



Sex Offense Task Force

Application for Approval to Provide Sex Offense Outpatient Services

Date: _____

The following information will be published to the Utah Department of Corrections (UDC) public website:

Name: _____

Agency/Clinic Affiliation (if any): _____

Address of Agency: _____

City, State and Zip Code: _____

Email: _____ Phone: _____

Type of Application: ☐ New ☐ Renewal ☐ Student

☐ Affiliate Provider ☐ Provider ☐ Emeritus Provider

☐ Affiliate Evaluator ☐ Evaluator ☐ Emeritus Evaluator

Student/Intern Affiliate Application Checklist:

- ☐ Read and agree to the UDC Sex Offense Outpatient Treatment Provider Parameters on UDC Website
- ☐ Submit completed application
- ☐ Submit evidence based program description with assignment examples
- ☐ Submit transcripts from current school
- ☐ Submit completed Application Services Agreement

Affiliate/Provider Application Checklist:

- ☐ Read and agree to the UDC Sex Offense Outpatient Treatment Provider Parameters on UDC Website
- ☐ Submit completed application
- ☐ Submit copy of current DOPL license that allows you to practice in the mental health field in Utah (e.g. CSW, LCSW, ACMHC, CMHC, Certified Psychology Resident, Psychologist, etc.)
- ☐ Submit evidence based program description with assignment examples
- ☐ Submit copies of training certificates for required continuing education
- ☐ Submit completed Application Services Agreement

Affiliate/Evaluator Application Checklist:

- ☐ MUST be a Licensed Psychologist or a Certified Psychology Resident under the supervision of a Licensed Psychologist and abide by all APA ethics and standards
- ☐ Read and agree to the UDC Sex Offense Outpatient Treatment Provider Parameters on UDC Website
- ☐ Submit completed application

- ☐ Submit copy of current DOPL license
- ☐ Submit copies of training certificates for required continuing education
- ☐ Submit completed Application Services Agreement

Emeritus Provider/Evaluator Application Checklist:

- ☐ Submit copies of certificates or memos documenting ten (10) consecutive years of approved provider/evaluator status
- ☐ Read and agree to the UDC Sex Offense Outpatient Treatment Provider Parameters on UDC Website
- ☐ Submit completed application
- ☐ Submit copy of current DOPL license
- ☐ Submit evidence based program description with assignment examples (if a provider)
- ☐ Submit copies of training certificates for required continuing education
- ☐ Submit completed Application Services Agreement

Please complete all of the following that apply:

1) Graduate Educational Background (Name of school(s), dates attended, major):

2) **Direct Clinical Experience:** If you are applying as a first-time affiliate, you may skip #2. If you reapply and renew as an affiliate provider or evaluator, you will be required to meet these requirements. All other applicants please complete the following using the tables below for reference.

Providers: Direct clinical experience would include individual sessions, facilitating or co-facilitating group sessions, facilitating or co-facilitating psychoeducational sessions, treatment planning and supervision of others providing these services. Direct sex offense specific assessment experience would include quarterly progress interviews and reports, sex offense specific risk assessments, administration and interpretation of sex offense specific measures (sexual interest), or supervision of others providing these services. Treatment and assessment experience should be documented in detail below. Source documentation must be available for review upon request. Please note: Any case management duties such as collateral contacts with client family members or AP&P, progress notes, clinical staff meetings, case consultations, etc. do not count toward the experience requirements outlined above. To become a Provider you must obtain 1,000 hours of direct clinical contact. 180 of which should be assessments (Vasor-2/SOTIPS, Static-99R/Stable-2007, etc.). Hours can be accrued over any recent time period, you are no longer limited to obtaining these hours within the last 2 years

	Required Hours of Direct Clinical Experience	Required Hours of Sex Offense Specific Assessment (approx 18% of direct clinical hours)
Provider	1000 hours	180 hours

- i) Number of hours providing individual sex offense specific treatment: _____
- ii) Number of hours providing group sex offense specific treatment: _____
- iii) Number of hours providing sex offense specific psychoeducational classes: _____
- iv) Number of hours providing supervision of others' sex offense specific treatment: _____
- v) Number of hours providing psychosexual evaluations or documentation reports: _____
- vi) Number of hours administering/interpreting/documenting sex offense specific risk assessments (Static-99R, Stable-2007, Vaso-2, SOTIPS, etc.): _____
- vii) Number of hours administering/interpreting/documenting sexual interest/arousal assessments (Abel, PPG, SSPI, etc.): _____
- viii) Number of hours providing supervision of others' sex offense specific assessment/evaluation: _____
- ix) Other, please specify the activity and number of hours: _____

Evaluators: Direct clinical assessment experience would include clinical interviews, treatment plan updates, administration/interpretation/documentation of personality assessment, cognitive assessment, neuropsychological assessment, academic assessment, etc., feedback sessions or providing supervision of others providing these services. Direct sex offense specific assessment experience would include quarterly progress interviews and reports, sex offense specific risk assessments, administration and interpretation of sex offense specific measures (sexual interest), or supervision of others providing these services. Treatment and assessment experience should be documented in detail below. Source documentation must be available for review upon request. Please note: Any case management duties such as collateral contacts with client family members or AP&P, progress notes, clinical staff meetings, case consultations, etc. do not count toward the experience requirements outlined above. To become an Evaluator you must obtain 750 hours of direct clinical contact, 135 of which should be assessments (Vaso-2/SOTIPS, Static-99R/Stable-2007, etc.). Hours can be accrued over any recent time period, you are no longer limited to obtaining these hours within the last 2 years

	Required Hours of Clinical Assessment Experience (personality, cognitive, academic, etc.)	Required Hours of Sex Offense Specific Assessment Experience (Static-99R, Stable-2007, Vasor-2, SOTIPS, Abel, SSPI, etc. – approx. 18% of clinical assessment hours)
Evaluator	750 hours	135 hours

- i) Number of hours providing clinical interviews: _____
- ii) Number of hours providing clinical feedback sessions: _____
- iii) Number of hours writing clinical reports: _____
- iv) Number of hours providing supervision of others' clinical assessment measures/reports: _____
- v) Number of hours providing psychosexual evaluations or documentation reports: _____
- vi) Number of hours administering/interpreting/documenting sex offense specific risk assessments (Static-99R, Stable-2007, Vasor-2, SOTIPS, etc.): _____
- vii) Number of hours administering/interpreting/documenting sexual interest/arousal assessments (Abel, PPG, SSPI, etc.): _____
- viii) Number of hours providing supervision of others' sex offense specific assessment/evaluation: _____
- ix) Other, please specify the psychological or sex offense specific testing measure/activity and number of hours: _____

3) **Sex Offense Specific Training:** If you are applying as a first time affiliate, you may skip # 3. If you reapply and renew, you will be required to meet these requirements. All other applicants please complete the following.

Within the last two years from the submission of this application, the applicant has at least twenty four (24) hours of formal sex offense specific training obtained through conferences, symposia, seminars, coursework or the Sex Offense Task Force. The training courses must indicate a direct relation to sex offense specific training. For example, suicide prevention, while necessary and can be applicable, it may not cover suicidality within the sex offense population specifically. "Mitigating the Risk of Suicide in Women with Sex Offense Convictions," would be a good example of a direct correlation of training to the

sex offense population. Please refer to the UDC public website under the Sex Offense Task Force for ideas on upcoming conferences and trainings that are sex offense specific. Risk assessment tool trainings are also approved along with training on sexual deviancy, victimology, ethics and professional standards, reunification, relapse prevention specific to sexual offending, polygraphs, etc. Please outline your training below by identifying the date, facilitator/organization, subject, location and number of CEU hours. CEU's must be obtained by an accredited body approved to offer CEU's. Use additional pages if necessary.

Date	Facilitator/Org	Subject	Location	CEU's

Must have 24 hours total. Please submit completion certificates for verification

Total Number of CEU's: _____

4) Approved and Emeritus Providers: Please select all of the following that apply about what populations your program serves:

- ☐ Average to High Risk ☐ Low Risk ☐ Women
☐ Internet offenses (child sexual exploitation materials) ☐ Hearing/vision impaired
☐ Other languages (please identify): _____ ☐ LGBTQIA+
☐ Developmental/Intellectual Disabilities (including Autism Spectrum Disorders)
 i) Are you ok with these selections being advertised on the UDC Website?
☐ Yes ☐ No

5) **Providers:** Please ensure your program materials clearly identify the intake process, fee structure, low/standard/intensive components, continued care, therapeutic approaches and provide examples of your curriculum from psychoeducational classes, core treatment and one-on-one sessions.

Evaluators: Please ensure your evaluative process is clearly outlined regarding fees, structure regarding interview and testing, feedback, estimated time of completion for the final report, etc. Please make sure you are utilizing current assessment measures and not outdated versions. If you have questions about which versions of a test are the most current, please reach out to the task force or refer to the corrections website for more clarification. Psychosexual evaluations should be comprehensive in nature and tailored to the client's presenting problem.

6) Have you been convicted of any criminal activity? ☐ Yes ☐ No

If yes, please explain what the conviction was and when it occurred:

7) Have you been investigated and/or sanctioned by a licensing board due to ethical questions or complaints? ☐ Yes ☐ No

If yes, please explain what the situation was and when it occurred:

8) Supervisor Criteria: Approved and Emeritus providers/evaluators can supervise affiliate providers. The Sex Offense Task Force identified the criteria outlined below in conjunction with DOPL standards depending on the profession. If you plan to supervise an individual, you must be within these parameters to be in compliance with the Sex Offense Task Force. You must also provide a contingency plan if your program unexpectedly loses an approved supervisor.

- i) An Approved Provider who is two (2) or more years post full licensure (LMFT, LCSW, CMHC) and has more than 2,000 hours of direct sex offense treatment experience can supervise three (3) affiliate providers.
- ii) A Senior Supervisor must be fully licensed with five (5) or more years as an SOTF Approved Provider and can supervise six (6) affiliate providers.
- iii) An Emeritus Provider must be fully licensed with ten (10) or more as an SOTF Approved Provider and can supervise six (6) affiliate providers.
- iv) An approved Evaluator/Psychologist must be two (2) years post licensure and can supervise three (3) affiliate evaluators.

9) Affiliate Applicants: Please identify the following:

- i) Name of Approved Provider/Evaluator supervising your work:

- ii) Please have your supervisor read and sign in agreement to the following statement:

I certify that I am an approved provider or evaluator for Outpatient Sex Offense Treatment or Evaluation Services for individuals under the supervision of Utah Department of Corrections, Adult Probation and Parole and have read and understand the criteria adopted by the Sex Offense Task Force. I further certify that I will provide one (1) hour of supervision for every forty (40) hours of direct client contact the affiliate provide shall provide. Furthermore, I shall provide verification of this supervision to the Department upon request. I certify that I supervise no more than the permitted number of affiliate providers related to my provider status with the Sex Offense Task Force.

Approved Provider/Evaluator Supervisor Signature

Date

Approved Provider/Evaluator Supervisor email address and/or telephone number

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

Applicant Signature

Date

Applicant Full Name (print)