

Interagency Council on the Prevention of Sex Offenses
Application
For
Associate Professionals and Individuals

Name: _____

Profession/Occupation: _____

Employer: _____

Job Title: _____

Address: _____

City: _____ Parish: _____ State: _____ Zip: _____

Phone Number: (____) ____ - _____ Fax Number: (____) ____ - _____

E-Mail Address: _____@_____. _____

1. Do you have a current license in good standing, by the State of Louisiana as a physician, psychologist, psychiatrist, professional counselor, or clinical social worker?

_____ Yes _____ No (A License is not required to be an Associate Professional or Individual.)

Louisiana License: _____ Date Received: _____ License #: _____

Please feel free to list all other certifications, licensing, and credentials. Identify which licensing or credentials are specific for offender treatment and/or forensics.

License/Certification	Date Received
_____	_____
_____	_____
_____	_____

2. Have you ever had any complaints validated against you by a licensing board for sexual or violent misconduct or behavior?

_____ Yes _____ No (If yes, do not send in the application)

3. Have you ever been convicted of a felony without pardon? _____ Yes _____ No
(If yes, do not send in application.)

4. Have you ever had a validation, adjudication, or conviction for an offense of any kind involving sexual or violent misconduct or behavior? _____ Yes _____ No
(If yes, do not send in application)

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5. Do you commit to follow the ethical standards and principles established by the Association for the Treatment of Sexual Abusers (ATSA)? Yes No
(If no, do not send in application)

6. Do you commit that if you provide risk assessments and sexual offender treatment, that you will provide Risk Assessment and sexual offender treatment as outlined in the definitions provided by the Interagency Council utilizing only techniques and methods currently promoted and accepted in the field of sexual offender treatment? Yes No
(If no, do not send in application)

7. Are you a member of the Association for the Treatment of Sexual Abusers (ATSA)? Yes No (You are not required to be an ATSA member to be on the registry)
Are you a member of the Louisiana Chapter of the Association for the Treatment of Sexual Abusers. (LA ATSA)? Yes No

(If you answer no you may still send in application and be listed on the registry if questions 1-6 were answered correctly.)

I, _____, hereby affirm that the above information is true. I understand that I am solely responsible for the information I send to the Interagency Council. I am responsible for any documentation, information, or qualifications I have presented to possess. In addition, I hereby give the Interagency Council permission to use the information I have provided to the Interagency Council for research and/or for other reputable organizations to use for research. I will not hold the Interagency Council responsible for clerical errors regarding the data I provided. I am responsible for verifying the accuracy of my registry information on the registry and will respectfully request corrections if I find errors on the registry regarding my data.

Signature

Date

Witness

Date

Witness

Date