CONTRACT OF SUPERVISION FOR AFFILIATE SEX OFFENDER TREATMENT PROVIDER (ASOTP) *by* LICENSED SEX OFFENDER TREATMENT PROVIDER (LSOTP)

DSHS
PLCU/CSOT
MAIL CODE 2003
PO BOX 149347
Austin, TX 78714-9347
(512) 834-4530 PHONE
(512) 834-6677 - FAX

This form must be completed by each Licensed Sex Offender Treatment Provider (LSOTP) who agrees to accept supervision responsibility for any ASOTP

Name of ASOTP _____ LICENSE #_____

Name of LSOTP:_____LICENSE #_____

- The supervisee shall provide approximately _____ hours of sex offender treatment per week.
- Primary location of services rendered by Supervisor:_____
- Description of Sex Offender Treatment Services provided by Supervisor:_____
- Description of Sex Offender Treatment Services provided_____
- Supervision start date:_____

It is the RESPONSIBILITY of the ASOTP *and* the LSOTP to notify the Council on Sex Offender Treatment, in WRITING, WITHIN ONE WEEK of termination of supervision.

I understand that an ASOTP providing any sex offender treatment is required to be under the supervision of an LSOTP.

- I understand that an ASOTP shall receive face-to-face supervision at least 1 hour per 20 hours of assessment and treatment with a minimum of 2 hours per month during any time period in which the supervisee provides sex offender assessment and treatment, unless an exemption was granted by the Council.
- I understand that the supervising LSOTP shall submit biennial documentation to the council at the time of their renewal; the documentation shall contain the name of the ASOTP(s) who have been supervised during the biennium.
- I understand that the ASOTP shall provide a copy of supervision documentation to the council during the renewal period.

I shall abide by Occupations Code 110 and 22 Texas Administrative Code, Chapter 810 (Council Rules). I understand my duties and responsibilities.

_____ _____
Signature of ASOTP **Date**

_____ _____
Signature of LSOTP **Date**