

CSOT RENEWAL APPLICATION (PART II)

Name _____ License Number _____

PLEASE ANSWER ALL THE QUESTIONS

1. Has your primary license/certification been revoked, canceled, suspended, placed on inactive status, not renewed, or placed on probationary status since your last renewal? YES NO
If yes, please explain. _____

2. Is your primary license/certification current and active? YES NO
If no, please explain. _____

3. Has a complaint ever been filed against you? YES NO If yes, please explain and indicate the status of the complaint. _____

4. Have you been convicted of any felony or misdemeanor involving a sex offense? YES NO
If yes, please explain and provide a certified copy of the official judgment and disposition, including dates, charges, location, and any other pertinent information concerning the offense(s). _____

5. 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, location, and any other pertinent information concerning the offense(s). _____

6. Have you ever been determined by any professional licensing body to have engaged in unprofessional or unethical conduct since your last renewal? YES NO
If yes, please explain. _____

7. Are you currently under investigation or sanction from any professional licensing board? If so, please provide details on a separate sheet of paper and include as an attachment with your renewal application
 YES NO If yes, please explain. -

8. Are you currently involved in a malpractice complaint against your license? If so, please provide details on a separate sheet of paper and include as an attachment with your renewal applications.
 YES NO If yes, please explain.

9. Have you ever received deferred adjudication or have you ever been convicted of murder, assault, battery, or any other offense involving injury or threat to another person?
 YES NO If yes, please explain. _____

ATTESTATION:

In making this renewal application to the Council on Sex Offender Treatment for the issuance of a certificate of licensure, I agree to abide by the rules and regulations TAC 810. I further agree that if issued a certificate of licensure, upon the revocation, suspension, non-renewal, or cancellation of that certificate of licensure, I shall return the certificate(s) and card(s) of licensure to the Council by certified mail within 30 days of request. Additionally, I understand that I will cease and desist the practice of sex offender treatment in Texas.

I attest that I understand and meet all the requirements to practice as a licensee under TAC 810. 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 Licensee

Date

THIS RENEWAL APPLICATION IS NOT VALID IF IT IS INCOMPLETE OR IF IT IS NOT SIGNED AND DATED.