



## VERIFICATION of POST-DEGREE SUPERVISION CERTIFIED SEX OFFENDER TREATMENT PROVIDER (CSOTP)

This form must be submitted to compile required information and verification from your supervisor about your post-degree supervised experience towards sex offender treatment provider certification.

### INSTRUCTIONS

The applicant should complete the top portion of this form **only**, then provide this form to the supervisor who supervised the applicant's post-graduate degree experience. The completed form containing the original signature of the supervisor, should be returned to the applicant for inclusion in their application to the Virginia Board of Psychology. **If supervision took place under more than one supervisor, a separate form is required for each.**

### TO BE COMPLETED BY APPLICANT/TRAINEE

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

### TO BE COMPLETED BY SUPERVISOR:

#### Part I: Supervisor's Information

Last Name:	First Name:	Suffix:	
Supervisor's Email Address:		Supervisor's Phone Number:	
Supervisor's CSTOP Certification Number:	Supervisor's License Number:	Supervisor's License Title:	Supervisor's Licensed Jurisdiction:

#### Part II: Worksite Information (location where supervisee obtained post-graduate degree experience)

Name of Worksite:		
Address of Worksite:		
City:	State:	Zip Code:

#### Part III: Dates of Supervision

Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)
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Part IV: Hours & Competencies (Answers to the below questions should be provided based on the supervision obtained under the instructions of the supervisor completing this form. If the response is "NO" to any of the below questions, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.)		
a. Did the applicant receive a minimum of one (1) hour of face-to-face supervision for every 20 hours of experience?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. How many hours of face-to-face supervision hours did the applicant receive under your supervision?	Individual Hours _____	Group Hours _____
c. Did the applicant complete a minimum of <b>2,000 hours</b> of supervised post-graduate degree experience in the delivery of clinical assessment/treatment services while under your direct supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>If not, how many hours</i> _____
d. Did the applicant complete at least 200 hours of experience in face-to-face treatment and assessment with sex offender clients while under direct supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>If not, how many hours</i> _____
e. Did the applicant demonstrate minimum competencies of <b>sex offender assessment</b> while under your direct supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Did the applicant demonstrate minimum competencies of <b>sex offender treatment interventions</b> while under your direct supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Did the applicant demonstrate minimum competencies of <b>etiology/development issues of sex offense behavior</b> while under your direct supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Did the applicant demonstrate minimum competencies of <b>criminal justice and legal issues related to sexual offending</b> while under your direct supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Did the applicant demonstrate minimum competencies of <b>treatment effectiveness and issues related to relapse prevention or recidivism of sex offenders</b> while under your direct supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. In your opinion has the applicant demonstrated competency in providing sex offender treatment services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. In your opinion does the applicant need any additional supervision or training prior to being certified as a sex offender treatment provider?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Part V: Declaration of Supervisor		
I, _____ (name of supervisor) declare by my signature, to the best of my knowledge the foregoing is true and correct.		
_____ Signature of Supervisor		_____ Date

**Wet/Original or Verifiable Electronic Signature Only**