

Montana Sex Offender Treatment Association (MSOTA) Membership Application

Thank you for your interest in the Montana Sex Offender Treatment Association. There are additional pages to download, such as the Letter of Reference, the Application Checklist, MSOTA Standards of Care, and Supervision Report form. Use the Checklist as a guide through your application process. Please reach out to the Membership Chair listed on page 5 with questions.

Choose a membership type:

_____ **Clinical Membership** applicants must meet the following qualifications:

1. Must have a master's degree or above in the Behavioral or Social Sciences **with** specific Montana licensure.
2. Must have engaged in direct clinical assessment/treatment of sexual abusers for at least 2000 hours post-master's degree, approximately two years/full-time. These direct practice hours must be met in an approved practice/service that meets the clinical qualifications as outlined in the MSOTA Standards of Care for the treatment of sex offenders. The MSOTA Standards of Care are available on the MSOTA.org web page.
3. 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 Membership:**

1. Is open to 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.
2. OR Persons working with sexual abusers under the direct supervision of an MSOTA Clinical Member.

_____ **Student Affiliate Membership** Open to persons who are actively enrolled in a graduate or undergraduate program at an accredited University program with potential to become an MSOTA Clinical member.

_____ Your Name

_____ Date of Birth

_____ Business Name/Organization

_____ Phone

_____ Business Address

_____ City

_____ State

_____ Zip

_____ Home Address

_____ City

_____ State

_____ Zip

_____ Home Phone

_____ Cell Phone

_____ Preferred Email

List all current licenses, professional registrations and/or certifications.

License/Certification Type	State	License Number	Expiration Date

Attach a copy of your **current year license/registration must accompany your application.**

- Have you ever been charged with or convicted of a felony?
 ▪ () No () Yes **If you answered Yes, attach a full explanation**
- Have you ever been accused, investigated and/or been in any way involved in unprofessional or unethical conduct?
 ▪ () No () Yes **If you answered Yes, attach a full explanation**
- Have you ever been denied membership in or terminated from a professional organization?
 ▪ () No () Yes **If you answered Yes, attach a full explanation**

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.

School Name & Location	Dates Attended	Degree Date Issued	Major

Please list your professional experience. List most recent first.

Employer	Address	Position	Dates From/To
Description of major job responsibilities:			
Supervisor's Name:			Phone:
Total hours that you spent in direct clinical assessment/treatment of sexual offenders: _____			

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Description of major job responsibilities:			
Supervisor's Name:			Phone:
Total hours that you spent in direct clinical assessment/treatment of sexual offenders: _____			

Work Samples Please submit **redacted digital copies of two samples** of evaluations you have completed on sexual offenders for review by the Membership Committee address listed at the bottom last page of this application. These evaluations should be in accordance with MSOTA Evaluation Standards. **Names and identifying information must be removed to protect client confidentiality.**

Interview: The Membership Committee will interview you upon review of your completed application and a passing grade on MSOTA competency test for clinical qualifications. This interview will occur during a regularly scheduled MSOTA meeting and will be set up with you prior to the meeting.

References: Please list the names and current addresses of three (3) individuals who are familiar with your professional qualifications. One of these must be an individual who has supervised your clinical work with sexual abusers and can verify your number of clinical hours.

You are responsible for sending the MSOTA Specific Letter of Reference to those individuals you have listed. Your application cannot be processed until responses are received from your references.

Opinion is divided whether or not reference letters open to review are more helpful in assessing an applicant's professional and personal credits. Should you wish to waive your right to review your letters of reference, you may do so by signing the waiver on EACH letter of reference. In either case, your application will be carefully considered.

Name of Reference	Position	Address	Telephone

Fees: Prior to reviewing my application, you need to submit an application fee of \$100.00 for clinical application. I am submitting a NON-REFUNDABLE application fee of \$_____. Student and Associate member applications are processed for free. Membership Dues still apply. Annual membership dues are:

- \$300.00 for Clinical Members
- \$50.00 for Students and Associate Members.
- I understand that the annual dues are payable by January 1st of each year.

Within 30 days of notification of acceptance as a member, I agree to pay the prorated amount due for the remainder of that membership year.

All information which I am providing accurately and completely reflects my qualifications and experiences. I understand that inaccurate or misrepresented information can be grounds for non-acceptance as an MSOTA member.

If accepted as a member, I will support the objectives of the Association and abide by the treatment and assessment standards adapted by Montana Sex Offender Treatment Association (MSOTA). Failure to adhere to the above could result in loss of clinical membership.

By signing below, I hereby, waive my right to privacy and confidentiality of my records with law enforcement and other public agencies who may have information concerning me.

Signature

Date

If you have any question about this procedure, please feel free to contact us. Mail this application and check to:

Shaye LaMunyan
2821 S Russell St
Missoula, MT 59801
406-329-1760
shayel@orimt.org