Application for LSOTP Specialized Competencies

CSOT | PLCU | HHSC
Mail Code 1470
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Austin, Texas 78714-9055
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Submit this application with
- $40.00 application fee for each specialized competency to be documented;
- Copy of your primary license;
- Application Questionnaire;
- Copy of Supervision Form(s), verifying at least 250 hours of experience with each specialized competency population accrued no more than seven years before the date of this application; and
- Copy of documents to show at least 24 hours continuing education in each specialized competency population.

Please print or type.

### Applicant Profile Data

<table>
<thead>
<tr>
<th>LSOTP</th>
<th>Number</th>
<th>Date issued (mm/dd/yyyy)</th>
<th>Expires (mm/dd/yyyy)</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Last name</td>
<td>First name</td>
<td>Middle name</td>
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<td>Address</td>
<td>Street address</td>
<td>City</td>
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<td>Email Address</td>
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### Specialized Competency

Mark each specialized competency requested.
- Juveniles who commit sexual offenses
- Female sex offenders
- Developmentally delayed sex offenders

### ACKNOWLEDGMENTS FOR SPECIALIZED COMPETENCIES

(Initial each statement and sign below)

- I have a minimum of 250 documented and verified hours of experience in the assessment and treatment of each population documented as a specialized competency accrued no more than seven years before the date of this application.
- I have completed a minimum of 24 hours of documented continuing education in the assessment and treatment of each population documented as a specialized competency.
- I will obtain 3 continuing education hours each renewal period in each specialized competency documented.
- I have read, understood, and will abide by Texas Occupations Code 110 and 22 Texas Administrative Code, Chapter 810 (Council rules).
- I attest that I understand and meet all the requirements for documentation of the requested specialized competency. 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 ________________

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