

DELAWARE SEX OFFENDER MANAGEMENT BOARD

Credentialing APPLICATION

FOR PROVIDERS

**State of Delaware Sex Offender Management Board
Provider Credentialing Committee**

Address _____
Telephone number _____
Contact person _____
E mail address _____

Who should complete this application?

Individuals who wish to provide services to convicted adult sex offenders and/or adjudicated juveniles who have committed a sexual offense. Applicants must demonstrate that they meet the qualifications and comply with standards of practice contained in *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* and the *Standards and Guidelines For The Evaluation, Assessment, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses* published by the Sex Offender Management Board, (SOMB) and, if applicable, *the Standards for Community Entities That Provide Supervision and Treatment for Adult Sex Offenders who have Developmental Disabilities*. Applicants must apply as individuals, not partnerships or programs.

How to complete this application:

- The applicant should first read and understand the *Standards* before completing this application. Within the body of this application, you will be asked to document your training and experience; you may wish to compile these materials in advance.
- The application should be submitted on line through the SOMB website at <http://somb.dshs.delaware.gov>
- Additional copies of the *Standards* or the application materials may be obtained on the SOMB website.
- Questions may be addressed to the Chairperson of the Credentialing Committee located on the SOMB website.

Additional Responsibilities if you are placed on the Provider List:

- To notify the SOMB, in writing of any changes in your name, address, telephone number, program name, program materials or if you have added an additional treatment location.
- To provide the SOMB, in writing, information regarding any changes to your professional status, such as grievances, license revocations or any other change in your professional standing.

GENERAL INSTRUCTIONS

1. Use the forms provided in this application.
2. Submit **ONLY** the information requested.
3. Submit the required information **in the order requested**.
4. Follow all instructions carefully – incorrect applications may not be processed.

5. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ATTACHMENTS FOR YOUR FILES.

6. You must report to the State Bureau of Investigation (SBI) to submit fingerprints for completion of a criminal history check pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). Complete the Criminal History Disclosure Form and bring it with you to SBI.

Which application pages should I fill out and submit?

- Below is a grid to assist you in this process.
- If you are applying for multiple listings, please note that only ONE copy of each requested item is required.

Compliance with the Standards will be assessed over time through a periodic renewal process, a monitoring process, and a mechanism to receive and investigate complaints within the policies established for such complaints.

COMPLETE THE SECTIONS MARKED WITH AN "X"

Common App Section	1	AP A	AP C	AP D	AP G	AP H																
Adult Treatment Associate	X	X	X																			
Adult Treatment Full	X	X	X																			
Juvenile Treatment Associate	X	X		X																		
Juvenile Treatment Full	X	X		X																		
Adult Evaluator Associate	X	X			X																	
Adult Evaluator Full	X	X			X																	
Juvenile Evaluator Associate	X	X			X																	
Juvenile Evaluator Full	X	X			X																	
Adult / Juvenile Ass Polygrapher	X	X				X																
Adult / Juvenile Full Polygrapher	X	X				X																

All applicants must complete the common application and those appendices specific to the service you intend to provide.

Common Application: Section I

APPLICANT NAME:

Date:

Provider #:

(SOMB use only)

Adult and Juvenile Application:

For Placement on the Sex Offender Management Board's Provider List as a Treatment Provider, Evaluator, and/or Polygraph Examiner.

Please check the category(s) for which you are applying:

- **ADULT TREATMENT PROVIDER**
 - FULL OPERATING LEVEL**
 - ASSOCIATE LEVEL**

- **ADULT EVALUATOR**
 - FULL OPERATING LEVEL**
 - ASSOCIATE LEVEL**

- **POLYGRAPH EXAMINER**
 - FULL OPERATING LEVEL**
 - ASSOCIATE LEVEL**

- **JUVENILE TREATMENT PROVIDER**
 - FULL OPERATING LEVEL**
 - ASSOCIATE LEVEL**

- **JUVENILE EVALUATOR**
 - FULL OPERATING LEVEL**
 - ASSOCIATE LEVEL**

PLEASE NOTE THAT ALL ADDRESSES AND TELEPHONE NUMBERS BECOME A MATTER OF PUBLIC RECORD. FOR SAFETY REASONS, THE USE OF HOME ADDRESSES AND TELEPHONE NUMBERS IS NOT RECOMMENDED.

Disclosures:

a) Have you ever been convicted of, entered a plea of guilty or nolo contendere (no contest), or had prosecution or a sentence deferred or suspended, for any criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No

b) Are you currently subject to criminal prosecution or have pending criminal charges in any state or jurisdiction? Yes No

c) Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care professional? Yes No

d) Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal or foreign authority? Yes No

e) Have you ever surrendered a credential like those listed above in connection with or to avoid action by a state, federal, or foreign authority? Yes No

f) Do you have any pending professional liability or malpractice actions, any final judgments, or settlements involving your professional practice? Yes No

Please explain all "Yes" responses in detail. Attach another piece of paper if needed.

I _____ declare under penalty and perjury under the laws of the state of Delaware the above answers are true and correct.

Signature

Date

Common Application: Section I

Adult and Juvenile Applicants:

Please list your place(s) of employment and positions for the last five years starting with your current or most recent employment. If you practiced psychotherapy or polygraphy in another state, with or without a license, please also include that work experience. You may substitute a professional resume if it provides all the information requested.

You may copy this page

Employer/Business Name:	Telephone:
Street Address:	
City: State: Zip Code:	
Position: Dates of Employment:	
From To	
Unless you were self-employed, list supervisor name:	Telephone:
If self-employed, provide the name of a professional reference to verify this employment:	Telephone:
Summary of job duties:	
Reason for leaving:	

Employer/Business Name:	Telephone:
Street Address:	
City: State: Zip Code:	
Position: Dates of Employment:	
From To	
Unless you were self-employed, list supervisor name:	Telephone:
If self-employed, provide the name of a professional reference to verify this employment:	Telephone:
Summary of job duties:	
Reason for leaving:	

Common Application: Section I

Adult and Juvenile Applicants:

You may substitute a professional resume if it provides all the information requested.

<i>ACADEMIC DEGREE</i>	<i>SPECIALTY AREA</i>	<i>DATE of DEGREE</i>	<i>NAME OF UNIVERSITY</i>	<i>CITY & STATE</i>
<hr/>				
<i>B.A. /B.S.</i>				
<hr/>				
<i>M.A., M.S., M.S.W.</i>				
<hr/>				
<i>Ed.D.</i>				
<hr/>				
<i>Ph.D.</i>				
<hr/>				
<i>Psy.D.</i>				
<hr/>				
<i>Psychiatric Clinical Nurse</i>				
<hr/>				
<i>M.D.</i>				
<hr/>				
<i>Board Certified: Yes No</i>				
<hr/>				
<i>Other (describe)</i>				
<hr/>				

Common Application: Section I

**Clinical Experience
Adult and Juvenile Applicants**

This form is to be used for documentation of the number of hours you have accumulated within the last five (5) years by providing treatment, evaluation, and/or polygraphs or since your "Intent to Apply Letter" was filed. Please refer to the Standards for the minimum number of required hours needed for the listing(s) for which you are applying. **Please only fill out the section that is relevant to which area you are applying for. If you are applying for both Adult and Juvenile, please fill out both sections.**

You may copy this page.

ADULT CLINICAL EXPERIENCE

DATES	# of hours or evals	Clinical Activity type	Location/Agency
		<i>(Group therapy, polygraph examinations, sex-offense specific evaluations, etc.)</i>	
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

JUVENILE CLINICAL EXPERIENCE (If applying for Treatment Provider for juveniles)

DATES	# of hours or evals	Clinical Activity Type	Location/Agency
		<i>(Group therapy, polygraph examinations, sex-offense specific evaluations, etc.)</i>	
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

Common Application: Section I

**Professional Supervision Agreement for Associate
Level Treatment Providers and/or Evaluators:
Adult and Juvenile Applicants**

You may copy this page.

Applicants Name: _____

Date: _____

Supervisor's Name: _____

Agency: _____

Address: _____

City, State, Zip _____

Telephone: _____

Fax: _____ Email: _____

Please note, supervision shall not be provided by a relative of the applicant.

I, _____ do hereby verify that I have provided
_____ (#) hours of face-to-face supervision to the above named applicant. I have
provided hours _____ (#) of face-to-face co-therapy in the same room. These
hours were accumulated in accordance
with the Standards and were provided at:

(Agency Name)

In signing this agreement, we verify that we will accumulate the required supervisory hours as prescribed in the Standards. This supervision will consist of approximately ____ hours a month of supervision directly related to sex offense specific treatment/evaluation and will include the following types of supervision (please specify activities):

Supervisor's signature _____ Date _____

Supervisor's name _____

Applicant's signature _____ Date _____

Applicant's name _____

Reference

As part of the background check, three references are required, two of which must be familiar with your professional qualifications and at least two (2) of the individuals listed below must be members of a Community Supervision Team and/or Multidisciplinary Teams in which you participate. DOC/DYS employees please refer to * note below. **If you are applying as an Adult and a Juvenile Provider, please provide references that can speak about your ability to work with both populations.**

REQUIRED ADDITIONAL REFERENCES - These references must be familiar with your offense-specific work.

1. PROBATION/PAROLE OFFICER

Name:

Address:

Telephone number:

2. VICTIM ADVOCATE, THERAPIST, OR OTHER VICTIM PROFESSIONAL

Name:

Address:

Telephone number:

3. POLYGRAPH EXAMINER, TREATMENT PROVIDER, EVALUATOR, SUPERVISING OFFICER OR

Name:

Profession:

Address:

Telephone number:

4. PROFESSIONAL REFERENCE

Name:

Profession:

Address:

Telephone number:

* DOC/DYC EMPLOYEES: Since you may not be working with Community Supervision Teams and/or Multidisciplinary Teams you may provide names of co-workers or others familiar with your professional qualifications.

Common Application: Section I

Authorization for Release of Information:

Adult and Juvenile Applicants

I, _____, authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to be on the Sex Offender Management Board's Provider List as one or more of the following: **Full Operating Level Treatment Provider, Associate Level Treatment Provider, Full Operating Level Evaluator, Associate Level Evaluator, Full Operating Level Polygraph Examiner and/or Associate Level Polygraph Examiner.** I agree to give any further information that may be required in reference to my past record.

The foregoing authorization for release of information or records does not include consent for release of personal financial records, bank accounts, loans or other such personal information not related to my moral character, professional reputation, or fitness as a treatment provider and/or evaluator and/or polygraph examiner.

I hereby release, discharge and exonerate the Sex Offender Management Board, its agents, representatives, and any person furnishing such information from any and all liability of every nature and kind arising out of the furnishing of such information to other medical or professional societies or organizations, hospitals and hospital committees, and government agencies in the event that other such organizations and agencies present to the Sex Offender Management Board a release of authorization for release of information executed by me or a facsimile of such release or authority executed by me.

Applicant Name Clearly Printed

Signature of Applicant

Common Application: Section I

Adult and Juvenile Applicants:

Please enclose the following with your completed application:

- **A Copy of your current Driver's License**
- **Evidence of Licensure**

If you meet all of the criteria for Associate Level Adult Treatment Provider, please submit the following:

Appendix A

Statement of Understanding Adult and Juvenile Applicants

1. I understand that the information I have submitted on this application for the Sex Offender Management Board Provider List will be used for the following purposes:

A. To conduct criminal history checks and background investigations as necessary.

B. To create and disseminate a provider list of treatment providers, evaluators, and/or polygraph examiners.

2. My application materials will become a public record of the Delaware Sex Offender Management Board and may be subject to disclosure according to Delaware Code TITLE 29 CHAPTER 100. FREEDOM OF INFORMATION ACT.

3. Inclusion on the provider list does not constitute certification or licensure and should not be represented as such. It does not create an entitlement or guarantee that I will receive referrals. If I am approved to be on the Provider List, it means that I am eligible to be considered as a provider of evaluation, assessment, treatment, and/or behavioral monitoring services for convicted sex offenders and/or adjudicated juveniles who have committed a sexual offense.

(a) The board shall require any person who applies for placement on the list of persons who may provide sex offender treatment services pursuant to this article to submit a complete set of his or her fingerprints to the Delaware State Bureau of Investigation for use in conducting a state criminal history record check and for transmittal to the Federal Bureau of Investigation for a national criminal history record check. The board shall use the information obtained from the state and national criminal history record check in determining whether to place the person on the approved provider list.

4. The Sex Offender Management Board will release information to all referring agencies regarding the status of my application, my placement on the Provider List, founded complaints, removal from the Provider List or denial of my application to the Provider List.

5. In the event a complaint is filed against me, the contents of my application will be reviewed by the Sex Offender Management Board in accordance with the Sex Offender Management Complaint and Credentialing Process.

6. I have read the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders and/or the Standards and Guidelines for the Evaluation, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses* in its entirety, and agree to carry out the *Standards* to the best of my ability related to the listing and level for which I am applying. I have answered all questions on this application honestly and the answers are complete to the best of my knowledge. I further understand that false statements or misstatements on this application are grounds for removal from the SOMB Provider Lists.

Signature of Applicant:

_____ Date: _____

Printed Name of Applicant:

QUALIFICATIONS FOR TREATMENT PROVIDER

Adult and Juvenile Applicants:

Reference: Standards, Section 4.0

A treatment provider at the Full Operating Level may treat convicted adult and juvenile sex offenders and may supervise a Treatment Provider at the Associate Level as well as students or other clinicians who are not eligible to be listed on the Provider List. The following checklist will help you determine which level applies to you.

Fully Operating Treatment Provider	Associate Treatment Provider
Delaware Licensed Behavioral Health Clinician or Master’s Level clinician with 2000 hours of clinical experience with this population, who is in good standing	Bachelor’s Degree or above in a behavioral science
<p>1000 supervised hours of clinical experience within the past 5 years; specifically in the area of assessment and treatment of sex offending behavior at least half of which is direct contact</p> <ul style="list-style-type: none"> • 80 hours training[meeting required core competencies outlined in application]within the past 5 years • Supervised experience must be by a SOMB fully operating treatment provider 	<p>600 hours of supervision and training with licensed clinician who meets criteria for full clinician on the Sex Offender Management Board provider list</p> <ul style="list-style-type: none"> • 500 hours of supervised clinical experience specifically in the area of sex offender specific treatment; at least half of these hours (250) must be in direct clinical contact. At least 160 hours of the direct clinical contact as co-therapy, in the same room as SOMB fully operating treatment provider • 100 hours of face to face supervision by a SOMB Full Operating Level Treatment Provider • Minimum of 50 hours of training every 5 years in accordance with standard (___)
Shall adhere to the Professional Code of Ethics published by ATSA	Shall adhere to the Professional Code of Ethics published by ATSA
Supervision must be a written contract and hours/focus documented	Supervision must be a written contract and hours/focus documented
Individual will pass a criminal background check as required by the State of Delaware and will have never been convicted of or received a deferred judgment for an offense involving criminal sexual or violent behavior.	Individual will pass a criminal background check as required by the State of Delaware and will have never been convicted of or received a deferred judgment for an offense involving criminal sexual or violent behavior.

<p>Re-application every 2 years—400 hours of clinical experience half (200 hours) of which is face-to-face clinical experience with convicted/adjudicated sex offenders, 45hrs of Continuing Education every 2yrs.-- training in accordance with standard (4.0), current background check/fingerprinting; references [includes other members of the multidisciplinary team]</p>	<p>Re-application every 2 years—400 hours of clinical experience half (200) of which is direct contact; minimum of 1 hour of face-to-face supervision for every thirty hours of clinical contact with sex offenders, 45 hrs. of Continuing Education every 2 years in accordance with standard (4.0) current background check/fingerprinting; references [includes other members of the multidisciplinary team]</p>
<p>Therapists applying for inclusion on the SOMB Provider List from another state must adhere to the criteria requirements as stated above.</p>	<p>Associate clinicians applying from another state for inclusion on the SOMB Provider List must provide documentation of supervision and training that adheres to the criteria requirements as stated above</p>
<p>Requests for Supervision by a clinician that practices in another state must be approved by SOMB and documentation of supervision, training, experience and status of her/his license must be provided with the request.</p>	

**Standard of Practice for Adult Treatment Providers:
Full Operating and Associate Level Applicants**

Description of Sex Offense-Specific Treatment

Reference: Adult Standards, Section 3.0 and Guiding Principles. (Note that the sole use of individual therapy is not recommended with sex offenders, and the referral agency may require group therapy as the primary treatment modality, unless geographical or disability limitations eliminate it as an option.)

Do you use group therapy as your primary modality of treatment with sex offenders?

Yes No

a. Length of each session: 1 hour 1-2 hours More than 2 hours

b. Frequency of group sessions: Once a week Twice a week More than twice a week

c. Number of separate groups offered: _____

d. Are clients assigned any homework between sessions? Yes No

e. What is the average size of a treatment group? _____

f. What is the therapist/client ratio? _____

g. What time(s) of day do you offer treatment groups? _____

h. Are your treatment groups open or closed? Open Closed

i. What is the minimum length of time it takes a sex offender to complete your treatment program? _____

j. If group therapy is not your primary treatment modality, please describe your primary modality. _____

k. If you are a rural treatment provider and do not have enough referrals at one time to run a group, please indicate how you treat sex offenders in lieu of group.

l. Do you provide separate groups for male and female offenders? Do you provide separate groups for those 18 and over, and under 18 years of age?

In addition to your primary treatment modality previously listed, what other modalities of treatment do you use?

- Group therapy Individual therapy
 - Family therapy Partner therapy
 - Victim clarification process Biomedical therapies
 - Substance abuse treatment Referrals to psychiatrist
 - Referrals to self-help or 12 step programs Domestic violence treatment
 - Other therapies for co-existing conditions
 - Support groups for families of sex offenders
 - Other (please explain)
-
-
-

Attachments:

- a. Please attach a brief description of your program
- b. Please attach a sample:
 - i. Treatment Contract specific to adult convicted sex offenders
 - ii. Safety Plan
 - iii. Relapse Prevention Plan
 - iv. Risk Assessment

**Standards of Practice for Juvenile Treatment Provider:
Full Operating Level and Associate Level**

Description of Sex Offense Specific Treatment

Reference: Juvenile Standards, Section 3.0 and Guiding Principles.

Which treatment modalities do you use?

- Group therapy Individual therapy
- Family therapy Partner therapy
- Victim clarification process Biomedical therapies
- Substance abuse treatment Referrals to psychiatrist
- Referrals to self-help or 12 step programs
- Other therapies for co-existing conditions
- Domestic violence treatment
- Support groups for families of JVSO
- Other (please explain)

Attachments:

- a. Please attach a brief description of your program.
- b. Please attach copies of two (2) representative sex-offense specific treatment plans with **client identifying information deleted**, that include the information required in Adult Standards section 3.0 and Juvenile Standards section 3.0.
- c. Please attach a sample:
 - i. Treatment Contract specific to adult and/or juvenile convicted or adjudicated sex offender
 - ii. Safety Plan
 - iii. Relapse Prevention Plan
 - iv. Risk Assessment

The following checklist will help you determine which level applies to you.

Appendix E

Qualifications for Adult and Juvenile Evaluators

<p>Qualifications of <i>Adult and Juvenile Evaluator</i> Full-Operating Level and Associate Level</p>	<p><i>Appendix E</i></p>
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Full Operating Level and Associate Level

Fully Operating Level Evaluator	Associate Level Evaluator
Must be listed as a Full Operating Level Treatment Provider in good standing	Must be listed as an Associate Level or Full Operating Level Treatment Provider
40 sex-offense specific evaluations within the past 5 years	Less than forty (40) sex offender specific evaluation within the last five years
Minimum of eighty (80) hours of specialized training with forty (40) hours specific to the evaluation of adult sex offenders	Minimum of forty (40) hours of specialized training with twenty (20) hours specific to the evaluation of adult sex offenders
Shall adhere to the Professional Code of Ethics published by ATSA	Supervision must be a written contract and hours/focus documented. At least 50 hours of face-to-face clinical supervision by a Full Operating Level Treatment Provider (standard 4.0)
Individual will pass a criminal background check as required by the State of Delaware and will have never been convicted of or received a deferred judgment for an offense involving criminal sexual or violent behavior.	Individual will pass a criminal background check as required by the State of Delaware and will have never been convicted of or received a deferred judgment for an offense involving criminal sexual or violent behavior.
Full Operating Level Evaluators applying for inclusion on the SOMB Provider List from another state must adhere to the criteria requirements as stated above.	Associate Level Evaluators applying from another state for inclusion on the SOMB Provider List must provide documentation of supervision and training that adheres to the criteria requirements as stated above

**Qualifications for Evaluator
Adult and Juvenile Applicant**

Reference: Adult Standards, Sections 4.0

To be considered qualified to conduct sex offense specific evaluations **you must meet the qualifications for Adult/Juvenile Treatment Provider, AND you must be experienced and qualified to provide evaluations of sex offenders in all areas required by the Standards.** Evaluation, and particularly the administration and interpretation of standardized psychological tests, is a specialized area of expertise. Applicants will be expected to adhere to the laws, established ethical standards, practices and guidelines of their respective professions with regard to the conducting of evaluations and the administration of psychological tests. Some of the areas may be provided indirectly through referrals to a qualified source (e.g. standardized psychological testing, plethysmograph examination, medical examination).

Associate Level Evaluators may be licensed or unlicensed, and must obtain ongoing clinical supervision from an Evaluator at the Full Operating Level. Providers may be listed on the Provider List at the Associate Level while they are seeking licensure or additional clinical experience, or may operate permanently at this level.

Full Operating Level Evaluators may be licensed or unlicensed, may operate without ongoing clinical supervision specific to sex offender treatment, and may supervise Evaluators at the Associate Level, as well as students or other clinicians who have submitted an “Intent to Apply” form.

Standards of Practice for Adult and Juvenile Evaluator: Full Operating Level and Associate Level Applicants

Reference: Adult Standards Section 2.0 and, Juvenile Standards Section 2.0 and Guiding Principles.

Approximately how many sex offense-specific evaluations have you conducted in the last five (5) years? _____. Please document this information on the Clinical Experience Form.

Adhering to the established ethical standards, practices and guidelines of your profession, are you qualified and experienced to perform comprehensive sex offense specific evaluations examining the following areas?

- NO YES Mental and/or organic disorders;
- NO YES Drug/alcohol use;
- NO YES Character pathology;
- NO YES Stability of functioning;
- NO YES Developmental history and competence;
- NO YES Self-esteem and ego-strength;
- NO YES Delinquency and conduct/behavioral issues;
- NO YES Level of violence and coercion;
- NO YES Level of deception and/or denial;
- NO YES Assessment of risk including escalation of high-risk behavior;
- NO YES Motivation and amenability for treatment;
- NO YES Impact on the victim, when possible;
- NO YES Treatment and supervision needs including informed supervision system and relapse prevention planning;
- NO YES Community risk and protective factors;
- NO YES Medical/neurological/ pharmacological needs;
- NO YES Sexual evaluation, including sexual developmental history;
- NO YES Deviant sexual arousal or interest in deviance/paraphilias (plethysmograph or Abel).

If you answered NO to any area, how would you ensure that the area is included in the evaluation?

Are you qualified to administer standardized psychological tests? Yes No

If NO, how would you ensure that such tests are conducted, if indicated?

Attachments:

- a. Please attach copies of two (2) sex-offense specific evaluations conducted on convicted adult and/or juvenile sex offenders, with client identifying information deleted, that include the information required in Adult Standards section 2.0 and Juvenile Standards section 2.0.



Appendix H

Standards of Practice for Polygraph Examiners

Adult and Juvenile Applicants

Adult standards section 4.0

Fully Operating Level Polygraph Examiner	Associate Level Polygraph Examiner
Must have graduated from an accredited American Polygraph Association School including 40 hour APA training in post conviction sex offender testing	Must have graduated from an accredited American Polygraph Association School including 40 hour APA training in post conviction sex offender testing
Must have a 4 year degree from a college or university or 3 years experience in dealing with sexual offenses (law enforcement, probation/parole, clinical, victim advocate)	Must have a 4 year degree from a college or university or 5 years experience in dealing with sexual offenses (law enforcement, probation/parole, clinical, victim advocate)
50 documented post-conviction sex offender polygraph tests within the last 2 years. 20 sexual history tests, 20 maintenance tests, and 10 specific issue tests	Supervision by a full operating polygraph examiner up to fifty (50) tests and movement to a full operating polygraph examiner. Signed supervision agreement
Minimum of forty (40) hours of specialized clinical sex offender polygraph examiner training within the most recent two (2) years. Ten (10) hours specific to treatment of adult sex offenders and eight (8) hours specific to developmental disabilities	Minimum of forty (40) hours of specialized clinical sex offender polygraph examiner training within the most recent two (2) years. Ten (10) hours specific to treatment of adult sex offenders and eight (8) hours specific to developmental disabilities
Shall adhere to the Professional Code of Ethics published by APA and ATSA	Shall adhere to the Professional Code of Ethics published by APA and ATSA
Individual will pass a criminal background check as required by the State of Delaware and will have never been convicted of or received a deferred judgment for an offense involving criminal sexual or violent behavior.	Individual will pass a criminal background check as required by the State of Delaware and will have never been convicted of or received a deferred judgment for an offense involving criminal sexual or violent behavior.
Full Operating Level Evaluators applying for inclusion on the SOMB Provider List from another state must adhere to the criteria requirements as stated above.	Associate Level Evaluators applying from another state for inclusion on the SOMB Provider List must provide documentation of supervision and training that adheres to the criteria requirements as stated above

Describe your work with Community Supervision Teams and/or Multidisciplinary Teams:

Attachments:

- 1) Documentation of graduation from an accredited American Polygraph Association Program
- 2) Documentation of completion of forty (40) hour APA training in Post-Conviction Sex Offender Testing (PCSOT).
- 3) Submit three (3) different types of polygraph examinations, including charts, hand scoring, and a narrative report, conducted on convicted sex offenders, and/or adjudicated juveniles who have sexually offended, with identifying client information redacted. If you are applying for both adult and juvenile listings, provide one (1) examination conducted on a convicted adult sex offender and one (1) on a juvenile who has sexually offended.