

# 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

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**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

and treating sexual offenders.

In the space below, please provide a brief summary of your opinion of the applicant's qualifications for CATSO membership and any other relevant information. Please include information specific to the applicant's knowledge and experience concerning the assessment/treatment of sexual offenders. Be sure to address any concerns identified in items #6 and #7 of the first page. Please return completed Letter of Reference to **CATSOBoard@gmail.com**. Thank you for your assistance.

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Signature of Referrer / Date