



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

Texas Health and Human
Services
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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