

**Pennsylvania
Sexual Offenders Assessment Board (SOAB)
SOAB Member Application**

Personal Contact Information

Full Name: _____

Date of Birth: _____

Address: _____
Street Address Apt/Suite

_____ City State Zip Code

Email: _____ **Phone:** _____

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

Professional Contact Information

Address: _____
Street Address Apt/Suite

_____ City State Zip Code

E-Mail: _____ **Phone:** _____

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

License Number: _____

Educational Background

List Institutions attended, dates attended, and degrees earned:

Name: _____

From: _____ **To:** _____

Degree: _____

Name: _____

From: _____ **To:** _____

Degree: _____

List completed coursework relevant to criminal justice/sexual offending:

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):

- A. Research: _____
- B. Direct Contact: _____
- C. Supervision: _____
- D. Other: _____ Describe: _____

• **Training**

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

B. When did you last attend training for:

- a. Static-99 R: _____
- b. Dynamic Risk Assessment: _____
- c. PCL-R _____

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? _____

Professional/Ethical Conduct

A. Have you ever been convicted of a felony? Yes No

If yes, please explain:

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

Yes No

If yes, please explain:

C. 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:

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

If yes, please explain:

E. Do you have any pending professional liability or malpractice actions or final judgments involving your professional practice? Yes No

If yes, please explain:

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.

2.

3.

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

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