



APPLICATION INSTRUCTIONS CERTIFICATION BY APPLICATION SEX OFFENDER TREATMENT PROVIDER

This application is for individuals who have:

- a. Completed the Board-approved supervised experience outlined in [18VAC125-30-50](#), or
- b. At least five years of document work experience in sex offender treatment in another jurisdiction, and
- c. Completed the required 50 clock hours of training in the areas outlined in [18VAC125-30-40\(2\)](#).

APPLICATION INSTRUCTIONS

Follow these steps to apply for Sex Offender Treatment Provider certification:

1. **Read** the [Laws](#) regarding the Practice of Psychology and the [Regulations](#) Governing the Certification of Sex Offender Treatment Providers in Virginia and utilize the detailed information in the [Sex Offender Treatment Provider Certification Process Handbook](#) for detailed information about the required documents and process to obtain a license.
2. **Gather and Request** ALL the necessary documents in the checklist BEFORE beginning the online application. Have copies of the required documents ready to upload as part of the online application process. PDF format is preferred.
3. **Apply Online** by registering for an account or logging into your existing account.
 - o Select the license type of: "Sex Offender Treatment Provider" and the Obtained by Method of "Credentials".
 - o Complete the required fields.
4. **Upload** the necessary documentation within the online application portal.
 - o Ensure you have uploaded all the necessary documents as indicated by the checklist. A complete application provides the best opportunity to avoid delays in the review and approval process.
 - o Once you have paid the application fee, your application will be submitted, and you can no longer upload additional documents. Any documents you did not upload will need to be emailed to the Board and will delay the review of your application.
5. **Pay** the application fee within the online application portal.
 - o **Application fees are non-refundable.**
 - o The application fee for Sex Offender Treatment Provider Certification is \$90.00.
 - o Your application is not submitted until the fee is paid.
6. **Wait** for Board review of your application and reply to any correspondence from the Board.
 - o Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Certification of Sex Offender Treatment Providers](#) will be reviewed within **30 days** of receipt of a **complete** application.
 - o Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.
 - o Your [online checklist](#) will be your primary source of application status.
 - o As documentation is received and reviewed, your checklist will be updated, and an automated email will be sent to you 24 hours later.

RULES AND GUIDELINES

- Please notify the Board in writing within 30 days of a name change or address change by completing the [Name/Address Change Form](#).
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration, certification, or license.
- Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of certified providers are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number, or your control number issued by the *Virginia* Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **No license will be issued to any individual who has failed to disclose one of these numbers.**

APPLICATION CHECKLIST

Check	REQUIRED DOCUMENTATION	SUBMIT BY
Required	1. OFFICIAL SCHOOL TRANSCRIPTS	
<input type="checkbox"/>	<p>Request that copies of your official college transcripts be mailed or emailed directly to the Board from your school.</p> <ul style="list-style-type: none"> The transcripts must show that you graduated with a master's or doctoral degree in social work, psychology, counseling, or nursing from a regionally accredited university, or hold the degree of Doctor of Medicine or Doctor of Osteopathic Medicine from an institution that is approved by an accrediting agency recognized by the Virginia Board of Medicine. The transcript must contain your conferred date. It is encouraged that transcripts be electronically sent directly to the Board at psy@dhp.virginia.gov via a secured electronic transcript service used by the school (for example: eScript or Parchment). If your school is unable to send your transcripts electronically, the official transcripts can be mailed to the Board. Photocopied transcripts will not be accepted. 	EMAIL or MAIL
Required	2. TRAINING VERIFICATION	
<input type="checkbox"/>	<p>You must submit a Verification of Training for Certified Sex Offender Treatment Provider form AND copies of certificates of completion of at least 50 clock hours of training in sex offender treatment in the required categories:</p> <ol style="list-style-type: none"> 15 clock hours: Sex offender assessment, 15 clock hours: Sex offender treatment interventions, 10 clock hours: Etiology/developmental issues of sex offense behavior, 5 clock hours: Criminal justice and legal issues related to sexual offending, and 5 clock hours: Treatment effectiveness and issues related to relapse prevention or recidivism of sex offenders. 	ONLINE
Required	3. NPDB SELF-QUERY	
<input type="checkbox"/>	<p>You must request and submit a copy of your National Practitioners Data Bank self-query report with your application. The report must be current and generated no more than 30 days prior to submitting your application for licensure.</p>	ONLINE
Required	4. VERIFICATION OF SUPERVISION	
<input type="checkbox"/>	<p>Have your supervisor(s) complete the Verification of Post Degree Supervision for Certified Sex Offender Treatment Provider (CSOTP) form and you must submit it with your application.</p>	ONLINE
If Applicable	5. LICENSURE VERIFICATION	
<input type="checkbox"/>	<p>If you have ever held, or currently hold, a health or mental health license, certification, or registration, whether current, inactive, or expired, you must submit proof of license verification.</p> <ul style="list-style-type: none"> If the licensing jurisdiction provides online license verification, you can provide documentation printed directly from the jurisdiction's website. The verification must include the following information: <ul style="list-style-type: none"> Licensee name, License number, License title, Issue date, Expiration date, and whether disciplinary action has ever occurred against your license, certification, or registration. If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification. Please see the Board's Applicant Out-of-State Licensure Verification form. 	ONLINE or EMAIL

If Applicable	6. LICENSURE VERIFICATION OF OUT-OF-STATE SUPERVISOR	
<input data-bbox="121 153 162 195" type="checkbox"/>	<p>if your supervised experience did not take place in Virginia, you must submit an online license verification for your traineeship supervisor.</p> <ul style="list-style-type: none"> • The online verification can be printed directly from the licensing jurisdiction's website. • If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification. 	ONLINE
If Applicable	7. PROOF OF NAME CHANGE	
<input data-bbox="121 409 162 451" type="checkbox"/>	<p>You must provide documentation if your name has ever been legally changed from the time you attended school or were licensed, certified, or registered in another jurisdiction or is other than what is listed on your application. Acceptable forms of documentation are copies of a marriage certificate, court order, or divorce decree.</p>	ONLINE
If Applicable	8. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS	
<input data-bbox="121 615 162 657" type="checkbox"/>	<p>If you answer "YES" to any of the questions on the criminal convictions, past actions, or possible impairment questions on the application, you must include a detailed explanation and supporting documentation. Please refer to Guidance Document 125-2, for a list of required documentation and further information. All applications are reviewed on a case-by-case basis.</p>	ONLINE

END OF INSTRUCTIONS. PROCEED TO THE [ONLINE APPLICATION](#).