

Membership Application

The Association for the Treatment of Sexual Abusers (ATSA) is an international, multi-disciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning, ATSA promotes evidence based practice, public policy, and community strategies that lead to the effective assessment, treatment and management of individuals who have sexually abused or are at risk to abuse. ATSA has developed guidelines for practice, facilitates information exchange, furthers professional education, and has established professional standards and a code of ethics for those working in the field of sexual offender evaluation, treatment, research and management. The organization includes mental health professionals, researchers, program administrators, probation/surveillance officers, attorneys/judges, and other related professions, as well as students looking at entering into these fields.



The benefits of ATSA membership include ATSA's quarterly newsletter, *The Forum*, a subscription to ATSA's official journal, *Sexual Abuse*, and involvement in ATSA's *email discussion group (list serve)* used for clinical consultation, questions/answers and networking purposes. Members have access to public policy papers and support. Further, ATSA members receive registration discounts for the Annual Research and Treatment Conference and ATSA Master Classes. Many see membership as enhancing credibility to their professional work in the field of sexual abuse.

In addition, we encourage ATSA members to take part in any of the standing or ad hoc committees. ATSA membership ensures your participation in a growing international network of professionals who. Like yourself, are dedicated to advancing knowledge and improving professional practice in the field of sexual abuse.

ATSA members are strongly encouraged to join their local ATSA Chapter, if applicable. Locations of Chapters and contact information can be found on the ATSA website: www.atsa.com/chapters. As a member of a chapter, you can participate in local committees and interact with other professionals throughout your region.

We are pleased that you have taken an interest in applying for membership in the Association for the Treatment of Sexual Abusers and invite you to become a member. If you have any questions about the organization or the application process, please contact the main ATSA office for additional information at (503) 643-1023 or office@atsa.com.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tyffani Monford Dent'.

Tyffani Monford Dent, Psy.D.
ATSA President

A handwritten signature in blue ink, appearing to read 'Bradley R. Johnson'.

Bradley R. Johnson, M.D.
ATSA Membership Committee Chairperson

ATSA Membership Requirements and Application Procedure

ATSA Membership

A person who provides clinical services to, or conducts research, prevention, or program management of, individuals who have engaged in or are at risk of sexual offending. No degree or hour requirements'. Examples include: Psychologists, therapists, social workers, medical practitioners, academics, researchers, program administrators, and others with similar duties.

ATSA Clinical Membership

An enhanced membership category for those with at least a master's degree who have (1) conducted 2,000 hours or more of direct clinical services (assessment, individual and/or group treatment) to individuals who have engaged in sexual offending behavior and (2) are dedicated to pursuing a certain amount of continuing education units (CEUs) annually. While not a form of certification, it officially documents one's ongoing training hours and provides evidence for employers who require continuing education.

Application Procedure for above categories:

- Completed application form.
- Non-refundable application processing fee of \$35.00 (required at time of application).
- If professionally licensed, the applicant must provide verification from the licensing board. If online verification is available, ATSA will obtain the verification and no action is required by the applicant.
- If not professionally licensed, one letter of reference from a supervisor or colleague is required.
- Annual dues are \$200.00 for ATSA Member, and \$225.00 for ATSA Clinical Member (required at time of application).

ATSA Associate Membership

A person who is currently working on a full-time basis for at least 40 hours per week either in a related area (such as the treatment of sexually abused children, adult victim/survivors of sexual abuse, or non-offending spouses) or in a non-clinical capacity such as the criminal justice system. Individuals involved in clinical practice, providing assessment and treatment services, and/or those individuals involved in conducting research related to sexually offending behavior, who qualify for the associate or member categories, are not eligible for membership in the associate category.

Application Procedure for Associate Membership:

- Completed application form.
- Non-refundable application processing fee of \$35.00 (required at time of application).
- If professionally licensed, the applicant must provide verification from the licensing board. If online verification is available, ATSA will obtain the verification and no action is required by the applicant.
- If not professionally licensed, one letter of reference from a supervisor or colleague is required.
- Annual dues are \$35.00 (required at time of application).
- *Associate members do not receive the ATSA journal or ATSAlist

ATSA Student Membership

A person who is currently registered at least as a half-time student in a program pursuing an advanced degree, or its equivalent, in an accredited college or university in pursuit of a career related to the study or treatment of sexually offending behavior. Verification is required from the school in which the student is enrolled at least as a half-time student studying a curriculum designed for earning an advanced degree. A First Year Early Career designation and dues discount is applied to current Student Members who are transitioning to other categories post-graduation (for one-year).

Application Procedure for Student Membership:

- Completed application form.
- Non-refundable application processing fee of \$35.00 (required at time of application).
- One letter of recommendation from your academic or field supervisor.
- Verification of student status, if not included in the reference letter.
- Annual dues are \$35.00. **The first dues payment is waived.**

Membership Benefits

- Affiliation with an international association which strives to improve techniques for the evaluation and treatment of sex offenders
- Complimentary set of the ATSA Standards and Guidelines, Professional Code of Ethics, and exclusive member access to the Adult Clinical Webinars
- Increased opportunity to access and exchange ideas with other treatment specialists and allied professionals
- Opportunity to participate in the ATSA chapter in your state/region/province
- Participation in ATSA's standing and/or ad hoc committees*
- Involvement in clinical discussions, case consults and networking through the members only email discussion group, the ATSAlist*
- Subscription to ATSA's official journal, *Sexual Abuse**
- Access to the full twenty-eight-year archive of *Sexual Abuse**
- Access to SAGE's online criminology journal collection, which contains twenty-five journals, including the top ranking *Child Maltreatment*, *Crime & Delinquency*, *Criminal Justice and Behavior*, *Journal of Interpersonal Violence*, *Journal of Research in Crime and Delinquency*, and *Trauma, Violence, & Abuse**
- Subscription to the quarterly newsletter, *The Forum*
- Registration discounts for ATSA's Annual Research and Treatment Conference, as well as ATSA sponsored regional conferences as well as the ATSA Master Classes

* Membership benefit not available to Associate Members

ATSA

ATSA Membership Application

Were you referred to ATSA by another member? _____
(optional) ATSA Member's Name

If application is associated with an ATSA chapter conference, please indicate which one: 2022 FL ATSA

1. Choose <u>one</u> of the following membership categories. Categories are described on the previous page.			
<input type="checkbox"/> ATSA Member		<input type="checkbox"/> ATSA Clinical Member	
<input type="checkbox"/> Associate Member		<input type="checkbox"/> Student Member	
2. Professional Contact Information:			
Prefix	Suffix	Degree &/or License abbreviation to appear after your name	
First Name	Middle Name or Initial		Last Name
Professional Agency/Organization			
Professional Address line 1			
Professional Address (continued)			
Professional City		State/Province/Country	Zip/Postal Code
Professional Phone and Extension		Professional Fax	
Professional Email (Primary)		Other E-mail Address (only used by ATSA staff)	
3. Mailing Address for Journal and ATSA Mailings:			
Mailing Address line 1			
Mailing Address (continued)			
Mailing City		Mailing State/Province	Zip Code/Postal Code
Mailing Country (If other than USA)			
If analogous organizations and/or individuals involved in research endeavors request the ATSA mailing list, I consent to have my name included on that list. Yes <input type="checkbox"/> No <input type="checkbox"/> <u>ATSA does not sell member information.</u>			
I would like to receive the hard copy Journal by mail <input type="checkbox"/> or only access online <input type="checkbox"/> (benefit not included for the Associate Membership)			

4. Demographics (optional)	
a. Date of Birth (dd/mo/yr):	
b. Gender	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say	
b. Race and Ethnicity (select all that apply)	
<input type="checkbox"/> Aboriginal, Indigenous, or First Nations <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	
<input type="checkbox"/> Biracial _____	
<input type="checkbox"/> Hispanic, Latin or Spanish <input type="checkbox"/> Middle Eastern or North American	
<input type="checkbox"/> Pacific Islander or Hawaiian Native <input type="checkbox"/> White or European	
<input type="checkbox"/> If you don't see yourself reflected in these options, please tell us about your race and ethnicity:	
<i>Reasons for collecting information on ethnicity and race:</i> Race and ethnicity information is now being asked because we believe collecting this demographic data helps identify needed improvements to the diversification of our membership and associated benefits. It is also a way to be able to strengthen our ability to provide services to clients of all ethnic and racial communities. Our selections are based on the 2020 US Census Race/Ethnicity guidelines.	
5. Identified Discipline (choose one best answer):	
<input type="checkbox"/> Psychology	<input type="checkbox"/> Criminal Justice
<input type="checkbox"/> Medicine/Psychiatry	<input type="checkbox"/> Law
<input type="checkbox"/> Social Work	<input type="checkbox"/> Administration
<input type="checkbox"/> Counseling	<input type="checkbox"/> Other
Identified Profession (choose one best answer):	
<input type="checkbox"/> Therapist/Treatment Provider	<input type="checkbox"/> Probation/Surveillance Officer
<input type="checkbox"/> Assessor/Evaluator	<input type="checkbox"/> Attorney/Judge
<input type="checkbox"/> Researcher/Academician	<input type="checkbox"/> Sex Offender Program Administrator
<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Other
Primary Job Function (choose one best answer):	
<input type="checkbox"/> Administrative	<input type="checkbox"/> Clinical Inpatient
<input type="checkbox"/> Clinical Outpatient	<input type="checkbox"/> Education
<input type="checkbox"/> Probation/Parole	<input type="checkbox"/> Research
<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Other

6. Professional Experience (List most recent first)	
a. Current Employer	
Current Employer's City	Current Employer's State/Province
Current Job Title	Current Job Dates of Employment (inclusive)
Current Job Description	
Total number of hours in research and/or direct assessment/treatment with sexual abusers during the employment dates indicated above (not per week)	
b. Previous Employer	
City	State/Province
Previous Job Title	Dates of Employment (inclusive)
Previous Brief Job Description	
Total number of hours in research and/or direct assessment/treatment with sexual abusers during the employment dates indicated above (not per week)	
c. Previous Employer	
City	State/Province
Previous Job Title	Dates of Employment (inclusive)
Previous Brief Job Description	
Total number of hours in research and/or direct assessment/treatment with sexual abusers during the employment dates indicated above (not per week)	
Grand Total of hours from the above listed professional experience:	
7. Education (List most recent)	
a. University/College	
Degree Earned	
Dates Attended	Major
b. University/College	
Degree Earned	
Dates Attended	Major
c. University/College	
Degree Earned	
Dates Attended	Major

8. Criminal/Ethical Information		
a. Have you ever been charged with a felony?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<p>If you respond "yes," please attach all documents that explain the charges and results.</p> <p><i>If you have been convicted of, or plead guilty to a felony or misdemeanor sex offense or other violent, felony crime against persons, you are not eligible for membership in ATSA.</i></p>		
b. Have you ever been accused, investigated, and/or involved in unprofessional or unethical conduct?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<p>If you respond "yes," please attach a complete explanation, as well all relevant documents.</p>		
c. Have you ever been denied membership in or been terminated from a professional organization?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<p>If you respond "yes," please attach a complete explanation as well as all relevant documents.</p>		
9. License/Certification Information		
<p><i>If you are licensed or certified, we must verify all current licenses, certifications, and/or registrations. If your Board offers online verification, we will obtain the verification and no further action is required on your part. However, if you Board does not offer online verification, you must provide verification from your Board to ATSA.</i></p>		
Certifications	Professional Registrations	
Licenses	Professional License Number	
Primary Licensing Board	Licensing Board Website	
10. References		
<p>If you are not professionally licensed, you must submit one letter of reference from a supervisor or colleague who is familiar with your professional work and ethical qualifications.</p> <p><i>You are responsible for requesting the letter of reference from the individual listed, and forwarding the list of information to be included in the reference letter as outlined below.</i></p>		
Reference Name	Reference Position	
Reference Email Address	Reference Phone	
<p>Below is a list of information the Membership Committee would like included in the reference letter. Please forward this list to your reference provider when requesting the reference letter, or refer them to the online reference form at www.atsa.com/Reference.</p> <ol style="list-style-type: none"> How long have you known the applicant and in what capacity? Are you currently supervised or employed by the applicant? Observations of the applicant's work with sexual offenders. Specific job duties performed by the applicant (including treatment philosophy, techniques). Positive contributions to the field of sexual violence. Does the applicant demonstrate ethical integrity in professional and personal behavior? To the best of your knowledge has the applicant ever been accused, investigated, and/or involved in unprofessional, illegal, or unethical conduct? In your opinion, is the applicant qualified by professional and ethical standards to be a member of ATSA? 		

11. Student Membership

If you are applying for Student membership, request a reference letter from your academic or field supervisor. Information contained in that letter should address the specifics of your work and interest in the sexual offender field.

Include your current university transcript or other student verification document. Verification must confirm at least half-time student status, or current enrollment in a graduate or doctoral program. If student status verification is included in the student reference letter, separate verification is not required.

12. ATSA Membership Terms

- I understand that The ATSA Board of Directors shall establish minimum requirements for membership.
- I understand that The ATSA Board of Directors shall review applicants and may, in its sole discretion, approve or reject an applicant.
- I understand that any false, inaccurate or misleading information, including omissions provided on this form may result in my membership being denied or revoked.
- I agree to receive electronic mail from ATSA including: Member Update, The Forum and other notices.
- **I also understand that if I am found responsible and/or sanctioned for an ethical violation, subject to disciplinary action by a professional licensing board, or am denied membership in or terminated from a professional organization, I must fax or email information pertaining to these events to ATSA within two weeks or I risk my membership being denied or revoked.**
- **I agree to support the objectives of the Association and to read and abide by the provisions of the ATSA Practice Guidelines and Professional Code of Ethics.**
- **By checking Yes below and submitting this form, I agree to the above terms and I attest that all of the information that I am providing is true, accurate and complete.**

× Applicant Signature

Date:

13. Payment (Dues are not pro-rated)

ATSA dues structure is as follows:

- Application Fee – \$35.00
- ATSA Clinical Member – \$225.00 *annually*
- ATSA Member – \$200.00 *annually*
- Student – \$35.00 *annually (After your first year of membership)*
- Associate \$35.00 *annually (Does not include subscriptions to the ATSA journal and ATSAlist serve.)*

Payments are accepted from Visa, MasterCard, American Express or Discover, check or money order in USD.

\$ **Waived** Application Fee

\$ 2022 Membership Dues (required at time of application– **does not apply to Students**)

\$ Total amount to be charged to credit card (USD)

Method of Payment: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Security Code:

(last 3 digits on back of card, or 4 digits on front of card if using AMEX)

____ - ____ - ____ - ____ / ____

CREDIT CARD NUMBER

EXPIRATION DATE

(Exchange rates are set by credit card companies, not by ATSA, so fees may vary slightly based on current exchange rates.)

Name and Billing Address as
it appears on card statement

Authorized credit card signature: