



Sex Offender Treatment Program  
 PO Box 47869  
 Olympia, WA 98504-7869  
 360.236.4700

## Sex Offender Treatment Provider (SOTP) Program Supervision Contract

<b>1. Affiliate Applicant</b>			
Name	Last	First	Middle Initial
Birth date (Month/Day/Year)	Underlying Credential Number		
Street Address			
City	State	Zip Code	
<b>2. Supervisor (Provider)</b>			
Supervisor Name		Phone Number	
SOTP Credential Number		Underlying Credential Number	
Street Address			
City	State	Zip Code	

**WAC 246-930-075 Supervision of affiliates.** Supervision of affiliates requires that the provider take full ethical and legal responsibility for the quality of work of the affiliate. Supervision of affiliates shall involve regular, direct, face-to-face supervision.

This supervision contract must be submitted to the department for approval and shall include **(please attach documentation addressing these items):**

- Supervised areas of professional activity.
- Amount of supervision time and the frequency of supervisory meetings. This information may be presented as a ratio of supervisory time to clinical work conducted by the affiliate.
- Supervisory fees and business arrangements.
- Nature of the supervisory relationship and the anticipated process of supervision.
- Selection and review of clinical cases.
- Methodology for recordkeeping, evaluation of the affiliate, and feedback.
- How the affiliate will be represented to the public and the parties.

**Provider:**

- Avoid presenting as having qualifications in areas that he or she does not have them.
- Provide sufficient training and supervision to the affiliate to assure the health and safety of the client and community.
- Have expertise and knowledge to directly supervise affiliate work.
- Assure the affiliate being supervised has sufficient and appropriate education, background, and preparation for the work he or she will be doing.

- Cosign all written reports and correspondence prepared by the affiliate.
- Do not undertake a contract that exceeds the provider’s ability to comply with the supervision standards.
- Assure that the affiliate is prepared to conduct professional work, and must assure adequate supervision of the affiliate. The provider shall meet face-to-face with the affiliate a minimum of one hour for every ten hours of supervised professional work. Supervision meetings shall regularly occur at least every other week.
- Supervise no more than two affiliates.
- All work conducted by the affiliate is the responsibility of the provider. The provider shall have authority to direct the practice of the affiliate.
- It is the provider’s responsibility to correct problems or end the supervision contract if the affiliate’s work does not protect the interests of the clients and community. If the provider ends the contract, he or she must notify the department in writing within thirty days of ending the contract. A provider may only change or adjust a supervision contract after receiving written approval from the department.
- Supervision is a power relationship. The provider must not use his or her position to take advantage of the affiliate.
- The provider shall ensure that the affiliate has completed at least one thousand hours of supervised evaluation and treatment experience before the affiliate is authorized to evaluate and treat Level III sex offenders. The provider will submit to the department documentation that the affiliate has completed a minimum of one thousand hours within thirty days of completion of the experience.

**Affiliate:**

- Represent him or herself as an affiliate only when performing clinical work supervised by the contracted provider.
- Maintain full documentation of the work done and supervision provided.

I certify that the information included in this contract is accurate, and that I have read and understand the requirements in [WAC 246-930-075](#) Supervision of affiliates.

\_\_\_\_\_  
Print supervisor name

\_\_\_\_\_  
Print affiliate applicant name

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Affiliate applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please send the completed contract to: Department of Health  
SOTP Program  
P.O. Box 47869  
Olympia, Washington 98504-7869