



# Application for Deregistration Specialist

PLCU/CSOT  
Department of State Health Services  
Mail Code 2003  
PO Box 149347  
Austin, Texas 78714-9347  
Phone (512) 834-4530 Fax (512) 834-6677  
Email: [csot@dshs.state.tx.us](mailto:csot@dshs.state.tx.us)

**Please Print or Type**

## Applicant Profile Data

<b>Name</b>	(Last)	(First)	(Middle)
<b>Address</b> That will be printed in the CSOT List	(Street and Number)	(Apartment Number)	
	(City)	(State)	(Zip code)
<b>Mailing Address</b> (Only if different from above)	(Street and Number)	(Apartment Number)	
	(City)	(State)	(Zip Code)

### Licensure Type

(check)

LSOTP

No. \_\_\_\_\_

### Primary License

Psychology

Counseling

Other \_\_\_\_\_

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name?  Yes  No  
If yes, list below and attach copy of the legal document accomplishing name change

### Social Security No.

- -

Name	Legal Document Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Legal Document Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ethnicity</b>

## Applicant Information

### Date of Birth

<b>Primary Work</b>	(Organization)	<b>Primary Business Telephone (Include Area Code)</b>
	(Street and Number) (Suite Number)	<b>Primary Fax Number (Include Area Code)</b>
	(City) (State) (Zip code)	

<b>Primary Office County</b>		<b>List all other counties</b>		<b>Other Business Telephone (Include Area Code)</b>
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<b>Primary License (You must enclose a copy of your Primary License)</b> State	<b>License Number</b>
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<b>Other License(s)/Certification(s)</b> [List the name of the Agency, the State where license/certification was issued, and the license/certification number] State License Number	<b>E-Mail Address</b>
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<b>Highest Level of Education</b> <input type="checkbox"/> Doctoral <input type="checkbox"/> Masters	<b>Major:</b> <b>Minor:</b>	<b>University of Highest Degree</b>
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Attach your professional vita which shall included but is not limited to your experience and training in the specific areas of sex offender assessment/treatment and criminal behavior, actuarial tools you utilize for assessments, experience providing expert testimony, published articles/research, presentations conducted, etc.

Number of years providing assessment and treatment of sex offenders \_\_\_\_\_

Number of hours of sex offender assessment and treatment you have conducted in the last year?

Assessment \_\_\_\_\_ Group \_\_\_\_\_ Individual \_\_\_\_\_

Lifetime total number of hours of sex offender assessment and treatment you have conducted?

Assessment \_\_\_\_\_ Group \_\_\_\_\_ Individual \_\_\_\_\_

Have you been convicted or received a deferred adjudication for any felony?  Yes  No

If yes, please explain and provide a certified copy of the official judgment and disposition, including dates, charges, city, and any other pertinent information concerning the offense(s)

\_\_\_\_\_  
\_\_\_\_\_

Have you received deferred adjudication for a sex offense?  Yes  No

If yes, please explain and provide a certified copy of the official judgment and disposition, including dates, charges, city, and any other pertinent information concerning the offense(s)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been found guilty of unprofessional or unethical conduct in a civil or administrative law proceeding?  Yes  No If yes, please explain \_\_\_\_\_

Do you have any regulatory complaints pending?  Yes  No

If yes, please explain \_\_\_\_\_

### AFFIDAVIT

I hereby certify that I have received a copy of the State of Texas rules and regulations pertaining to the assessment and treatment of sex offenders. I understand that I shall abide by the rules and directives of the Council of Sex Offender Treatment. I further agree that if issued this specialty license, upon the revocation, suspension, non-renewal or cancellation of that specialty license, I shall return the certificate(s) and renewal card(s) to the Council by certified mail within 30 days of request. Additionally, I will cease and desist the deregistration evaluations for early termination of certain persons obligated to register in Texas.

I attest that I understand and meet all the requirements to evaluate registered sex offenders. Further, I understand that it is a violation of the Texas Penal Code. Sec. 37.10, to submit a false statement to a government agency.

Signature of Applicant

Date

**STATE OF TEXAS**  
**COUNTY OF**

Sworn and subscribed to me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public Signature