



# 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)

- LSOTP  
 ASOTP  
 PSOTP

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

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 Licensure Information

Date of Birth

<b>Primary Work</b>	(Organization)			Age
	(Street and Number)		(Suite Number)	<b>Home Telephone</b> (Include Area Code)
	(City)	(State code)	(Zip)	

<b>Primary Office County</b>		<b>List all other counties</b>		<b>Business Telephone</b> (Include Area Code)
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**Primary 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**

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

Title of Training	Sponsor	Date(s)	Hours

How many years have you been providing therapy to sex offenders?

How many hours of treatment have you conducted for sex offenders in the last year?  
Group \_\_\_\_\_ Individual \_\_\_\_\_ TOTAL \_\_\_\_\_

How many hours of treatment have you conducted for sex offenders within a 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 renewal 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 renewal applications.  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