



VERIFICATION OF TRAINING CERTIFIED SEX OFFENDER TREATMENT PROVIDER (CSOTP)

Use this form to compile required information about your 50 clock hours of training in sex offender treatment. Copies of the certificates of completion or official school transcripts must be submitted in addition to this form.

Applicant Information

Last Name:	First Name:	Suffix:
Email Address:	Last 4 digits of Social Security Number: XXX-XX- ____ _	

Training Detail

List the 50 clock hours of training in sex offender treatment acceptable to the Board in the below areas. In addition to the form, you must submit official school transcript(s) or copies of certificates of completion to the Board.

Content Area	Course Title	Clock Hours	Name of Provider
Sex Offender Assessment (minimum of 15 clock hours)			
Sex Offender Treatment Interventions (minimum of 15 clock hours)			

Etiology/Developmental Issues of Sex Offense Behavior (minimum of 10 clock hours)			
Criminal Justice and Legal Issues Related to Sexual Offending (minimum of 5 clock hours)			
Treatment Effectiveness and Issues Related to Relapse Prevention or Recidivism of Sex Offenders (minimum of 5 clock hours)			