

**APPLICATION FOR
PROGRAMS SEEKING INITIAL CERTIFICATION TO PROVIDE
JUVENILE SEX OFFENDER TREATMENT**



**Ohio Department of Youth Services
51 North High Street, 6th Floor
Columbus, Oh 43215
Telephone: (614) 644-6540
Fax: (614) 466-8656**

Who should complete this application?

This application is for programs that provide sex offender specific treatment to juveniles. Programs approved for certification shall be listed by the Juvenile Sex Offender Treatment Program Certification Advisory Board as per section 2950.16 of the Ohio Revised Code *Certification of sex offender treatment programs*. As defined in rule 5139-69-01, 02 and 03 of the Administrative Code, *program means treatment services provided to juvenile sex offenders and/or child-victim offenders*.

For the purpose of INITIAL Certification, a program includes agencies and organizations that provide juvenile sex offender treatment as well as individuals who may provide treatment services through a contractual relationship.

GENERAL INSTRUCTIONS

- 1. Use the form provided in this application.**
- 2. Submit ONLY the information requested.**
- 3. Sections are to be clearly labeled and pages are to be numbered**
- 4. Submit the information in the order requested.**
- 5. Follow all instructions carefully – incomplete or incorrect applications will be returned.**
- 6. KEEP A COPY OF THE COMPLETED APPLICATION AS SUBMITTED FOR YOUR FILES.**
- 7. Please do not use staples, paper clips, binders, sheet protectors or other materials because all applications are copied multiple times during processing.**

**UPON APPROVAL FOR INITIAL CERTIFICATION, THE PROGRAM SHALL BE LISTED
ON THE LIST OF CERTIFIED SEX OFFENDER AND CHILD-VICTIM OFFENDER
TREATMENT PROGRAMS THAT WILL BE OPEN FOR PUBLIC INSPECTION**

SECTION ONE

Date: _____

Program Name: _____

Business Address: _____

County: _____
[Business office location]

Telephone: _____

Fax: _____

Email: _____

Name and title of person completing application: _____

This program provides the following services: [Check all that apply]

- Assessment Treatment Transition

SECTION TWO

Provide a description of the treatment services provided.

SECTION THREE

A list of counties the program serves and where treatment services are provided.

SECTION FOUR

Submit copies of currently held licenses or certificates issued by:

- **Ohio Department of Job and Family Services**
- **Ohio Department of Mental Health**
- **Ohio Department of Alcohol and Drug Addiction Services**
- **Ohio Department of Mental Retardation and Developmental Disabilities**

SECTION FIVE

Provide a written description of the types of youth served.

SECTION SIX

Submit a copy of the program's continuing education plan and policies regarding the qualifications and credentials required for staff responsible for supervising and delivering sex offender/child-victim offender treatment.

SECTION SEVEN

A signed statement that no staff responsible for supervising or delivering sex offender/child-victim services has been disciplined or placed on probationary status by any professional licensing or certifying body or has a currently revoked, canceled or suspended license or certificate.

SECTION EIGHT

Please submit a complete copy of your program materials including treatment contracts, consent forms, statements of confidentiality, two (2) treatment plans with client names deleted, and practice methodology statement on how treatment and safety plans are developed.

SECTION NINE

A copy of the program's policy addressing preventing sexual contact between youth and others.

SECTION TEN

Each agency/organization seeking certification shall complete an Ohio comprehensive assessment protocol [OCAP] self-assessment instrument.

SECTION ELEVEN

Any requests for variances or waivers from provisions of this rule or from provisions of rule 5139-69-03 of the Administrative Code.