**North Carolina Association for the Management and**

**Treatment of Sexual Offenses (NCAMTSO)**

**www.ncamtso.org**

Membership Renewal Application

(Renewal Fee $40.00)

**Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **License/Certification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NCAMTSO Membership Type**  Clinical  Associate  Affiliate

**Business or Agency Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business or Agency Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website address (if applicable)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Population(s) served**  Children  Adolescents  Adults

**Services provided**  Evaluation  Treatment  Supervision  Consultation

 Polygraph Plethysmograph VRT

 Other services (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My work does not include providing direct services

**Are you accepting referrals?**  Yes  No  N/A

**May we post your information on the NCAMTSO website?**

 Yes

 No

 Post partial information only (indicate what information may be posted)

 Your Name  Name of Business or Agency

 Email  Phone

 Website  Population(s) Served

 Services Provided  Accepting Referrals

*I agree to continue to abide by the NCAMTSO Statement of Philosophy in all facets of my assessment and treatment of individuals with sex offenses or sexual behavior problems, as a condition of membership in NCAMTSO. I certify that the information on this form is correct to the best of my knowledge.*

Signature & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail your completed and signed renewal application and a check for $40.00 to Keith Hersh, 5318 Highgate Drive, Suite 131, Durham, NC 27713. Please make check payable to *NCAMTSO*