North Carolina Association for the Management and Treatment of Sexual Offenses (NCAMTSO)

www.ncamtso.org

Application for Membership

I am applying for membership in the NCAMTSO at the following classification level (please check):

☐ **Clinical Member**

Professionals with a Master's degree or above **and**

- engage in the treatment and/or assessment of people who have committed sexual offenses or who have engaged in problematic sexual behavior; **and**
- have worked with individuals who have committed sexual offenses or who have engaged in problematic sexual behavior for 2000 hours (1 year, full time); **and**
- have completed 200 hours of sexual offense specific/problematic sexual behavior training
- Licensure or Certification by the State Board of your discipline is required.
  The 2000 hours of work experience may be acquired over the course of more than one year, as necessary.

☐ **Associate Member**

 Professionals with a Bachelor's degree or equivalent **and**

- engage in the treatment and/or assessment of people who have committed sexual offenses or who have engaged in problematic sexual behavior; **and**
- have worked with individuals who have committed sexual offenses or who have engaged in problematic sexual behavior for 2000 hours (1 year full time); **and**
- have completed 200 hours of sexual offense specific/problematic sexual behavior training. The 2000 hours of experience may be acquired over the course of more than one year as necessary;

OR

 Professionals with Master's degree or above who do not yet meet the full education, training, and/or supervision requirements for Clinical Member status

☐ **Upgrade from Associate to Clinical**

Applicant meets full requirements of clinical member status as specified above.

☐ **Affiliate Member**

Professionals from other disciplines, such as professionals working with Child Protective Services programs; Juvenile Court Counselors; Adult Probation and Parole Officers; clinicians working primarily with victims/survivors of sexual abuse; clergy; and other professionals involved in sexual offense treatment and management in the community.

YOUR INFORMATION

Name _____ **Date** _____

Business or Agency Name _____

Business or Agency Address _____

_____

Email _____

Phone _____ **Fax** _____ **Cell** _____

Website address (if applicable) _____

Population served ☐ Children ☐ Adolescents ☐ Adults

Services provided ☐ Evaluation ☐ Treatment ☐ Supervision ☐ Consultation
☐ Polygraph ☐ Plethysmograph ☐ VRT
☐ Other services (specify) _____
☐ My work does not include providing direct services

Are you accepting referrals? ☐ Yes ☐ No ☐ N/A

May we post your information on the NCAMTSO website?

- ☐ Yes
- ☐ No
- ☐ Post partial information only (indicate what information may be posted)
  - ☐ Your Name
  - ☐ Name of Business or Agency
  - ☐ Email
  - ☐ Phone
  - ☐ Website
  - ☐ Population Served
  - ☐ Services Provided
  - ☐ Accepting Referrals

Highest Degree _____ **Date Awarded** _____

Current Licensure and/or Certification Status, if applicable *(Please identify type of license and license number. Attach a copy of your license or certification to this application.)*

_____

Are You a Member of ATSA? _____ **If Yes, what Membership Level?** _____
(If you are a member of ATSA, please attach proof of current membership.)

Additional Professional Affiliations:

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Professional References
Individuals applying for membership at the Clinical or Associate level must provide reference letters from two professionals who are knowledgeable about your professional work with individuals who have committed sexual offenses or have engaged in problematic sexual behavior. A reference letter form can be downloaded from the NCAMTSO website.

First reference
Name _____

Place of Employment_____

How does this reference know you?_____

Best way to contact reference_____

Second reference
Name _____

Place of Employment_____

How does this reference know you?_____

Best way to contact reference_____

FOR APPLICANTS FOR **CLINICAL LEVEL or ASSOCIATE LEVEL**

RELEVANT PROFESSIONAL EXPERIENCE

Please provide information about your **professional experience** related to the treatment and/or assessment of people who have committed sexual offenses or who have engaged in problematic sexual behavior *(You may attach a curriculum vitae if preferred)*

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RELEVANT TRAINING/EDUCATION

Please identify **training/education** related to the treatment and/or assessment of individuals with sexual behavior problems you have received.

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RELEVANT TRAINING/EDUCATION (CONTINUED)

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I certify that the above professional experience and training/educational activities are accurate. I understand that the professional experience and training/educational activities I have listed is subject to verification by the Board.

I certify that I have met the specific requirements for the membership category for which I am seeking membership.

I agree to abide by the ethical standards of my profession in all facets of my assessment and treatment of individuals who have committed sex offenses or who have sexual behavior problems, as a condition of membership in NCAMTSO.

I certify that the information on this form is correct to the best of my knowledge.

_____ _____

Signature Date

North Carolina Association for The Management
And Treatment of Sexual Offenses

A Statement of Philosophy for the Management and
Treatment of People who have Committed Sex Offenses
(Adopted from ATSA Values and Beliefs)

- All people deserve to be safe and free of abuse of any kind.
- Research, assessment, treatment, management and policies directed to address sexually abusive behavior should take into consideration, respect, and honor victims/survivors of sexual abuse and others impacted by sexually abusive behavior.
- Community engagement, education and collaboration empower all individuals and organizations to take action to help prevent sexual abuse.
- Children and adolescents should not be equated with adults who have offended. Children, adolescents with sexual behavior problems, and adolescents who have sexually abused must be understood, assessed, and provided treatment in ways consistent with their age and level of development. Notwithstanding these differences, it is important to acknowledge that the impact on victims can be equally traumatizing regardless of an abuser's age.
- Providing quality assessment, treatment, and management to individuals at risk to sexually abuse increases their ability to live healthy, non-abusive lives with the ultimate goal of making communities safer.
- Practice, policy and management strategies need to be tailored to the assessed needs and risk of the individual; taking into account factors such as age, gender, culture, mental health functioning, developmental and intellectual level.
- Building our knowledge base through solid empirical investigation, theoretical development, and clinical initiatives strengthens our ability to effectively respond to issues of sexual abuse.
- Prevention strategies can proactively address those individuals at risk to sexually harm before anyone is traumatized by sexual abuse, and primary prevention can focus on reaching a larger audience with the objective of implementing strategies to promote healthy lives, healthy sexuality and healthy coping skills.
- Policies that reflect empirically based strategies that have a demonstrable impact in reducing sexual violence offer a real opportunity to enhance risk management, community safety and hope.

I understand the *Statement of Philosophy*, and I agree to abide by it in all facets of my assessment and treatment of individuals who have committed sex offenses, as a condition of my membership in NCAMTSO.

_____
Signature

Please be sure you have provided the following items:

- Completed application for membership
- Copies of Licensure/Certifications (if applicable)
- Documentation of current ATSA membership (if applicable)
- Curriculum Vitae (if you are not completing the Professional Experience section)
- Relevant Experience and Training/Education Form, signed by you
- Signed *Statement of Philosophy*

Non-refundable application fee of $50.00 made payable to NCAMTSO