Member Name:

Current email? _____

Continuing Education:

_____ 10/15/09 - Annual Meeting / Current Trends (Ray Knight)

_____ 12/18/09 - Developmentally Disabled (Judi Fishman)

_____ 2/19/10 - Female Sex Offenders (Theresa Porter)

_____ 9/17/10 - Probation and Provider Cooperation (William Anselmo)

_____ 2010 ATSA Conference

_____ 2010 MATSA Conference

Please add any other Sex Offender- related CE training events, and attach related certificates.

Date	Topic	Hours

Since October 2009: (circle Y (Yes) or N (No) to each question).

Y N Have you had any professional license/certification denied, revoked or suspended?
Y N Has there ever been a malpractice judgment against you?
Y N Has there been a finding of professional misconduct made against you by any professional board?
Y N Have you been convicted of a felony or any statutory sexual offense?

I attest that the information above is accurate to the best of my knowledge.

_____
Please Sign & Date

Clinical Membership dues for 2010-2011..... $100.00

You may return this form with your dues payment at the 2010 annual meeting, or by sending it to:

CATSO
Post Office Box 925
Middletown, CT 06457