



Application for Certified Sex Offender Treatment Provider (CSOTP)

Date: _____

Name (as it appears on your license, registration, credential or membership):

Street Address: _____

City: _____ State/Territory: _____

Postal Code: _____ Country: _____

Phone: _____

Email Address: _____

I attest to the following (please initial each):

____ I am a licensed, registered, credential or membered professional as outlined in Criterion 1.1 of the Certification Standards

____ My professional license, registration, credential or membership is current and in good standing as outlined in Evergreen Certifications' Code of Ethics

____ I have completed the required training as outlined in Criterion 2.1 of the Certification Standards

____ I have completed a minimum of 2,000 clinical hours under supervision, with 200 of those hours specific to the evaluation and treatment of sex offender clients as outlined in Criterion 3.0 of the Certification Standards

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted. I understand that information submitted with this application may be verified for accuracy by Evergreen Certifications. I also agree to contact Evergreen Certifications in the event I no longer meet the requirements to be a Certified Sex Offender Treatment Provider (CSOTP).

Signed: _____ Date: _____