

<h1>Application for LSOTP Supervisor</h1>	<p align="center"> CSOT PLCU HHSC Mail Code 1470 PO Box 149055 Austin, Texas 78714-9055 Phone (512) 834-4530 Fax (512) 834-6677 Email: csot@dshs.texas.gov </p>	<p> BUDGET: ZZ118 FUND:087 Submit this application with <input type="checkbox"/> \$40.00 application fee <input type="checkbox"/> Copy of your primary license <input type="checkbox"/> Application Questionnaire </p>
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Please print or type.

Applicant Profile Data

<p align="center">LSOTP</p>	<p>NOTE: <u>only</u> LSOTP with 5 years' experience is eligible to apply for supervisor status</p> <hr/> <p>Number _____ Date issued (mm/dd/yyyy) _____ Expires (mm/dd/yyyy) _____</p>
<p align="center">Name</p>	<hr/> <p>Last name _____ First name _____ Middle name _____</p>
<p align="center">Address</p>	<hr/> <p>Street address _____ City _____ State _____ ZIP code _____</p>
<p align="center">Email Address</p>	<hr/> <p>Email address _____</p>

ACKNOWLEDGMENT OF SUPERVISOR'S RESPONSIBILITIES

(Initial each statement and sign below)

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

_____ I understand that 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 the Council.

_____ I understand that the supervising LSOTP shall submit current Council forms at the time of renewal, naming the supervisees who have been supervised during the biennium and documenting the hours each has been supervised.

_____ 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.

_____ I have read, understood, and will abide by Texas Occupations Code 110 and 22 Texas Administrative Code, Chapter 810 (Council rules). As part of my supervising duties, I will ensure my supervisees have read, understood and abide by Texas Occupations Code 110 and Council rules.

_____ I further agree that if issued this supervisor status, upon the revocation, suspension, non-renewal or cancellation of this supervisor status, 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 supervision of Affiliate Sex Offender Treatment Providers.

_____ I attest that I understand and meet all the requirements to supervise ASOTPs. 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