

CATSO

Connecticut Association for the Treatment of Sexual Offenders

Letter of Reference

Name of Applicant

I waive my right to review this Letter of Reference. I understand that CATSO does not require me to execute this waiver and is willing to review my application whether or not I sign it.

Signature of Applicant if Waiving Right to Review / Date

For Person Providing the Reference: I understand that the above named individual is seeking to become a member of the Connecticut Association for the Treatment of Sexual Offenders (CATSO) and has requested a referral statement regarding his/her professional and ethical qualifications in assessing and treating sexual offenders. If the applicant has signed the above waiver, my referral statements will be kept confidential.

I certify that the answers and statements provided in this document are true and complete to the best of my knowledge.

1. Name _____ Degree _____ CATSO Member? Yes No
2. Occupation _____ Place of Employment _____
3. Professional Address _____
4. Length of time you have known the applicant? _____
5. How do you know the applicant? _____
6. Do you believe the applicant demonstrates ethics and integrity in personal and professional conduct? _____
If not, please explain: _____
7. To the best of your knowledge, has the applicant ever been:
 - a) Convicted of a felony? Yes _____ No _____
 - b) Accused, investigated, and/or involved in unprofessional or unethical conduct? Yes _____ No _____
 - c) Denied membership in, or terminated from, a professional organization? Yes _____ No _____

If you answered yes to any of the above questions, please include an explanation in the reference statement at the end of this form.

The above-named professional is seeking to become a clinical member of CATSO, which requires a Master's degree or above in a clinical field of study and at least 1,000 hours engaged in direct clinical assessment and treatment of sexual offenders under the supervision of a professional who has recognized expertise in assessing

