

# APPLICATION FOR CERTIFICATION/RECERTIFICATION SEX OFFENDER TREATMENT PROGRAM



California Sex Offender Management Board  
1515 S Street, 212 - North, Sacramento, CA 95811  
Website: [www.casomb.org](http://www.casomb.org)

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

## California Sex Offender Management Board – CASOMB

# Application for Program Certification or Re-Certification

Every program which wishes to seek or maintain CASOMB approval as a Certified Sex Offender Management Program providing specialized treatment services to registered sex offenders pursuant to Penal Code Sections 290.09, 1203.067 and 3008 must have the program representative complete this application. The program representative must attest that the program meets the qualifications and complies with standards of practice contained in the current *Sex Offender Treatment Program Certification Requirements*, published by CASOMB and available at [www.casomb.org](http://www.casomb.org). The following application should be completed by a representative of the legal entity seeking certification as a “Program”; whether that entity is an individual independent practitioner, a professional corporation, a not-for-profit corporation, a public agency or an entity constituted through some other legal structure.

Note that each program in which the designated services are provided must be certified as a program **and** each provider working within the program may only provide such services after becoming a CASOMB Certified Provider. Provider certification is a separate process. Refer to the information provided at [www.casomb.org](http://www.casomb.org).

### **How to complete this application:**

The program representative must **read and understand** the *Sex Offender Treatment Program Certification Requirements* before completing this application.

Prior to submitting the application, a program is expected to have compiled the relevant records and materials into a **Program Manual** which addresses each of the Program Components requirements outlined in the current *Sex Offender Treatment Program Certification Requirements*. Actual submission of the verifying documentation is not required as a part of the initial application. However, the documents substantiating that the program meets the CASOMB requirements may be requested by CASOMB at any time, whether for cause or as part of a random audit. CASOMB expects to be able to review each program’s supporting documentation at some point.

When complete, the application should be signed and an original hard copy returned to the CASOMB office: **CASOMB, 1515 S Street, 212 - North, Sacramento, CA 95811**. The program should be sure to retain a copy of the completed application and attached documentation.

Payment of the Certification Fee must accompany this Application. Checks should be payable to “CDCR”. The fee structure is:

<b>Initial Certification. If Program serves:</b>	<b>1-10 clients \$90</b>	<b>11-40 Clients \$120</b>	<b>41+ Clients \$180</b>
<b>Re-Certification. If Program serves:</b>	<b>1-10 clients \$50</b>	<b>11-40 Clients \$65</b>	<b>41+ Clients \$100</b>

**IMPORTANT NOTE:** It is the responsibility of each certified program to notify CASOMB, in writing, of any changes to the program’s name, representative, telephone number, email address, or other key information. If a program changes its address, closes a listed service location or opens a new service location, this information is to be provided to CASOMB as soon as possible and in no case more than thirty days from the time such changes occur. Contact information for CASOMB is found at [www.casomb.org](http://www.casomb.org).

## APPLICATION FORM FOR CERTIFICATION OR RE-CERTIFICATION AS A SEX OFFENDER TREATMENT PROGRAM

COMPLETE ALL PARTS OF THIS FORM. Incomplete applications will not be processed. Use "N/A" to indicate information that is not applicable. The information requested will be used to document and evaluate applicant qualifications. Contact CASOMB ([www.casomb.org](http://www.casomb.org)) if there are any questions.

### PROGRAM INFORMATION

INITIAL CERTIFICATION

RE-CERTIFICATION

PROGRAM NAME:

NAME OF PROGRAM CONTACT PERSON:

E-MAIL ADDRESS:

TELEPHONE NUMBER:

LEGAL STATUS UNDER WHICH THE PROGRAM OPERATES:

CHECK ONE	LEGAL STRUCTURE	
<input type="checkbox"/>	Sole Proprietorship	License Type & Number:
<input type="checkbox"/>	For-profit Corporation	Corporate ID Number:
<input type="checkbox"/>	Non-profit Corporation	Corporate ID Number:
<input type="checkbox"/>	Public Agency	Managing Agency:
<input type="checkbox"/>	Other (Specify):	Legal ID Number:

PROGRAM'S PRIMARY LEGAL ADDRESS \*

STREET ADDRESS:

CITY:\*

STATE:

ZIP CODE:

MAILING ADDRESS (If different) \*

STREET ADDRESS:

CITY:\*

STATE:

ZIP CODE:

Date this form was completed:

*\*NOTE: Physical location information of all program locations will be retained by CASOMB and will not be made public.*

**LIST OF ALL LOCATIONS WHERE PROGRAM DELIVERS  
CASOMB-REGULATED SEX OFFENDER TREATMENT SERVICES**

<b>Name of Program or Agency:</b>	
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*Applicant must include (re-enter below) the address that was entered on the previous "cover" page if it is an address at which sex offender treatment services will be provided.*

*NOTE: Street address information will be retained by CASOMB and will not be made public.  
"Program Name," "County," and "Zip Code" may be posted on the CASOMB website.  
Program "Telephone Number" will be provided to Probation and Parole officials upon request.*

<b>Site 1 Program or Clinic Name:</b>		
<b>Street Address:</b>		
<b>City, State and Zip Code:</b>		
<b>Telephone Number:</b>		<b>County:</b>

<b>Site 2 Program or Clinic Name:</b>		
<b>Street Address:</b>		
<b>City, State and Zip Code:</b>		
<b>Telephone Number:</b>		<b>County:</b>

<b>Site 3 Program or Clinic Name:</b>		
<b>Street Address:</b>		
<b>City, State and Zip Code:</b>		
<b>Telephone Number:</b>		<b>County:</b>

<b>Site 4 Program or Clinic Name:</b>		
<b>Street Address:</b>		
<b>City, State and Zip Code:</b>		
<b>Telephone Number:</b>		<b>County:</b>

<b>Site 5 Program or Clinic Name:</b>		
<b>Street Address:</b>		
<b>City, State and Zip Code:</b>		
<b>Telephone Number:</b>		<b>County:</b>

Any Program which operates more than 5 separate site locations should submit a list of all locations.

**ATTESTATION FORM  
FOR PROGRAM CERTIFICATION OR RE-CERTIFICATION**

<b>Name of Program:</b>	
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I (the undersigned) am a legitimate representative of the above-named program and I am authorized to make the following statements on behalf of that program.

I attest that the above-named program has prepared a Program Manual which addresses all of the CASOMB Program Certification requirements for the ten program components which are fully described in the CASOMB document: Sex Offender Treatment Program Certification Requirements.

I attest that all of the statements and materials which describe my program's response to each of the ten program components have been prepared and compiled into a Program Manual and that the full Program Manual will be made available to CASOMB staff upon request.

NOTE: CASOMB is aware that many program forms and documents have been thoughtfully and painstakingly developed by the program and are proprietary materials. It is anticipated that CASOMB staff will need to review such documents for every certified program at some future time. However, CASOMB will not cause these materials to become public documents.

I attest that the policies and practices set forth in the Program Manual will be consistently observed and followed by the administrator(s) of the program and by each person delivering services in the program.

I attest on behalf of the program that I will keep the California Sex Offender Management Board informed of any significant changes to the program philosophy or policies or practices and of any changes to the program's status which substantially change or in any way jeopardize the quality of care rendered. I will notify CASOMB of any changes in the program's location or locations.

I hereby understand that, should I furnish any false or misleading information on this application, such act shall constitute cause for the denial, suspension, or revocation of approval as a certified program by the California Sex Offender Management Board. Any person who knowingly provides false information in connection with an application for certification as a Sex Offender Management Program is subject to a civil penalty of up to \$1,500, in addition to any other remedy available to CASOMB. Such deceptive behavior would allow any public prosecutor to bring an action for a civil penalty in the name of the people of the State of California.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name		Phone	
Title or Role		Email	

*An original signed physical copy of this document and payment must be mailed to CASOMB.*

**CASOMB, 1515 S Street, 212 – North, Sacramento, CA 95811**

**California Sex Offender Management Board: Program Certification or Re-Certification Application**