
Formal Training

Formal Training Specific to Sex Offender Evaluation, Assessment and Direct Treatment Provision - 60 Hours

ORS 675.375 Certification of clinical sex offender therapist or associate sex offender therapist; requirements;

- (3) To qualify as a certified clinical sex offender therapist, the applicant must:
- (a) Be in compliance with applicable provisions and rules adopted by the HLO;
 - (b) Have at least a master's degree in the behavioral sciences;
 - (c) Have an active Oregon Mental Health Professional license or equivalent license as determined by the HLO;
 - (d) Within not less than three years nor more than six years prior to application, have had a minimum of 2,000 hours of direct clinical contact with sex offenders, including:
 - (A) 1,000 hours of direct treatment services; and
 - (B) 500 hours of evaluations; and
 - (e) Have a minimum of 60 hours of formal training applicable to sex offender treatment and evaluation, achieved within the three years prior to application.**

OAR 331-810-0020

- (5) Submit proof of having at least 60 hours of formal training specific to sex offender evaluation, assessment and direct treatment provision. The training must have been obtained in the three years prior to the application date.

Note: Please complete *Clinical Sex Offender Therapist Formal Training form (attached)*. Use additional pages as needed to document required training.



HEALTH LICENSING OFFICE

Sex Offender Treatment Board

1430 Tandem Ave. NE, Suite 180, Salem, OR, 97301

Phone: 503-378-8667 | Fax: 503-370-9004

www.healthoregon.org/hlo | Email: hlo.info@state.or.us

Clinical Sex Offender Therapist 60 Hours Formal Training (Qualification through pathway one only)

Please list a **minimum total of 60 hours of Formal Training Specific to Sex Offender Evaluation, Assessment and Direct Treatment Provision**. Please list the most recent experience first. Attach additional pages as needed. Refer to ORS 675.375(3)(e) and OAR 331-810-0020(5).

NOTE: This training must have been obtained within three years prior to the date of application.

NAME OF APPLICANT:

1. Training Information

NAME OF TRAINER: LAST	FIRST	MI	TRAINER PHONE #:
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TRAINER ADDRESS:

CITY:	STATE:	ZIP:
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DATES OF TRAINING: FROM: TO:	Total number of formal training hours provided, specific to sex offender evaluation, assessment and direct treatment:
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Briefly describe the formal training provided specific to sex offender evaluation, assessment and direct treatment provisions **(attach additional pages if necessary)**:

Trainer Attestation

By signing below, I attest that I provided the total number of sex offender evaluation, assessment and direct treatment formal training hours indicated above, to the above named applicant.

Trainer's Signature:

Date:

2. Additional Training Information

NAME OF ADDITIONAL TRAINER: LAST	FIRST	MI	TRAINER PHONE #:
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TRAINER ADDRESS:

CITY:	STATE:	ZIP:
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DATES OF TRAINING: FROM: TO:	Total number of formal training hours provided, specific to sex offender evaluation, assessment and direct treatment:
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Briefly describe the formal training provided specific to sex offender evaluation, assessment and direct treatment provisions **(attach additional pages if necessary)**:

Trainer Attestation

By signing below, I attest that I provided the total number of sex offender evaluation, assessment and direct treatment formal training hours indicated above, to the above named applicant.

Trainer's Signature:

Date: