



Application for Deregistration Specialist

PLCU/CSOT
 Department of State Health Services
 Mail Code 2003
 PO Box 149347
 Austin, Texas 78714-9347
 Phone (512) 834-4530 Fax (512) 834-4511
 Email: csot@dshs.state.tx.us

Please Print or Type

Applicant Profile Data

Name	(Last)	(First)	(Middle)
Address That will be printed in the CSOT List	(Street and Number)		(Apartment Number)
	(City)	(State)	(Zip code)
Mailing Address (Only if different from above)	(Street and Number)		(Apartment Number)
	(City)	(State)	(Zip Code)

Licensure Type

(check)
 LSOTP
 No. _____

Primary License

Psychology
 Counseling
 Other _____

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.

- -

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

Applicant Information

Date of Birth

Primary Work	(Organization)		Primary Business Telephone (Include Area Code)	
	(Street and Number) (Suite Number)			Primary Fax Number (Include Area Code)
	(City)	(State) (Zip code)		

Primary Business Telephone (Include Area Code)

Primary Fax Number (Include Area Code)

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

Other Business Telephone (Include Area Code)

Primary License (You must enclose a copy of your Primary License) State	License Number
---	-----------------------

License Number

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

E-Mail Address

Highest Level of Education <input type="checkbox"/> Doctoral <input type="checkbox"/> Masters	Major: Minor:	University of Highest Degree
---	------------------------------------	-------------------------------------

Attach your professional vita which shall included but is not limited to your experience and training in the specific areas of sex offender assessment/treatment and criminal behavior, actuarial tools you utilize for assessments, experience providing expert testimony, published articles/research, presentations conducted, etc.

Number of years providing assessment and treatment of sex offenders _____

Number of hours of sex offender assessment and treatment you have conducted in the last year?

Assessment _____ Group _____ Individual _____

Lifetime total number of hours of sex offender assessment and treatment you have conducted?

Assessment _____ Group _____ Individual _____

Have you been convicted or received a deferred adjudication for any felony? 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 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 _____

Do you have any regulatory complaints pending? 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 directives of the Council of Sex Offender Treatment. I further agree that if issued this specialty license, upon the revocation, suspension, non-renewal or cancellation of that specialty license, I shall return the certificate(s) and renewal card(s) to the Council by certified mail within 30 days of request. Additionally, I will cease and desist the deregistration evaluations for early termination of certain persons obligated to register in Texas.

I attest that I understand and meet all the requirements to evaluate registered sex offenders. 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