

# LETTER OF REFERENCE FOR CERTIFIED SEX OFFENDER TREATMENT PROVIDER APPLICANT

(Applicant name) \_\_\_\_\_ has applied to be an Idaho Certified Sex Offender Treatment Provider.

The applicant has requested that you provide a statement regarding his/her professional and ethical qualifications. Your responses will not be shared with the applicant. Upon completion please mail or fax this letter of reference directly to the address/fax number listed below.

1. Your name and occupation: \_\_\_\_\_
2. You have known the applicant: professionally for \_\_\_\_\_ years; personally for \_\_\_\_\_ years.
3. How are you familiar with the applicant's work regarding clinical treatment for sexual offenders?
4. Do you believe the applicant demonstrates ethical integrity in professional and personal behavior?  
 Yes  No (If No, please attach an explanation.)
5. To the best of your knowledge, has the applicant ever been accused, investigated, and/or involved in unprofessional, illegal or unethical conduct?  
 Yes  No (If Yes, please attach an explanation.)
6. Please list the applicant's strengths and weaknesses regarding his/her work with convicted sexual offenders:
7. In your opinion, would you recommend this applicant for Sex Offender Treatment Provider Certification?  
 I highly recommend  I recommend  
 I have reservations about recommending  I strongly do not recommend  
(Please attach an explanation.)

I certify that to the best of my knowledge, the answers and statements provided above are true and complete.

\_\_\_\_\_  
Signature Date Telephone

Please return this reference to: Sexual Offender Management Board  
c/o Idaho Dept. of Correction  
1299 N Orchard St. Ste 110  
Boise, ID 83706  
FAX (208) 287-3322