



MASOC

Promoting safety through specialized interventions with sexually abusive youth

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**Requirements and Procedures for Credentialing
as a Specialist in the
Assessment and Treatment of Sexually Abusive Youth**

Updated 2007

Legal Disclaimer

In an effort to enhance the quality of sex abuse-specific assessment and treatment provided by professionals within the Commonwealth, MASOC has developed the credentialing criteria and process that is detailed below. **Credentialing is neither a license to practice nor a measure of the competency of the credentialed professional.** Credentialing provides only an objective statement about the number of hours of training, supervision and direct abuse-specific assessment and or treatment that the credentialed professional has completed. MASOC is not responsible for the quality of work provided by MASOC credentialed practitioners.

General Information

In recognition of the varied roles of professionals in the abuse-specific field; MASOC offers **three (3)** types of credentialing. **Full credentialing** acknowledges that the recipient has completed sufficient hours in both assessment and treatment areas to provide services in either or both of these areas independently. **Assessment credentialing** acknowledges that the recipient has completed sufficient hours in sex abuse-specific assessment to provide specialized assessments independently. Assessment only credentialing does not allow for provision of sex abuse-specific treatment unless supervised by a practitioner who meets MASOC Full or Treatment only credentialing standards. **Treatment credentialing** acknowledges that the recipient has completed sufficient hours in sex abuse-specific treatment to provide specialized treatment services independently. Treatment only credentialing does not allow for provision of abuse-specific assessment services unless supervised by a practitioner who meets MASOC Full or assessment only credentialing standards.

While not a requirement, MASOC recommends continued participation in peer supervision by all credentialed practitioners.

Credentials are valid for three years. At the time of renewal, the applicant must submit evidence of having completed continuing education requirements.

Requirements

Full Credentialing

Full credentialing allows the practitioner to provide all levels of sex abuse- specific services including assessment, individual, group or family treatment, supervision, and training.

Degree Requirements: Must have an advanced degree (Masters level or higher) in a clinical or clinically related field (e.g., psychology, psychiatry, social work, counseling, psychiatric nursing, counseling psychology) and a current license to practice within the Commonwealth of Massachusetts.

Hours of Practice: Must have acquired a minimum of **two hundred and fifty (250)** hours of sex abuse- specific assessment experience and **one thousand seven hundred and fifty (1750)** hours of sex abuse specific treatment experience in the seven years prior to applying for credentialing. **One hundred and fifty (150)** of the **one thousand seven hundred and fifty (1750)** hours in direct service experience must be in Sexually Abusive Youth abuse-specific group treatment and the remainder may be in individual, family or other sex abuse- specific treatment modality. **Five hundred (500)** of the **one thousand seven hundred and fifty (1750)** hours may be in cognitive/behavioral work with other non-sexually abusive populations or with collateral populations (e.g., adult sexual abusers, substance abusers, fire-setters, batterers).

Sex abuse-specific Trainings: Must have attended **seventy five (75)** hours of sex abuse- specific training, **twenty five (25)** of which are in assessment, over the **seven (7) years** prior to applying for credentialing..

Supervision: Must have received **fifty (50)** hours of supervision by a practitioner who meets MASOC Full credentialing standards over a **four (4)** year period prior to applying for credentialing.

Submission of Collateral Documentation: (Required collateral info includes)

- Evidence of completion of academic work;
- Evidence of attendance at sex abuse-specific trainings;
- Evidence of a current license to practice;
- Written statements from (a) supervisor(s);
- Evidence of having completed practice requirements;
- **Three (3)** references from professionals who can attest to the applicant's ethical practice in the field.

Requirements

Assessment Only

This credentialing option is available to practitioners who provide abuse-specific evaluations/assessment, but whose treatment hours do not meet Full or Treatment credentialing standards. This credential will allow a practitioner to continue to provide assessment services independently, but will not allow him/her to provide treatment services unless s/he either receives Full or Treatment credentialing or practices under the supervision of a practitioner who meets MASOC Full or Treatment only credentialing standards.

Degree Requirements: Must have an advanced degree (Masters level or higher) in a clinical or clinically related field (e.g., psychology, psychiatry, social work, counseling, psychiatric nursing, counseling psychology) and have a current license to practice within the Commonwealth of Massachusetts.

Hours of Practice: Must have acquired a minimum of **five hundred (500)** hours of sex abuse- specific assessment experience, **two hundred and fifty (250)** of which must be with Sexually Abusive Youth. **Two hundred and fifty (250)** hours may be with other sexually abusive populations (e.g., adults).

Sex abuse-specific Trainings: Must have attended **seventy five (75)** hours of sex abuse-specific training, **twenty five (25)** of which are in assessment, over the **seven (7) years** prior to applying for credentialing.

Supervision: Must have received **fifty (50)** hours of supervision by a practitioner who meets MASOC Full or Assessment only credentialing standards over a **four (4)** year period prior to applying for credentialing.

Submission of Collateral Documentation: (Required collateral info includes)

- Evidence of completion of academic work;
- Evidence of attendance at sex abuse-specific trainings;
- Evidence of a current license to practice;
- Written statements from (a) supervisor(s);
- Evidence of having completed practice requirements;
- **Three (3)** references from professionals who can attest to the applicant's ethical practice in the field.

Requirements

Treatment Only

This credentialing option is available to practitioners who provide abuse-specific treatment, but whose assessment hours do not meet full or assessment only credentialing standards. This credential will allow a practitioner to continue to provide treatment services independently, but will not allow him/her to provide assessment services unless s/he either receives Full or Assessment only credentialing or practices under the supervision of a practitioner who meets MASOC Full or Treatment only credentialing standards.

Degree Requirements: Must have an advanced degree (Masters level or higher) in a clinical or clinically related field (e.g., psychology, psychiatry, social work, counseling, psychiatric nursing, counseling psychology) and a current license to practice within the Commonwealth of Massachusetts.

Hours of Practice: Must have acquired a minimum of **one thousand seven hundred and fifty (1750)** hours of sex abuse-specific treatment experience, *one hundred and fifty (150)* hours of which must be with sexually abusive youth in group, **Five hundred (500)** of the **one thousand seven hundred and fifty (1750)** hours may be in specialized treatment modalities with other sexually abusive populations (i.e. adult sexual abusers or other abusive/addictive populations).

Sex abuse-specific Trainings: Must have attended **seventy five (75)** hours of sex abuse-specific training, **twenty five (25)** of which are in assessment areas, over the **seven (7) years** prior to applying for credentialing.

Supervision: Must have received **fifty (50)** hours of supervision by a practitioner who meets MASOC Full or Treatment only credentialing standards over a **four (4)** year period prior to applying for credentialing.

Submission of Collateral Documentation: (Required collateral info includes)

- Evidence of completion of academic work;
- Evidence of attendance at sex abuse-specific trainings;
- Evidence of a current license to practice;
- Written statements from (a) supervisor(s);
- Evidence of having completed practice requirements;
- **Three (3)** references from professionals who can attest to the applicant's ethical practice in the field.

Renewal

Credentials are valid for three years. At the time of renewal, the applicant must submit evidence of having completed continuing education requirements. Those requirements are as follows: **Forty-five (45)** continuing education hours over a **three (3)** year period prior to renewal. **Thirty (30)** hours of the required **forty-five (45)** must be in sex abuse-specific areas. The remainder may be in collateral areas (child abuse, family therapy, etc).

Reciprocity

Practitioners who have received a credential to practice in another state/ country may apply to receive reciprocal MASOC credentialing. These applications will be reviewed by committee on a case by case basis.

Fee Structure

Fees for credentialing cover the costs of administration and liability insurance.

One-Time Non-Refundable Application Processing Fee	25.00
Full Credentialing	200.00
Assessment Only	150.00
Treatment Only	150.00
Additional Credentialing (for practitioners who hold a partial MASOC credential but wish to upgrade to full credentialing)	50.00
Duration of Credential	Three years
Renewal	25.00

PERSONAL INFORMATION

(Please type or print clearly.)

Name (exactly as you want it to appear on your Credentialing Certificate)

Home Telephone

Address

Business Phone

City

State

Zip Code

Fax

E-Mail Address

Place of Employment (current)

Employment Phone

Employer's Address

Your Title

City

State

Zip Code

Length of Employment
in current position

Type of Facility

Professional License: _____

State: _____

Have you been convicted of a felony? _____ Is so, please explain _____

Check the appropriate option under which you are applying for your credentialing.

- Full Credentialing
- Assessment Only Credentialing
- Treatment Only Credentialing

- \$25 Application processing fee is enclosed.

CERTIFICATION

I hereby certify that the application information is true and accurate to the best of my knowledge and understanding.

Signature of Applicant

Date

TRAINING SHEET

Please list all trainings attended, starting with the most recent first.

If additional space is needed, list information on another sheet in the same format, and attach to this page.

hours	Training	Identify (Circle) all that apply	Date(s) Attended	Total
		Sex Abuse-specific Treatment Sex Abuse-specific Assessment Collateral Training		
		Sex Abuse-specific Treatment Sex Abuse-specific Assessment Collateral Training		
		Sex Abuse-specific Treatment Sex Abuse-specific Assessment Collateral Training		
		Sex Abuse-specific Treatment Sex Abuse-specific Assessment Collateral Training		
		Sex Abuse-specific Treatment Sex Abuse-specific Assessment Collateral Training		
		Sex Abuse-specific Treatment Sex Abuse-specific Assessment Collateral Training		
		Sex Abuse-specific Treatment Sex Abuse-specific Assessment Collateral Training		
		Sex Abuse-specific Treatment Sex Abuse-specific Assessment Collateral Training		
		Sex Abuse-specific Treatment Sex Abuse-specific Assessment Collateral Training		

Total number of Sex Abuse-specific Treatment training _____
 Total number of Sex Abuse-specific Assessment training _____
 Total number of Collateral training _____

Total hours

Please attach training attendance certificates.

SEX ABUSE-SPECIFIC EXPERIENCE and SUPERVISION VERIFICATION

(To be completed by supervisor)

Instructions to applicants:

1. Send the sealed envelope to MASOC with your completed application.
2. This form may be photo copied if additional forms are required.
3. Include supervisor's vitae if not MASOC Credentialed.

Return to:

Applicant's Name

Address

City

State

Zip Code

Phone

E-mail

Applicant has applied for [] full, [] assessment only,
[] treatment only

Supervisor: Please complete the following and return the original and one copy to the applicant in a sealed envelope. Write your signature over the seal.

Supervision was for hours accumulated at (agency name)_____

Name and Type of Facility_____Telephone Number _____

Title of Applicant's Position_____

Length of Experience: From_____to_____

Total Number of Hours per Week:_____Total Number of Hours per Year :_____

Total Number of Yearly Hours of Sex Abuse-Specific Assessment:_____

Total Number of Yearly Hours of Sex Abuse-Specific Group Treatment:_____

Total Number of Yearly Hours of Individual, Family, or other Sex Abuse-Specific Modality:_____

Total Number of Yearly Hours in Cognitive Behavioral Work with Collateral Populations:_____

Number of Hours of Supervision per week:_____Total hours of Supervision:_____

SEX ABUSE-SPECIFIC EXPERIENCE and SUPERVISION VERIFICATION (Continued)

The applicant is applying for Certification with MASOC. Please inform us of the applicant's competency.

Other Comments:

Please print

Name_____

Signature_____

Title_____

Degree/Discipline_____

Date_____

Phone_____ Email_____

PROFESSIONAL REFERENCE FORM

(To be completed by three applicant's reference)

After completing this form, please enclose original and one copy in a sealed envelope, sign the sealed flap and return the envelope to the applicant.

Return to:

Applicant's Name

Address

City

State

Zip Code

Phone

E-mail

The person named above has applied to MASOC for

full, assessment only

treatment only Credentialing.

Your assessment of the applicant will assist us in evaluating if the applicant meets current standards.

Your Name: _____ Profession: _____

Business Address: _____ Degree: _____

Position Title: _____ Telephone Number: _____

E-Mail _____

Professional Certification or License: _____

State or Certifying Organization: _____

Relationship to the applicant: Trainer/Educator Immediate Supervisor

Professional Colleague Other

I verify that the applicant practices ethically.

The above information is based upon my best judgment. _____

Signature

PROFESSIONAL EXPERIENCE

(To be completed by applicant)

If additional sheet is needed, i.e. more than one facility, list information on another sheet in the same format and attach to this page.

Name of Facility: _____

Address: _____

Supervisor: _____ Title/Position: _____

From/To Dates: _____ Work Hours Per Week: _____ Work Weeks Per Year: _____

Total Hours: _____ Total Client Contact Hours: _____ Total Hours of Supervision: _____

Sex Abuse-specific Treatment Estimated Hours _____

Sex Abuse-specific Assessment Estimated Hours _____

Collateral Population Estimated Hours _____

Describe all duties in your position: (Include sex abuser-specific case management, and other related activities)

Describe the population with whom you work: (age range, out-patient, in patient, male-female, etc)

To whom did you report your client's progress and evaluation?

If you supervised others, describe the nature of the work supervised.

MASOC
APPLICATION FOR CREDENTIALING

Name _____
Address _____
City _____ State _____ Zip Code _____

Phone _____ Fax _____
Email _____
Clinical License # _____

SUMMARY OF CREDENTIALING REQUIREMENTS & COLLATERAL DOCUMENTATION

FULL CREDENTIAL	ASSESSMENT ONLY CREDENTIAL	TREATMENT ONLY CREDENTIAL
<p style="text-align: center;"><u>DEGREE REQUIREMENTS</u></p> <p><input type="checkbox"/> Photo copy of Advanced degree in a clinical or clinically related field</p> <p><input type="checkbox"/> Copy of current license to practice within MA</p> <p style="text-align: center;"><u>HOURS OF PRACTICE</u></p> <p>Required sex abuse-specific experience completed 7 yrs prior to applying:</p> <p><input type="checkbox"/> 250 hours assessment</p> <p><input type="checkbox"/> 1750 hrs sex abuse-specific Tx, including:</p> <p><input type="checkbox"/> 150 hours in adolescent abuse-specific group treatment setting and,</p> <p><input type="checkbox"/> Remaining hours may be in individual, family or other sex abuse-specific modality, of which</p> <p><input type="checkbox"/> 500 hours may be in cognitive/behavioral work with other non sexually abusive populations or with collateral populations (e.g., adult sexual abusers, substance abusers, fire-setters, batterers).</p> <p><input type="checkbox"/> Verification of practice requirements</p> <p style="text-align: center;"><u>SEX ABUSE-SPECIFIC TRAINING</u></p> <p>During the seven years prior to applying:</p> <p><input type="checkbox"/> 75 hours sex abuse-specific training of which</p> <p><input type="checkbox"/> 25 hours in assessment</p> <p><input type="checkbox"/> List of trainings attended and verification of trainings or certificates of attendance</p> <p style="text-align: center;"><u>SUPERVISION</u></p> <p><input type="checkbox"/> 50 hours by a practitioner who meets MASOC credentialing standards, 4 years prior to applying</p> <p><input type="checkbox"/> Supervisor(s) written statement</p> <p><input type="checkbox"/> 3 Letters of Reference</p>	<p style="text-align: center;"><u>DEGREE REQUIREMENTS</u></p> <p><input type="checkbox"/> Photo copy of Advance degree in a clinical or clinically related field</p> <p><input type="checkbox"/> Copy of current license to practice within MA</p> <p style="text-align: center;"><u>HOURS OF PRACTICE</u></p> <p>Required sex abuse-specific experience completed 7 years prior to applying:</p> <p><input type="checkbox"/> 500 hours sex abuse-specific assessment experience, of which</p> <p><input type="checkbox"/> 250 hours must be with juveniles</p> <p><input type="checkbox"/> 250 hours may be with other sex abuse-specific population</p> <p style="text-align: center;"><u>SEX ABUSE-SPECIFIC TRAINING</u></p> <p>During the seven years prior to applying:</p> <p><input type="checkbox"/> 75 hours sex abuse-specific training of which</p> <p><input type="checkbox"/> 25 hours in assessment</p> <p><input type="checkbox"/> List of trainings attended and verification of trainings or certificates of attendance</p> <p style="text-align: center;"><u>Supervision</u></p> <p><input type="checkbox"/> 50 hours by a practitioner who meets MASOC credentialing standards, 4 years prior to applying</p> <p><input type="checkbox"/> Supervisor(s) written statement</p> <p><input type="checkbox"/> 3 Letters of Reference</p> <p><input type="checkbox"/> \$ 25 check payable to MASOC</p>	<p style="text-align: center;"><u>DEGREE REQUIREMENTS</u></p> <p><input type="checkbox"/> Photo copy of Advanced degree in a clinical or clinically related field</p> <p><input type="checkbox"/> Copy of current license to practice within MA</p> <p style="text-align: center;"><u>HOURS OF PRACTICE</u></p> <p>Required sex abuse-specific experience completed 7 years prior to applying:</p> <p><input type="checkbox"/> 1750 hours sex abuse-specific Tx, including:</p> <p><input type="checkbox"/> 150 hours in adolescent abuse-specific group treatment setting and,</p> <p><input type="checkbox"/> Remain hours may be in individual, family or other sex abuse-specific modality, of which</p> <p><input type="checkbox"/> 500 hours may be in cognitive behavioral work with other sexual abusing and/or other collateral populations (e.g. adult sexual abusers, substance abuser, fire setters, batterers)</p> <p><input type="checkbox"/> Verification of practice requirements</p> <p style="text-align: center;"><u>SEX ABUSE-SPECIFIC TRAINING</u></p> <p>During the seven years prior to applying:</p> <p><input type="checkbox"/> 75 hours sex abuse-specific training of which</p> <p><input type="checkbox"/> 25 hours in assessment</p> <p><input type="checkbox"/> List of trainings attended and verification of trainings or certificates of attendance</p> <p style="text-align: center;"><u>Supervision</u></p> <p><input type="checkbox"/> 50 hours by a practitioner who meets MASOC credentialing standards, 4 years prior to applying</p> <p><input type="checkbox"/> Supervisor(s) written statement</p> <p><input type="checkbox"/> 3 Letters of Reference</p> <p><input type="checkbox"/> \$25 check payable to MASOC</p>

<input type="checkbox"/> \$25 check payable to MASOC		
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