



Sex Offender Task Force

APPLICATION FOR APPROVAL TO PROVIDE SEX OFFENSE OUTPATIENT SERVICES

Name: _____ Date: _____

Agency/Clinic affiliation (if any): _____

Agency/business owner: _____

Address of agency: _____

City, State and Zip code: _____

Email: _____ Phone: _____

This applicant is applying for status indicated below, as given recognition by the Utah Department of Corrections: *(Check what applies)*

- | | | |
|---|------------------------------|-----------------------------------|
| <input type="checkbox"/> Approved Affiliate Provider | <input type="checkbox"/> New | <input type="checkbox"/> Renewing |
| <input type="checkbox"/> Approved Provider | <input type="checkbox"/> New | <input type="checkbox"/> Renewing |
| <input type="checkbox"/> Approved Emeritus Provider | <input type="checkbox"/> New | <input type="checkbox"/> Renewing |
| <input type="checkbox"/> Approved Affiliate Evaluator | <input type="checkbox"/> New | <input type="checkbox"/> Renewing |
| <input type="checkbox"/> Approved Evaluator | <input type="checkbox"/> New | <input type="checkbox"/> Renewing |



Approved providers, affiliate providers, emeritus providers, evaluators, and affiliate evaluators must re-apply to the Department of Corrections via the Sex Offender Treatment Task Force every two years to renew their approved status.



Sex Offender Task Force

PROVIDER & AFFILIATE PROVIDER APPLICANTS the following is required:

- Read and agree to the Utah Department of Corrections (UDC) Sex Offense Outpatient Treatment Provider Parameters viewable on the UDC website. *Link at the bottom of the page.*
- Submit a complete program description.
- Submit a completed and notarized application.
- Submit a completed Application Services Agreement. *Link at the bottom of the page.*

EMERITUS PROVIDER APPLICANTS the following is required:

- Has maintained approved provider status for a minimum of 10 consecutive years. Submit copies of certificates or memos documenting provider status.
- Read and agree to the Utah Department of Corrections (UDC) Sex Offense Outpatient Treatment Provider Parameters viewable on the UDC website. *Link at the bottom of the page.*
- Submit a complete program description.
- Submit a completed and notarized application.
- Submit a completed Application Services Agreement. *Link at the bottom of the page.*

EVALUATORS & AFFILIATE EVALUATORS ONLY:

- **MUST** be a Licensed Psychologist or supervised by a Licensed Psychologist and abide by all APA ethics and standards.
- Submit a completed and notarized application.
- Submit a completed Application Services Agreement. *Link at the bottom of the page.*



<https://corrections.utah.gov/index.php/offender-resources/resources-for-sex-offender-treatment-providers>
Click the link to view available forms and resources on the Utah Department of Corrections website.



Sex Offender Task Force

Please complete all that apply:

- 1) Licensure: _____

- 2) Submit a photo-copy of current Utah license(s).

- 3) Educational Background (Graduate only): _____

- 4) **Affiliate** provider applicant (e.g. student intern): Attach copies of a current graduate student university transcript and/or an internship transcript or other official documentation from your University clearly documenting your status.

- 5) **Non-Licensed affiliate** provider applicants: Describe your current status that qualifies your application for an affiliate provider as per the Utah Department of Corrections professional qualifications found in the Sex Offense Outpatient Treatment Provider Parameters: _____

- 6) If you are applying as a first time affiliate, you may skip #6. If you re-apply and renew as an affiliate you will be required to meet these requirements. All other applicants please complete #6. Minimum hours of direct clinical experience over the past two (2) years:

	Minimum hours of direct clinical experience required	of which shall be sex offense evaluation experience
Affiliate Provider	500 hours	90 hours
Provider	1000 hours	180 hours
Affiliate Evaluator	375 hours	68 hours
Evaluator	750 hours	135 hours
Emeritus Provider	250 hours	45 hours



Sex Offender Task Force

Direct clinical experience would include individual sessions, facilitating or co-facilitating group sessions, facilitating or co-facilitating psychoeducational classes, treatment planning and supervision of others providing these services. Direct evaluation experience would include progress interviews and reports, sex offense-specific risk assessments, administration and interpretation of sex offense-specific assessments, any administration and interpretation of psychological testing as part of an integrated psychosexual evaluation or sexual behavior assessment, or the supervision of others completing these evaluations. Treatment and evaluation experience shall be documented in detail below (*see next page*). Source documentation must be available for inspection upon request. PLEASE NOTE: Any case management duties such as collateral contacts with the client's family or probation/parole officers, progress notes, clinical staff meetings, case consultations, etc. do not count toward the required experiences for approved affiliate, provider, evaluator, or emeritus status.

Sex offense clinical experience: (see minimums in table above)

- a) Number of hours providing specific sex offense individual treatment _____
- b) Number of hours providing specific sex offense group treatment _____
- c) Number of hours providing specific sex offense psycho educational classes _____
- d) Number of hours providing supervision of others' sex offense treatment _____
- e) Other, please specify the activity and number of hours _____

Sex offense evaluation experience: (see minimums in table above)

- f) Number of hours providing psychosexual/documentation evaluations _____
- g) Number of hours administering risk assessments (STATIC99, STABLE 2007, SOTIPS, etc.) / interpretation / documentation _____
- h) Number of hours providing specific sexual interest/deviant arousal evaluations / interpretation / documentation _____
- i) Number of hours providing supervision of others' sex offense specific evaluations _____



Sex Offender Task Force

j) Other, please specify psychological or sex specific testing, administration, interpretation, documentation and number of hours _____

7) If you are applying as a first time affiliate, you may skip #7. If you re-apply and renew as an affiliate you will be required to meet these requirements. All other applicants please complete #7. Within two (2) years immediately preceding the application for approval as a sex offense treatment affiliate, provider, evaluator, or emeritus, the applicant has at least twenty six (26) hours of formal training through documented conferences, symposia, seminars or course work. Nineteen (19) of these twenty six (26) hours **must** be sex offense treatment specific.

Said training may include behavioral/cognitive therapy methods, reconditioning and relapse prevention specific for sex offenses, use of plethysmograph examinations (the exam should use audio stimuli only, no visual, until approved otherwise), use of polygraph examinations, group therapy, sexual dysfunction, victimology, couples and family therapy reunification, risk assessment, sexual addiction, sexual deviancy, and ethics and professional standards.

Please detail compliance with these requirements by specifically identifying the date, sponsor, subject matter, location and number of hours for each training session. You **must** provide copies of completion certificates for verification. **Use additional sheets if needed.**

SEX OFFENSE SPECIFIC TRAINING:

Date	Sponsor	Subject	Location	CEU's

(Must have 19 of the 26 hours of training in this area. **Please submit verification of formal training.**)

TOTAL SEX OFFENSE CEU'S _____



Sex Offender Task Force

GENERAL CLINICAL TRAINING:

Date	Sponsor	Subject	Location	CEU's

(26 hours of required training in total. Please submit verification of formal training.)

TOTAL GENERAL CLINICAL CEU'S: _____

8) For approved provider and emeritus providers only. Please attach a complete description of your treatment program clearly identifying the intake, standard and intensive components, aftercare, and therapeutic approaches (e.g., CBI, Good Lives, etc). Please submit some examples of curriculum, assignments for psycho-education lessons, group, one-on-ones, etc.

9) Please list any criminal convictions, licensing actions, ethical questions or complaints: _____

10) **Affiliate** Provider and **Affiliate** Evaluator applicants please complete **A** and **B**.

A) Name of approved provider/ evaluator supervising work: _____

B) Please have your approved provider/evaluator read and sign the following statement:

I certify that I am an approved provider or approved evaluator for Outpatient Sex Offense Treatment or services for offenders under the supervision of the Utah Department of Corrections, Division of Field Operations and have read and understand the criteria adopted



Sex Offender Task Force

by the Division. I further certify that I will provide a minimum of one (1) hour of supervision for every forty (40) hours of direct client contact the affiliate provider shall provide. Furthermore, I shall provide verification of this supervision to the Department upon request. I certify that I supervise no more than three (3) affiliate providers.

Approved provider/evaluator signature supervising
the affiliate applicant

Date

Signature of affiliate provider/evaluator applicant

Date

- 11) I hereby declare under the penalty of perjury that the information I have provided in this certification is true and correct and that I have fully satisfied the sex offense treatment experience and training requirements outlined in this application.

Dated this _____ (day) _____ (month) and _____ (year).

Applicant's Signature: _____

Applicant's Full Name: _____

State of Utah
County of _____

Subscribed and sworn to before me on this _____ (day) _____ (month) and _____ (year).

Notary Signature: _____