CERTIFICATION RENEWAL APPLICATION
INFORMATION AND INSTRUCTIONS
IDAHO SEXUAL OFFENDER
TREATMENT PROVIDER – JUVENILE CLIENTS

Thank you for renewing your Idaho Sexual Offender Treatment Provider Certification.

Please note the following:

- Idaho Certified Sexual Offender Treatment Providers must maintain at least masters-level professional licensure in a mental health field, or as a medical doctor in the state in which they provide services.
- The application processing fee for certification renewal is $50 for Senior/Approved and Associate/Supervised level status. Only checks or money orders made payable to the Sexual Offender Management Board can be accepted.
- Certification approval applies to work with either adult clients or juvenile clients. Separate certification applications must be submitted for each population served.

- An attachment checklist can be found on the last page of the application to assist you in ensuring that required documentation is included.
- Information about provider qualifications and treatment standards is located in the SOMB's Standards and Guidelines for Practitioners, Evaluations and Treatment of Juvenile Sexual Offenders which are posted on the SOMB's website (http://somb.idaho.gov).

Rosters for certified providers are posted on the SOMB's website. If you wish to be included for service districts other than the location of your practice's office, please indicate the additional service districts on the application.

The SOMB typically meets on the 2nd Friday of each month. To be considered for certification review during any given month, your completed application and any required supporting documentation must be received by the SOMB no than 30 days prior to a regularly scheduled meeting date.

Please mail your completed application and attachments to:

SOMB Application
Attn: Accounts Receivable
Idaho Department of Correction
1299 N Orchard St, Ste 110
Boise, ID 83706

Questions may be directed to the SOMB office.

SEXUAL OFFENDER MANAGEMENT BOARD
IDAHO DEPT. OF CORRECTION
1299 N ORCHARD ST. STE 110 ♦ BOISE, ID ♦ 83706
TEL: (208) 658-2002 ♦ FAX: (208) 287-3322

FOR OFFICE USE ONLY	
DATE RECEIVED	ISSUANCE DATE
CERTIFICATE #	

IDAHO SEXUAL OFFENDER TREATMENT PROVIDER CERTIFICATION RENEWAL APPLICATION – JUVENILE SERVICES

Check All That Apply:

- ☐ Senior/Approved Treatment Provider
- ☐ Associate/Supervised Treatment Provider
- ☐ Advancement to Senior/Approved Treatment Provider Status
- ☐ Conditional Waiver

Please Type or Print Clearly – Carefully follow all instructions provided. It is the responsibility of the applicant to submit or request to have submitted all supporting documents. Failure to do so could result in a delay in processing or denial of your application. ***Refer to the certification requirements and application procedures outlined in the Idaho SOMB's Standards and Guidelines for Practitioners, Evaluations and Treatment of Juvenile Sexual Offenders.***

DEMOGRAPHIC INFORMATION

Applicant's Name: Last	First	Middle Initial

Business Name & Address 1	Telephone	
City	State	ZIP
Mailing Address if Different From Above	Alternate Telephone	
City	State	ZIP
Business Name & Address 2	Telephone	
City	State	ZIP

Has Your Business Address Changed Since Your Last Application? ☐ Yes ☐ No	Date of Birth	E-mail Address

Which Judicial Districts Would You Like to be Listed Under on the Sex Offender Treatment Provider Roster?

PROFESSIONAL INFORMATION

1. In the past two years have you been denied membership in or terminated from a professional organization?

   ☐ Yes ☐ No (If yes, provide and attach a full explanation.)

2. In the past two years have you had a professional license, certification or registration revoked, suspended, or otherwise sanctioned; or have you ever surrendered such credential to avoid or in connection with action by such authority?

   ☐ Yes ☐ No (If yes, provide and attach a full explanation.)

3. Are you currently being investigated for or pending resolution of an alleged ethical standards violation by a professional licensing board?

   ☐ Yes ☐ No (If yes, provide and attach a full explanation.)

4. In the past two years have you been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect; or had prosecution or sentence deferred or suspended in connection with:

☐ Yes ☐ No The use or distribution of controlled substances?

☐ Yes ☐ No Criminal sexual or violent behavior?

☐ Yes ☐ No Any other crime, other than minor traffic infractions? (Including DUI and reckless driving.)

(If yes to any of the above, provide and attach a full explanation.)

PROFESSIONAL EXPERIENCE/SPECIALIZED TRAINING REQUIREMENT

Complete only if requesting advancement to Senior/Approved Sexual Offender Treatment Provider status

1. You must have completed a combination of direct clinical practice with juvenile sexual offenders and specialized training for a minimum of 1500 hours within the 3 years immediately preceding this application.
2. Of the 1500 hour clinical practice and specialized training requirement:
   a. At least 500 hours in sexual offender treatment experience;
   b. May include clinical practice hours in juvenile sexual offender assessment and evaluation;
   c. A minimum of 60 hours or a maximum of 375 hours in sexual offender-specific specialized training;
      i. No more than 16 training hours may be attributed to the treatment of sexual abuse victims.

Examples:

Sexual offender treatment	700 hours	(may include case staffing or crisis management)
Specialized training	375 hours	
Psychosexual evaluations	425 hours	
Total:	1500 hours	

Or:

Sexual offender treatment	1440 hours	(may include case staffing or crisis management)
Specialized training	60 hours	
Total:	1500 hours	

3. Do you have at least 500 face-to-face hours in juvenile sexual offender treatment? ☐ Yes ☐ No

   Do you have at least 60 hours of sexual offender-specific specialized training? ☐ Yes ☐ No

   Do you have a minimum total of 1500 hours of training and experience related to juvenile sexual offenders? ☐ Yes ☐ No

**** Note – submit only specialized training hours documentation for the two years preceeding this application.**

SPECIALIZED TRAINING & TREATMENT

Specialized Training Requirement:

At least 40 hours of specialized training/continuing education within the preceeding 2 years is required for Senior/Approved or Associate/Supervised level certification renewal. **20 hours of this requirement may be applicable to maintaining your licensure**.

- Clinical supervision hours may not be used as "specialized training hours."

Specialized training may be in a combination of areas such as:

- Assessment and evaluation of juvenile sexual offenders **(AE)**;
- Contemporary research regarding the etiology of sexually abusive behavior **(ESAB)**;
- Research-identified risk factors for the development and continuation of sexually abusive/offending behavior for juveniles **(RF)**;
- Contemporary research and practice in the areas of assessment, treatment, and management of juvenile sexual offenders **(ATM)**;
- Research-supported, sexual offender-specific risk assessment tools for juveniles **(RAT)**;
- Physiological assessment of deviant sexual arousal and/or interests **(PA)**;
- Treatment of sexual abuse victims (limited to 16 hours) **(SAV)**;
- Other – indicate how the training applies **(O)**.

Please list the specialized training courses, seminars, formal conferences, etc., which you have attended to demonstrate that you meet this requirement. ***Designate the relevant topic code (ESAB; RF; ATM; RAT; PA; SAV; O) for each training listed***.

Additionally, please provide documentation verifying your attendance and completion (such as copies of programs or course certificates).

Seminar Name	Date	Location	Sponsor	Hours	Topic Code
			Total Hours		

Please explain the applicability of any training coded as "**O**" below:

ASSURANCES AND RELEASE

I acknowledge and agree to the following:

I have read this entire application. Answered all question truthfully and completely and to the best of my knowledge, the documentation provided in support of my application is accurate.

I have read and will comply with Idaho laws and rules, including the Idaho SOMB Standards and Guidelines for Practitioners, Evaluations and Treatment of Juvenile Sexual Offenders and agree to carry out the standards to the best of my ability related to the certification for which I am applying.

I give permission for the Idaho Sexual Offender Management Board (SOMB) to investigate my background as it relates to statements contained in this application for certification. I understand that intentionally false or misleading statements or intentional omissions may result in the denial or revocation of certification. I further understand that the SOMB may require additional information from me prior to making a determination regarding my application.

I understand that the information contained in my SOMB certification application file may be shared with SOMB staff or other authorized representatives.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, or federal), including professional licensing boards, to release upon the request of the SOMB or its authorized representatives any information files or records required by the SOMB in connection with processing this application. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

I further agree to hold the SOMB members and its staff or authorized representatives free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and/or the failure of the SOMB to issue certification.

Upon certification and as a condition of continued certification, I understand the SOMB members or its authorized representatives may contact or question, as necessary, any person, institution or organization during an investigation into any complaint made against me or as part of the quality assurance process.

_____ _____

Applicant Signature Date

Please PRINT your name below <u>exactly</u> as you wish it to appear on your certificate.

_____

PRINT

ASSOCIATE/SUPERVISED TREATMENT PROVIDER
SUPERVISED EXPERIENCE VERIFICATION

List your cumulative sexual offender-specific clinical practice hours that have been aquired toward attaining Senior/Approved level Sexual Offender Treatment Provider qualifications. (Attach additional sheet if necessary.)

Indicate Nature of Experience or Practice and Location	Experience Hours	Inclusive Dates of Experience	
		Beginning Date	Ending Date

I certify that _____ has completed _____ total hours of supervised work within the past 2 years with me/my agency as indicated above.

_____ _____

Supervisor's Signature Date

REQUEST FOR CONDITIONAL WAIVER

Applicants may apply for a one time only conditional waiver only if they do not fully meet the professional experience qualifications and/or specialized training requirements.

Provisions:

1. Conditional waivers are limited to a period of two years, to afford the applicant time to attain the qualification requirements for the level of certification the applicant is seeking.

2. An applicant who is granted a conditional waiver may not represent himself/herself as a Certified Sexual Offender Treatment Provider.

   a. An applicant who is granted a conditional waiver shall represent himself/herself as an "**Approved Senior (or Associate) Sexual Offender Treatment Provider by Waiver**."

   b. The sexual offender treatment provider roster published by the SOMB will identify a sexual offender treatment provider who is granted a conditional waiver, and will indicate the date the waiver expires.

3. The applicant must have a training plan to achieve full qualification requirements for the level of certification that the applicant is seeking.

4. Documentation must be included with the sexual offender treatment provider's ***renewal*** application verifying his/her progress in attaining full qualification requirements for the level of certification the applicant is seeking.

5. If an applicant has not achieved the full qualification requirement for the level of certification originally sought during the two-year conditional waiver period, the waiver will be cancelled and the applicant will be placed in a less independent level of certification. Waivers will not be renewed.

I certify that I understand and agree to abide by the provisions for an approved sexual offender treatment provider conditional waiver.

Attached to this application is:

- A statement indicating why my request for conditional waiver should be considered; and
- A statement outlining my intended training plan to achieve full qualifications for the level of certification that I am seeking.

_____ _____

Applicant Signature Date

PREVIOUS CONDITIONAL WAIVER

Applicants who have previously been approved for certification with a conditional waiver must fully meet the professional experience qualifications and specialized training requirements for continued approval of their level of certification.

1. Documentation must be included with the treatment provider's renewal application verifying his/her attainment of full qualification requirements for the previously approved level of certification.

2. If an applicant has not achieved the full qualification requirement for the level of certification originally approved during the two-year conditional waiver period, the waiver will be cancelled and the applicant will be placed in a less independent level of certification. Waivers will not be renewed.

3. If an applicant does not meet the full qualification requirements for the level of certification originally approved, a signed supervision agreement must be included with the application for supervision at a less independent level of certification.

ATTACHMENTS

Have you attached the following?

____ Copy of current professional license (licensure in Idaho is not required to be certified as an Idaho Sexual Offender Treatment Provider, however, you must maintain a current license in a clinical practice field such as psychiatry, psychology, counseling or social work, etc. in your state of residence);

____ Documentation verifying current malpractice insurance;

____ Documentation verifying specialized education attendance;

____ Documentation related to **any changes** to your treatment program curriculum since your previous application:

- Program narrative describing your treatment theory/model
- Treatment acceptance criteria
- Templates of treatment plans, treatment contracts and agreements
- Assessment tools utilized to inform treatment planning and to gauge treatment progress
- Data collected to assess program impact and effectiveness
- Program modality (e.g. individual, group, family, etc.)
- Treatment program rules and expectations
- Description of how treatment plans are developed and modified
- Outline of modules, exercises and activities

____ Copies of the following documents that were developed on separate juvenile clients within the year preceding this application:

- 2 redacted treatment plans
- 2 redacted treatment summaries
- 2 redacted treatment progress reports

____ Signed Assurances and Release form; and

____ Application processing fee – check or money order in the amount of $50 made payable to the Sexual Offender Management Board:
****Note** – the application processing fee is waived if your last certification effective date was less than 365 days prior to this application.

And if applicable,

____ Formal supervision agreement – applications for Associate level providers will not be approved without pre-arranged supervision agreements;

____ Signed Supervised Experience Verification form.

Please mail your application and attachments to:

SOMB Application
Attn: Accounts Receivable
Idaho Dept. of Correction
1299 N. Orchard St. Suite 110
Boise, ID 83706

Please direct questions to:

Sexual Offender Management Board
c/o Idaho Dept. of Correction
1299 N. Orchard St. Ste 110
Boise, ID 83706
(208) 658-2002