



**HEALTH LICENSING OFFICE**  
**Sex Offender Treatment Board**

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***Sex Offender Therapist Renewal Attestation Of Clinical Experience and Direct Clinical Contact Hours***

Pursuant to Oregon Revised Statutes (ORS) 675.375(5) and Oregon Administrative Rule (OAR) 331-820-0020(4)(d): To qualify for renewal as a certified clinical or associate sex offender therapist, you must attest to having a minimum of 100 hours of clinical experience during the preceding year, 50 of which must be direct clinical contact with sex offenders. This form must be submitted with your renewal, or customer information update form, and your fees.

**Certificate Holder Information**

NAME:	CERTIFICATION #:	PHONE # :	
PHYSICAL ADDRESS:	CITY	STATE	ZIP CODE
MAILING ADDRESS:	CITY	STATE	ZIP CODE

**Clinical Experience**

PRESENT EMPLOYER:

EMPLOYER PHYSICAL ADDRESS:	CITY	STATE	ZIP CODE
YEARLY REPORTING PERIOD: FROM:                      TO:	AVERAGE NUMBER OF CLINICAL HOURS WORKED WEEKLY:	TOTAL NUMBER OF "CLINICAL EXPERIENCE" HOURS FOR REPORTING PERIOD:	TOTAL NUMBER OF "DIRECT CLINICAL CONTACT HOURS WITH SEX OFFENDERS" FOR REPORTING PERIOD:
JOB TITLE:	NAME OF SUPERVISOR:		
DUTIES (describe briefly):			
DESCRIBE CLIENT POPULATION:			

**Additional Clinical Experience**

ADDITIONAL EMPLOYER (if applicable):

EMPLOYER PHYSICAL ADDRESS:	CITY	STATE	ZIP CODE
YEARLY REPORTING PERIOD: FROM:                      TO:	AVERAGE NUMBER OF CLINICAL HOURS WORKED WEEKLY:	TOTAL NUMBER OF "CLINICAL EXPERIENCE" HOURS FOR REPORTING PERIOD:	TOTAL NUMBER OF "DIRECT CLINICAL CONTACT HOURS WITH SEX OFFENDERS" FOR REPORTING PERIOD:
JOB TITLE:	NAME OF SUPERVISOR:		
DUTIES (describe briefly):			
DESCRIBE CLIENT POPULATION:			

**Attestation**

**By signing below**, I attest that I have received the clinical experience and direct clinical contact hours with sex offenders as stated above:

**Signature:**

**Date:**

**Please use reverse side or an additional form if you need to document additional employers / experience.**