



Sex Offender Treatment Provider Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

## Sex Offender Treatment Provider (SOTP) Verification for Completion of 1000 hours of Supervised Experience

Use a separate form for each supervisor verifying your evaluation and treatment experience for each practice setting. This form may be duplicated. Fill out section 1 and forward the verification form to your supervisor(s) for completion.

<b>1. Applicant</b>			
Name	First	Middle	Last
Birth date (mm/dd/yyyy)		Affiliate Number	
Street Address			
City		State	Zip Code
<b>2. Supervisor (Provider)</b>			
The above SOTP affiliate seeks verification of 1000 hours of evaluation and treatment experience. Please complete the following.			
Supervisor Name		Phone Number	
Credential Number	Type of Credential(s)		First Issue Date
Street Address			
City		State	Zip Code
<b>3. Supervised Experience (WAC 246-930-075)</b>			
Applicants must have completed at least 1000 hours of supervised evaluation and treatment experience before they are authorized to evaluate and treat Level III sex offenders. Please submit this form to the Department of Health within 30 days of completion of the 1000 hours. Please complete the actual months under your supervision.			
Dates applicant was supervised: from _____ to _____ <div style="text-align: center; margin-left: 100px;">mm/dd/yyyy</div> <div style="text-align: center; margin-left: 300px;">mm/dd/yyyy</div>			
Supervision			Total Hours
Number of Supervised experience hours (1000 hours required)			
<b>Supervisor</b>			
I certify the above information is, to the best of my knowledge, accurate and complete. I understand the department may request additional information, if it is needed to evaluate the application of the individual named on this document. I also attest I have maintained an active SOTP and underlying credential during this time.			
Signature _____			Date _____ mm/dd/yyyy

Return this form to the address listed above.