



Agency

1515 S Street, 212 North
Sacramento, CA 95811
CASOMB@cdcr.ca.gov

Thank you for your interest in (re)certifying your Provider Agency with the California Sex Offender Management Board. The first step in the certification process is to remit your application payment and the details below.

The fields below are **required** to be issued a login to CASOMB’s online application system. Note that application fee covers the cost of review; accepted payment does not guarantee the applicant will meet the qualifications for CASOMB certification. Please provide a preferred e-mail where you would like login information sent. Upon receipt of payment, login instructions will be e-mailed to your preferred e-mail address within 3-5 business days.

PLEASE TYPE THE BELOW INFORMATION

CASOMB Provider Agency Name:

Clinical Director First Name:

Clinical Director Last Name:

Clinical Director E-mail:

Applicant Phone Number:

Alternate Contact Name:

Alternate Contact E-mail:

Number of Treatment sites:

Please Select Only One:

Initial Application:	1-10 Clients (\$90.00)	11-40 Clients (\$120.00)	41+ Clients (\$180.00)
Recertification:	1-10 Clients (\$50.00)	11-40 Clients (\$65.00)	41+ Clients (\$100.00)

Make checks payable to ‘CASOMB’. Mail this completed form and check to:

CASOMB Certification Unit
1515 S Street, 212-North
Sacramento, CA 95811

NOTE: All fees are considered final. There will be no refunds.
Payments are valid for 6 months. Applicants are responsible for any returned check fees.

For CASOMB Certification Unit Staff:

Check #: _____

Amount Paid: _____

App E-mailed: _____