

**THE MONTANA SEX OFFENDER TREATMENT
ASSOCIATION (MSOTA)
MEMBER APPLICATION**

I am applying for membership to the Montana Sex Offender Treatment Association (MSOTA) in the following classification. Please check category that corresponds with your application and utilize the application checklist found on the MSOTA website.

_____ Clinical: Person with a Master’s Degree or above in the Behavioral or Social Sciences with specific licensure.

Persons who have engaged in direct clinical assessment/treatment of sexual abusers for at least 2000 hours post-Master’s Degree (approximately two years/full-time) while meeting the clinical qualifications as outlined in the MSOTA Standards of Care for the treatment of sex offenders.

The above criteria has been met under the direct supervision of an individual who is a full clinical member of MSOTA or an alternative supervisor who meets the supervisory training standards established by the Committee to be approved on a case-by-case basis for each applicant.

_____ Associate working toward Clinical: *****
Persons working with sexual abusers under the direct supervision of an MSOTA Clinical Member. (If you are working toward becoming a Clinical Member you will need to submit all portions of the Clinical Membership application as one completed packet, (please see corresponding checklist).

_____ Associate Non-Clinical or Student Affiliate Associate Non-Clinical: Persons who are working in non-clinical capacity such as the criminal justice system or in a related area such as treatment of sexually abused children/non-offending spouses
Student Affiliate: Persons who are actively enrolled in a graduate or undergraduate program at an accredited University program with potential to become an MSOTA Clinical member.

1. _____
Name Date

2. _____
Business Name/Organization Phone

Business Address City State Zip

3. _____
Home Address City State Zip

_____ 4. _____ 5. _____
Home Phone Sex (Male/Female) Date of Birth

6. A.) List all current license, professional registration and/or certification. Please include state in which licensed.
- B.) Please submit a copy of your current year license/registration with your application.
7. Have you ever been charged with or convicted of a felony?
 Yes _____ No _____ (If you answered Yes, attach a full explanation)
8. Have you ever been accused, investigated and/or been in any way involved in unprofessional or unethical conduct?
 Yes _____ No _____ (If you answered Yes, attach a full explanation)
9. Have you ever been denied membership in or terminated from a professional organization?
 Yes _____ No _____ (If you answered Yes, attach a full explanation)
10. Please list your education, most recent first. Please request an official transcript be sent to MSOTA by the school from which you attained your highest degree. Your application will not be processed until this has been received by the MSOTA board.

NAME/LOCATION	DATES ATTENDED	DEGREE/DATE	MAJOR
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- A.) _____
- B.) _____
- C.) _____
- D.) _____

11. Please list your professional experience. List most recent first.

A.) _____

Employer	Address	Position	Date (From/To)
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Description of major job responsibilities: _____

Please list the total hours per year you spent in direct clinical assessment/treatment of sexual offenders: _____

Supervisor: _____

Name	Phone Number
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