

Montana Sex Offender Treatment Association

Supervision Report for Clinical Membership

Applicants Name: _____ Supervisors Name: _____

Supervisor's Address: _____
Street City Zip Phone Number

Supervisor's affiliation with MSOTA at the time of this supervision:

____ Approved Supervisor

____ Alternate Supervisor approved by MSOTA membership Committee

Supervision should be completed under the guidelines described in the *MSOTA Standards of Care* . A total of 100 hours of supervision is required for Clinical Membership

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The above applicant has successfully completed supervised clinical training during the period:

Beginning Date ____/____/____ to Ending Date: ____/____/____ as follows:

1) Total hours of specific sex offender treatment provided by the applicant during the time that you supervised Him/Her:

_____ Hours

2) Total hours of INDIVIDUAL SUPERVISION of this individual's work (100 are required):

_____ Hours

Supervisor's Signature Date

MSOTA requires that supervision for Clinical Membership to be completed with an Approved Supervisor. If no Approved Supervisor is available within a 50 mile radius, applicants may propose an alternate supervisor by submitting a request to the Membership Committee with this supervision report. Alternate supervisors must meet supervisory training standards established by the Committee and be approved on a case-by-case basis for each applicant.

Mail completed form to: Chris Nordstrom, LCSW
MSOTA Membership Committee
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