*Membership dues for the calendar year are* ***due by January 31 of the current calendar year****. Please send your membership before the due date.* ***California Coalition on Sexual Offending reserves the right to refuse allied membership to any individual that does not meet the membership criteria.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Individual $75 |  | [ ]  | Student membership $35 (attach verification full-time student status) |  | [ ]  | Retired Professionals $35 |

***Make Checks Payable to CCOSO Mail to: CCOSO,*** 1626 Montana Ave. Suite 117, Santa Monica CA 90403

***This address will be published in CCOSO Directory. Please include separate forms for additional sites (single charge per person).***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name: |  |  | First Name: |  |
| Address: |  |  | City: |  |  | State: |  | Zip: |  |
| Phone:  |  |  | Fax: |  |  | County: |  |
| Email: |  |  |  | License/Title: |  |

CASOMB Certification level: \_\_\_\_Independent; \_\_\_Associate; \_\_\_Apprentice

***Employment Setting:*** [ ]  Check here if you want this address used in the directory, rather than the address listed above.

|  |  |
| --- | --- |
| Company/Agency Name: |  |

|  |  |  |
| --- | --- | --- |
| [ ]  Private Practice | [ ]  County Agency | [ ] Non-Profit Agency |
| [ ]  Group/FFA[ ]  Hospital | [ ]  State Agency[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Institution[ ] Federal Agency |
| Address: |  |  | City: |  |  | State: |  | Zip: |  |
| Phone:  |  |  | Fax: |  |  | Email: |  |

***Professional Discipline:***Job Title*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |
| --- | --- |
| Profession: (Please explain how your work relates to sex offenders) |  |

***Regional Chapter Information: If you are not sure which chapter you belong to, check this box*** [ ]

|  |  |  |
| --- | --- | --- |
| [ ]  Bay Area | [ ]  Inland Empire | [ ]  Northern California |
| [ ]  Central Coast | [ ]  LA North | [ ]  Orange County |
| [ ]  Central Valley | [ ]  LA South | [ ]  San Diego |
| [ ]  Fresno | [ ]  North Coast | [ ]  Out of State[ ]  Ventura/Santa Barbara |

***Other Professional Organizations are you a member of***: [ ]  APA [ ]  CPA [ ]  ATSA
[ ]  AAMFT [ ]  CAMFT [ ]  CSAIA [ ]  CALCASA [ ]  NASW

***Language in which you are competent to deliver services****:* [ ]  English [ ]  Spanish [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_

***This table applies to mental health and residential treatment personnel only****. If you work in this field, please place a check mark in each box that indicates an activity, setting or modality you or your facility provide for a population.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sex Offender Populations Served** | Adultfemale | Adultmale | Adoles-centfemale | Adoles-centmale | Develop-mentlydisabled adult | Develop-mently disabled adolescent | Sexually reactive children | Non-offending parents | Victims |
| ***Treatment Modalities*** |
| Sex Offender Specific Groups |  |  |  |  |  |  |  |  |  |
| Individual Therapy |  |  |  |  |  |  |  |  |  |
| Family Therapy |  |  |  |  |  |  |  |  |  |
| Multisystemic, (Wraparound, etc.) |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| ***Assessment Methods*** |
| Psychological Assessment & Evaluation |  |  |  |  |  |  |  |  |  |
| Neuro-Psych Assessment & Evaluation |  |  |  |  |  |  |  |  |  |
| Educational Assessment |  |  |  |  |  |  |  |  |  |
| Other (Plethysmograph, Polygraph, Abel) |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| ***Treatment Methods*** |
| Cognitive Behavioral |  |  |  |  |  |  |  |  |  |
| Behavioral Conditioning |  |  |  |  |  |  |  |  |  |
| Psychodynamic |  |  |  |  |  |  |  |  |  |
| Family Systems |  |  |  |  |  |  |  |  |  |
| Multisystemic |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| ***Treatment Settings*** |  |
| Group Home |  |  |  |  |  |  |  |  |  |
| Outpatient Therapy |  |  |  |  |  |  |  |  |  |
| Hospital |  |  |  |  |  |  |  |  |  |
| Prison |  |  |  |  |  |  |  |  |  |
| Therapeutic Foster Care |  |  |  |  |  |  |  |  |  |