



CATSO Clinical Membership requires supervision by a CATSO Clinical Member or a professional who has recognized expertise in assessing and treating sexual offenders. If your supervisor was not a CATSO Clinical Member, please include information about your supervisor's qualifications in sexual offender assessment & treatment.

**PROFESSIONAL EXPERIENCE:**

Please list most recent experience first and indicate if your supervisor is a Clinical Member of CATSO.

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1) Employer Supervisor

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Business Address (city, state, zip code)

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Major duties and responsibilities

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Dates of employment

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Hours in <b>direct</b> clinical assessment/treatment of sexual offenders:	Per Week	Total hours
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2) Employer Supervisor

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Business Address (city, state, zip code)

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Major duties and responsibilities

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Dates of employment

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Hours in <b>direct</b> clinical assessment/treatment of sexual offenders:	Weekly	Total hours
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Please include any additional employment you have related to the assessment/treatment of sexual offenders on a separate page, utilizing the same format as above.

**EDUCATION:**

List most recent first, including the name and location of the institution, dates attended, degree, major and date completed:

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Please arrange to have an official transcript sent to CATSO. by the institution from which you obtained your highest degree. Your application will not be processed until the Membership Committee has received this transcript

2. Provide a list any specialized training that you have received that is related to the assessment and treatment of sexual offenders, with dates and affiliations (e.g.; ATSA, MATSA).

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**REFERENCES:**

Please list the names and current addresses of two treatment providers who are familiar with your professional and personal qualifications with respect to the work you have done with sexual offenders. One of these providers should be a CATSO Clinical Member or a provider with recognized expertise in assessing or treating this population. You are responsible for sending CATSO Letter of Reference forms to the individuals that you list below. The Membership Committee will be unable to process your application until the Letters of reference are received.

Opinion is divided about whether reference letters that are not open to review are more helpful in assessing an applicant's professional and personal credentials. Should you wish to waive your right to review your letters of reference, you may do so by signing the waiver on each letter of reference. In either case, your application will be carefully considered without prejudice.

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1) Name of Person Providing Reference Position

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Business Address (city, state, zip code) Phone

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2) Name of Person Providing Reference Position

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Business Address (city, state, zip code) Phone

A non-refundable application fee of \$35.00 is to be submitted with this form. In addition, please complete the Criminal Record Request form that can be obtained from the CATSO web site ([www.catso.org](http://www.catso.org)) and send it to the Department of Public Safety, along with the \$25.00 records request fee. The CATSO annual membership fees, due October 15<sup>th</sup> of each year, are listed below. To complete this form, please read and sign the statement that follows.

Clinical Full-time (18 hours per week or more)	\$100.00
Associate	\$ 60.00

I certify that all of the information that I have provided for this application is truthful and accurate. I have read the Association's By-Laws and Code of Ethical Principles, which are available on the CATSO website. If accepted as a member, I will support the objectives of the Association and will abide by the provisions of the Association's By-Laws and Code of Ethical Principles.

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Signature of Applicant

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Date of Application

