



VERIFICATION OF TRAINING for CERTIFIED SEX OFFENDER TREATMENT PROVIDER (CSOTP)

TO BE COMPLETED BY APPLICANT:

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|----------------|-------------|---|---------|
| Last Name: | First Name: | Middle/Maiden Name: | Suffix: |
| Email Address: | | Last 4 digits of Social Security Number: XXX-XX- ____ ____ ____ ____ | |

Part I: Provided evidence of completing 50 clock hours of training in sex offender treatment acceptable to the Board in the below areas. In addition to the form, official school transcript(s) or certificates of completion must be submitted to the Board.

| Content Area | Course Title | Clock Hours | Provider |
|--|--------------|-------------|----------|
| Sex Offender Assessment (minimum of 15 clock hours) | | | |
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| Sex Offender Treatment Interventions (minimum of 15 clock hours) | | | |
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| Etiology/Developmental Issues of Sex Offense Behavior (minimum of 10 clock hours) | | | |
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| Criminal Justice and Legal Issues Related to Sexual Offending (minimum of 5 clock hours) | | | |
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| Treatment Effectiveness and Issues Related to Relapse Prevention or Recidivism of Sex Offenders (minimum of 5 clock hours) | | | |
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