



PLCU/Council on Sex Offender Treatment
Department of State Health Services
PO Box 149347, Mail Code 1982
Austin, Texas 78714-9347
Phone (512) 834-4530 Fax (512) 834-6677

Letter of Reference

I understand that _____ has applied for licensure with the Council on Sex Offender Treatment and has requested that I provide a letter of reference regarding the applicant's professional and ethical qualifications, from my perspective as a Licensed Sex Offender Treatment Provider (LSOTP) who has actual knowledge of the applicant's clinical work in sex offender assessment and treatment.

I certify that the answers and statements provided below are true and complete, to the best of my knowledge.

1. My name is _____
2. My Licensed Sex Offender Treatment Provider license number is: _____
3. I am employed at _____ My title is _____
4. I have been personally acquainted _____ with the applicant for _____
5. Have you ever employed the applicant? Yes No
If so, during what period? _____
In what capacity? _____
Why did the applicant leave your employment? _____
6. Do you believe the applicant demonstrates ethical integrity in professional and personal behavior?
 Yes No (If not, why?) _____

7. To the best of your knowledge, has the applicant ever:
a. been charged or convicted of a felony? Yes No
b. been accused, investigated, and/or involved in unprofessional or unethical conduct? Yes No
c. been denied membership in, or terminated from, a professional? Yes No
(If "yes" to 7a, 7b, or 7c, please explain): _____

8. Does the attached application accurately reflect the applicant's experience and ability? Yes No

I BELIEVE: (check one)

- (A) the applicant is **not qualified** to be licensed by the Council on Sex Offender Treatment for the reasons stated below.
- (B) the applicant **is qualified** by professional and ethical standards to be licensed by the Council on Sex Offender Treatment, **but** I am aware of facts set forth below concerning the applicant's background, history, experience or other activities which may have a bearing on this question and should be brought to the attention of the Council on Sex Offender Treatment.
- (C) the applicant **is qualified** by professional and ethical standards to be licensed by the Council on Sex Offender Treatment, and I make this statement without reservation.

Explanation of (A) or (B) above:

I signed this statement on _____, 20____ and declare the answers to be true and

complete.

Signature _____

Date: _____