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

www.ncamtso.org

Membership Renewal Application
(Renewal Fee $40.00)

Renewing for Which Year? _____

Name _____

Degree _____ **License/Certification** _____

NCAMTSO Membership Type ☐ Clinical ☐ Associate ☐ Affiliate

Business or Agency Name _____

Business or Agency Address _____

_____

Email _____

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

Website address (if applicable) _____

Population(s) served ☐ Children ☐ Adolescents ☐ Adults

Services provided ☐ Evaluation ☐ Treatment ☐ Supervision ☐ Consultation

☐ Polygraph ☐ Plethysmograph ☐ VRT

☐ Other services (specify) _____

☐ My work does not include providing direct services

Have you been accused of or investigated for unprofessional, unethical, or illegal behavior?

☐ No ☐ Yes (if yes, please provide a description)

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(s) Served

☐ Services Provided ☐ Accepting Referrals

I agree to continue to abide by the NCAMTSO Statement of Philosophy in all facets of my assessment and treatment of individuals with sex offenses or 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 _____

Please mail a check for $40.00, payable to NCAMTSO, to

NCAMTSO
1204 Fayetteville Street 1095
Durham, NC 27707