



Application for Licensure

PLCU/CSOT
 Department of State Health Services
 Mail Code 2003
 PO Box 149347
 Austin, Texas 78714-9347
 Phone (512) 834-4530 Fax (512) 834-6677

Please Print or Type

Applicant Profile Data

Licensure Type (check)

Name	(Last)	(First)	(Middle)
Address To be printed in the CSOT Roster online	(Street and Number)		(Apartment Number)
	(City)	(State)	(Zip code)
Mailing Address (Only if different from above)	(Street and Number)		(Apartment #)
	(City)	(State)	(Zip Code)

LSOTP
 ASOTP

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? Yes No
 If yes, list below and attach copy of the legal document accomplishing name change

Social Security No.
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Name	Legal Document Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Gender
 Male Female

Name	Legal Document Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Ethnicity

Applicant Licensure Information

Date of Birth

Primary Work	(Organization)		Age
	(Street and Number) (Suite Number)		
	(City)	(State) (Zip code)	

Home Telephone (Include Area Code)

Primary Office County		List all other counties	
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Business Telephone (Include Area Code)

Primary MH or Medical License (You must enclose a copy of your Primary License)
 State License Number

Fax Number (Include Area Code)

Other License(s)/Certification(s) [List the name of the Agency, the State where license/certification was issued, and the license/certification number]

E-Mail Address

Highest Level of Education <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D <input type="checkbox"/> Other Doctoral degree	Major:	University of Highest degree
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What formal training have you attended in the specific area of sex offender assessment and treatment?

Title of Training	Sponsor	Date(s)	Hours

How many years have you been providing sex offender assessment/treatment? _____

How many hours of sex offender assessment/treatment have you conducted in the last year?
Group _____ Individual _____ TOTAL _____

How many hours of sex offender assessment/treatment have you conducted within the past consecutive seven-year period?
Group _____ Individual _____
TOTAL _____

Have you been convicted of any felony or any misdemeanor involving a sex offense? Yes No

If yes, please explain *and* provide a certified copy of the official judgment and disposition, including dates, charges, city, and any other pertinent information concerning the offense(s)

Are you currently under investigation or sanction from any professional licensing board? If so, please provide details on a separate sheet of paper and include as an attachment with your application. Yes No

Are you currently involved in a malpractice complaint against your license? If so, please provide details on a separate sheet of paper and include as an attachment with your application. Yes No

Have you received deferred adjudication for a sex offense? Yes No

If yes, please explain *and* provide a certified copy of the official judgment and disposition, including dates, charges, city, and any other pertinent information concerning the offense(s)

Have you ever been found guilty of unprofessional or unethical conduct in a civil or administrative law proceeding? Yes No

If yes, please explain _____

AFFIDAVIT

I hereby certify that I have received a copy of the State of Texas rules and regulations pertaining to the assessment and treatment of sex offenders. I understand that I shall abide by the rules and regulation of the Council of Sex Offender Treatment. I further agree that if issued a license, upon the revocation, suspension, non-renewal or cancellation of that license, I shall return the certificate(s) and renewal card(s) of licensure to the Council by certified mail within 30 days of request. Additionally, I will cease and desist the practice of sex offender treatment in Texas.

I attest that I understand and meet all the requirements to practice sex offender treatment. Further, I understand that it is a violation of the Texas Penal Code, Sec. 37.10, to submit a false statement to a government agency.

Signature of Applicant _____

Date _____

STATE OF TEXAS

COUNTY OF

Sworn and subscribed to me, the undersigned authority, on this _____ day of _____, 20_____

NOTARY SEAL

Notary Public Signature