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**Sexual Offenders Assessment Board (SOAB)**

**SOAB Member Application**

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| **Personal Contact Information** |

**Full Name:** First NameLast NameSuffix

**Date of Birth:** \_\_/\_\_/\_\_\_\_

**Address:** Street AddressApartment/Suite Number

 City State Zip

**Email:** Personal Email **Phone:** Personal Phone

**For SOAB communications, would you prefer that we use your personal or professional contact information?** [ ] Personal [ ]  Professional

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| **Professional Contact Information** |

**Address:** Street AddressApartment/Suite Number

 City State Zip

**E-Mail:** Professional Email **Phone:** Professional Phone

**PA Licensure (psychology, social work, etc.):** Licensure

**License Number:** License Number

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| **Educational Background** |

**List Institutions attended, dates attended, and degrees earned:**

**Name:** Name of Institution

**From**: Start Date **To**: End Date

**Degree:** Degree Earned

**Name:** Name of Institution

**From**: Start Date **To**: End Date

**Degree**: Degree Earned

**List completed coursework relevant to criminal justice/sexual offending:**

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| **Professional Experience** |

**Give a brief description for any relevant professional position(s) not already described on your Curriculum Vitae:**

**• Calculation of contact hours working with individuals who committed sexual offenses**

List the total number of hours each of research/direct contact (please note SOAB Members are required to have a minimum of 2,000 post-graduate hours of clinical contact):

1. **Research:** Research Hours
2. **Direct Contact:** Direct Contact Hours
3. **Supervision:** Supervision Hours
4. **Other:** Other Hours **Describe:** Describe Other Hours

**• Training**

1. **Provide certificates and/or the names and dates of relevant trainings you have attended over the last three years:**

1. **When did you last attend training for:**
	1. **Static-99 R:** Date of last Static-99R Training
	2. **Dynamic Risk Assessment:** Date of last Dynamic Training
	3. **PCL-R** Date of last PCL-R Training

*You must be trained in the above instruments to be considered for the SOAB. If you have relevant experience but have not been formally trained in all instruments you must receive training and submit documentation of such within your first six months of being an SOAB Member.*

**• Testimony**

**Have you ever testified in Court as an expert witness?** [ ]  Yes [ ]  No

**If yes, approximately how many times?** Number of Expert Witness Testimonies

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| **Professional/Ethical Conduct** |

1. **Have you ever been convicted of a felony?** [ ]  **Yes** [ ]  **No**

**If yes, please explain:**

If you were ever convicted of a felony, please explain here:

1. **Have you ever been found to engage in unethical behavior by a licensing or certifying body?**

[ ]  **Yes** [ ]  **No**

**If yes, please explain:**

If you were ever found to engage in unethical behavior by a licensing or certifying body, please explain here:

1. **Have you ever had a license or certification revoked, cancelled or suspended, or have you ever been fined or placed in probationary status by any professional licensing body?** [ ]  **Yes** [ ]  **No**

**If yes, please explain:**

If you ever had a license or certification revoked…or have ever been fined or placed on probationary status…please explain here:

1. **Have you ever been found in violation of a licensing statute or regulation by a state licensing board?** [ ]  **Yes** [ ]  **No**

**If yes, please explain:**

If you have ever been found in violation of a licensing statute or regulation by a state licensing board, please explain here:

1. **Do you have any pending professional liability or malpractice actions or final judgments involving your professional practice?** [ ]  **Yes** [ ]  **No**

**If yes, please explain:**

If you have any pending professional liability or malpractice actions or final judgments involving your professional practice, please explain here:

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| **Professional References** |

Please provide three references for individuals familiar with your work in this field. Your references should not include any individuals you directly supervise. Include a name, email address, and phone number for each.

**1.** Professional Reference 1

**2.** Professional Reference 2

**3.** Professional Reference 3

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| **SOAB Assessments** |

Indicate what types of assessments you may be interested in conducting:

1. Sexually Violent Predator (SVP) Assessments (may require testimony) [ ]  Yes [ ]  No
2. Parole Board Risk Assessments [ ]  Yes [ ]  No
3. Act 21 Juvenile Assessments (may require testimony) [ ]  Yes [ ]  No

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| **Application Submission** |

Please include your Curriculum Vitae, a copy of your professional license, and a redacted assessment of a sexual offender with your submission.

Mail, fax or email your completed application and necessary attachments to:

Pennsylvania Sexual Offenders Assessment Board

1101 South Front Street, Suite 5700

Harrisburg, PA 17104

Fax: 717.705.2618

Email: RA-PMCONTACTSOAB@pa.gov