connection with an application for certification as a sex offender management professional is subject to a civil penalty of up to $1,500, in addition to any other remedy available to the CASOMB, and would allow any public prosecutor to bring an action for a civil penalty in the name of the people of the State of California.

Number of Training hours (Core Topics)	
Total number of Training hours	
Number of Direct Experience hours	
Number of other Experience hours	
Total number of Clinical Experience Hours	

I certify under penalty of law that the above information is true and correct.

Signature of Applicant: _____ DATE: _____