

Council on Sex Offender Treatment
Initial Licensed Sex Offender Treatment Provider Supervisor Application

Service Code: 529201042

Note: Only a Licensed Sex Offender Treatment Provider (LSOTP) with five years of experience is eligible to apply for supervisor status, as required by Texas Administrative Code (TAC) Title 22, §810.3(c)(8)(B)(i).

Section 1 – Applicant Profile Data

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|--------------------------|--------------|------------------|-----------|
| LSOTP License No.: | Date Issued: | Expiration Date: | |
| Name: | | | |
| Street Address: | City: | State: | ZIP Code: |
| Area Code and Phone No.: | Email: | | |

Section 2 – Required Documentation I have included a copy of my primary mental health or medical license.**Section 3 – Required Fee** **Paying by mail:** \$40.00 credentialing fee, as required by 22 TAC §810.5(g)**Section 4 – Acknowledgment of Supervisor's Responsibilities and Signature**

Initial each statement below:

I understand it is the responsibility of the LSOTP and the Affiliate Sex Offender Treatment Provider (ASOTP) to notify the Council on Sex Offender Treatment (CSOT) in writing **within one week** of termination of supervision.

I understand an ASOTP must receive face-to-face supervision at least one hour for every 20 hours of sex offender assessment and treatment, with a minimum of two hours per month, during any time period in which the supervisee provides sex offender assessment and treatment, unless an exemption was granted by CSOT, as required by 22 TAC §810.3(c)(8)(C).

I understand the supervising LSOTP shall submit current CSOT forms at the time of renewal, naming the supervisees who have been supervised during the biennium and documenting the hours each has been supervised, as required by 22 TAC §810.3(c)(8)(D).

I will obtain three hours documented continuing education in the supervision of sex offender treatment providers or in general supervision of other mental health professionals every four years, as required by 22 TAC §810.3(c)(8)(B)(iv).

I have read, understood and will abide by Texas Occupations Code, Chapter 110, and 22 TAC Chapter 810, Council on Sex Offender Treatment Rules. As part of my supervising duties, I will ensure my supervisees have read, understood and abide by Texas Occupations Code, Chapter 110, and 22 TAC Chapter 810.

I further agree that if issued this supervisor status, upon the revocation, suspension nonrenewal or cancellation of this supervisor status, I shall return all certificates and renewal cards to CSOT by certified mail within 30 days of request in accordance with 22 TAC §810.3(c)(9)(B). Additionally, I will cease and desist the supervision of ASOTPs.

I attest that I understand and meet all the requirements to supervise ASOTPs. Further, I understand that it is a violation of Texas Penal Code §37.10 to submit a false statement to a government agency.

Signature_____
Date

Mail your completed application packet with the required fee to:

HHS ARTS, Mail Code 1470**P.O. Box 149055****Austin, TX 78714-9055**

All fees paid to HHS are nonrefundable.

For questions, email csot@hhs.texas.gov.