

Chapter 246-930 WAC

SEX OFFENDER TREATMENT PROVIDER

WAC

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930-995, filed 2/13/98, effective 3/16/98.] Repealed by WSR 05-12-014, filed 5/20/05, effective 6/20/05. Statutory Authority: RCW 18.155.040.

WAC 246-930-010 General definitions. In these rules, the following terms shall have the definition described below, unless another definition is stated:

(1) "Affiliate sex offender treatment provider" or "affiliate" means an individual who has satisfactorily passed the examination, met the education requirements, and has been issued a certificate to evaluate and treat sex offenders under chapter 18.155 RCW, and under the supervision of a certified sex offender treatment provider in accordance with the supervision requirements set forth in WAC 246-930-075.

(2) "Certified sex offender treatment provider" or "provider" means an individual who has satisfactorily passed the examination, met the education and experience requirements, and has been issued a certificate by the department to evaluate and treat sex offenders under chapter 18.155 RCW.

(3) "Client" means a person who has been investigated by law enforcement or child protective services for committing or allegedly committing a sex offense, or who has been convicted of a sex offense.

(4) "Committee" means the sex offender treatment providers advisory committee.

(5) "Community protection contract" means the document specifying the treatment rules and requirements the client has agreed to follow in order to maximize community safety.

(6) "Co-therapy hours" means the actual number of hours the applicant spent facilitating a group session.

(7) "Credential" or its derivative means the process of licensing, registration, certification or the equivalent through which a person is legally recognized by a state agency as lawfully authorized to practice a health profession.

(8) "Department" means the department of health.

(9) "Evaluation" means a comprehensive assessment or examination of a client conducted by a provider or affiliate that examines the client's offending behavior. Evaluation results must be detailed in a written report. Examples of evaluations include forensic, SSOSA, and SSODA evaluations. Standards for assessment and evaluation reports, and evaluation experience credit are located in WAC 246-930-320 and 246-930-340.

(10) "Parties" means the defendant, the prosecuting attorney, and the supervising officer.

(11) "Secretary" means the secretary of the department of health, or designee.

(12) "SSODA" means special sex offender disposition alternative, authorized under RCW 13.40.160.

(13) "SSOSA" means special sex offender sentencing alternative, authorized under RCW 9.94A.670.

(14) "Supervising officer" is the designated representative of the agency having oversight responsibility for a client

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-930-050	Education required for affiliate prior to examination. [Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-050, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-050, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-050, filed 5/16/91, effective 6/16/91.] Repealed by WSR 07-09-092, filed 4/18/07, effective 5/19/07. Statutory Authority: RCW 18.155.040.
246-930-060	Professional experience required for affiliate prior to examination. [Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-060, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-060, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-060, filed 5/16/91, effective 6/16/91.] Repealed by WSR 07-09-092, filed 4/18/07, effective 5/19/07. Statutory Authority: RCW 18.155.040.
246-930-400	Issuance and renewal of certification. [Statutory Authority: RCW 18.155.040. WSR 92-12-027 (Order 275), § 246-930-400, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-400, filed 5/16/91, effective 6/16/91.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-930-430	Reinstatement. [Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-430, filed 6/21/94, effective 7/22/94.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-930-499	Temporary and provisional certificate during initial implementation of certification program. [Statutory Authority: RCW 18.155.040. WSR 93-14-095, § 246-930-499, filed 7/1/93, effective 8/1/93; WSR 92-12-027 (Order 275), § 246-930-499, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-499, filed 5/16/91, effective 6/16/91.] Repealed by WSR 99-07-018, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.155.040.
246-930-995	Conversion to a birthday renewal cycle. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-

sentenced under SSOSA or SSODA, for example, a community corrections officer or a juvenile probation officer.

(15) "Treatment" means face-to-face individual, group, or family therapy, provided by an affiliate or provider, to a client. Treatment is focused on the client's offending behavior.

(16) "Treatment plan" means a written statement of intended care and services as documented in the evaluation that details how the client's treatment needs will be met while protecting the community during the course of treatment.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-010, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-010, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-010, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-010, filed 11/19/91, effective 12/20/91; WSR 91-11-063 (Order 168), § 246-930-010, filed 5/16/91, effective 6/16/91.]

WAC 246-930-020 Underlying credential as a health professional required. (1) Under RCW 18.155.020(1), only credentialed health professionals may be certified as providers.

(2) A person who is credentialed as a health professional in a state or jurisdiction other than Washington may satisfy this requirement by submitting the following:

(a) A copy of the current nonexpired credential issued by the credentialing state;

(b) A copy of the statute, administrative regulation, or other official document of the issuing state which sets forth the minimum requirements for the credential;

(c) A statement from the issuing authority:

(i) That the credential is in good standing;

(ii) That there is no disciplinary action currently pending; and

(iii) Listing any formal discipline actions taken by the issuing authority with regard to the credential;

(d) A statement signed by the applicant, on a form provided by the department, submitting to the jurisdiction of the Washington state courts for the purpose of any litigation involving his or her practice as a sex offender treatment provider;

(e) A statement signed by the applicant on a form provided by the department, that the applicant does not intend to practice the health profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington, except as may be authorized by Washington state law; and

(f) Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(3) Underlying registration, certification, or licensure shall be maintained in good standing. If an underlying registration, certification, or licensure is not renewed or is revoked, certification as a sex offender treatment provider or affiliate sex offender treatment provider is revoked. If an underlying registration, certificate or license is suspended, the sex offender treatment provider certification is suspended. If there is a stay of the suspension of an underlying registration, certificate or license the sex offender treatment provider program must independently evaluate the reasonableness of a stay for the sex offender treatment provider.

[Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-020, filed 5/20/05, effective 6/20/05. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-020, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-020, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-020, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-020, filed 5/16/91, effective 6/16/91.]

WAC 246-930-030 Education required prior to certification as an affiliate or a provider. (1) An applicant shall have completed:

(a) A master's or doctoral degree in social work, psychology, counseling, or educational psychology from a regionally accredited institution of higher education; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A master's or doctoral degree in an equivalent field from a regionally accredited institution of higher education and documentation of thirty graduate semester hours or forty-five graduate quarter hours in approved subject content listed in subsection (2) of this section.

(2) Approved subject content includes at least five graduate semester hours or seven graduate quarter hours in counseling, psychotherapy, and personality theory, and five graduate semester hours or seven graduate quarter hours in at least two of the following content areas:

(a) Counseling and psychotherapy;

(b) Personality theory;

(c) Behavioral science and research;

(d) Psychopathology/personality disorders;

(e) Assessment/tests and measurement;

(f) Group therapy/family therapy;

(g) Human growth and development/sexuality; and

(h) Corrections/criminal justice.

(3) Transcripts of all education required under this section must be submitted to the department from the institution where the credits were earned.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-030, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-030, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-030, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-030, filed 5/16/91, effective 6/16/91.]

WAC 246-930-040 Experience required prior to certification as a provider. (1) An applicant for certification must complete at least two thousand hours of treatment and evaluation experience, as required in WAC 246-930-350. These two thousand hours shall include at least two hundred fifty hours of evaluation experience and two hundred fifty hours of treatment experience.

(2) All of the claimed treatment and evaluation experience shall have been within the ten-year period preceding application for certification.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-040, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-040, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-040, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-040, filed 5/16/91, effective 6/16/91.]

WAC 246-930-065 Requirements for certification.

(1) An applicant for certification must:

(a) Be credentialed as a health professional as provided in WAC 246-930-020. The credential must be in good standing without pending disciplinary action;

(b) Successfully complete an education program as required in WAC 246-930-030;

(c) Successfully complete an examination;

(d) Be able to practice with reasonable skill and safety; and

(e) Have no sex offense convictions, as defined in RCW 9.94A.030 or convictions in any other jurisdiction of an offense that under Washington law would be classified as a sex offense as defined in RCW 9.94A.030.

(2) An applicant for certification as a provider must also complete treatment and evaluation experience required in WAC 246-930-040.

[Statutory Authority: RCW 18.155.040, WSR 07-09-092, § 246-930-065, filed 4/18/07, effective 5/19/07.]

WAC 246-930-070 Training required for certified providers. (1) All applicants for certification as providers shall submit documentation of attendance at fifty hours of formal conferences, symposia, or seminars directly related to the treatment and evaluation of sex offenders. No more than ten hours of training may be related to victims of abuse.

(2) All such training shall have been received within the three years preceding application for certification.

[Statutory Authority: RCW 18.155.040, WSR 01-02-065, § 246-930-070, filed 12/29/00, effective 1/29/01; WSR 94-13-179, § 246-930-070, filed 6/21/94, effective 7/22/94; WSR 91-11-063 (Order 168), § 246-930-070, filed 5/16/91, effective 6/16/91.]

WAC 246-930-075 Supervision of affiliates. Supervision of affiliates is considerably different than consultation with other professionals. Consultation is solely advisory; consultants do not assume responsibility for those individuals with whom they consult. Supervision of affiliates requires that the provider take full ethical and legal responsibility for the quality of work of the affiliate. A provider may not supervise more than two affiliates.

(1) Supervision includes, but is not limited to:

(a) Discussion of services provided by the affiliate;

(b) Case selection, treatment plan, and review of each case or work unit of the affiliate;

(c) Discussions regarding theory and practice of the work being conducted;

(d) Review of Washington laws, rules, and criminal justice procedures relevant to the work being conducted;

(e) Discussion of the standards of practice for providers and affiliates as adopted by the department and the ethical issues involved in providing professional services for sex offenders;

(f) Discussion regarding coordination of work with other professionals and parties;

(g) Discussion of relevant professional literature and research; and

(h) Periodic review of the contract.

(2) The provider shall:

(a) Avoid presenting himself or herself as having qualifications in areas that he or she does not have qualifications.

(b) Provide sufficient training and supervision to the affiliate to assure the health and safety of the client and community.

(c) Have expertise and knowledge to directly supervise affiliate work.

(d) Assure that the affiliate being supervised has sufficient and appropriate education, background, and preparation for the work he or she will be doing.

(3) The provider and affiliate must enter into a formal written contract that defines the parameters of the professional relationship. The contract must be submitted to the department for approval and shall include:

(a) Supervised areas of professional activity;

(b) 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;

(c) Supervisory fees and business arrangements, when applicable;

(d) Nature of the supervisory relationship and the anticipated process of supervision;

(e) Selection and review of clinical cases;

(f) Methodology for recordkeeping, evaluation of the affiliate, and feedback; and

(g) How the affiliate will be represented to the public and the parties.

(4) Supervision of affiliates shall involve regular, direct, face-to-face supervision.

(a) Depending on the affiliate's skill and experience levels, the provider's supervision shall include direct observation of the affiliate by:

(i) Sitting in sessions;

(ii) Audio tape recording;

(iii) Videotaping, etc.

(b) In some cases, such as geographic location or disability, more flexible supervision arrangements may be allowed. The provider must submit requests for more flexible supervision arrangements to the department for approval.

(5) The supervisor must 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.

(6) A provider may not undertake a contract that exceeds the provider's ability to comply with supervision standards.

(7) The department recognizes the needs of certain locales, particularly rural areas, and may allow a variance from the standards in subsections (3)(b) and (5) of this section. The supervisor must submit any variance request to the department for approval with the supervision contract. Variances will be granted or denied in writing within thirty days.

(8) The nature of the affiliate-provider relationship must be communicated to the public, other professionals, and all clients served.

(9) An affiliate may represent himself or herself as an affiliate only when performing clinical work supervised by the contracted provider.

(10) The provider must cosign all written reports and correspondence prepared by the affiliate. The written reports and correspondence must include a statement that indicates

the work has been conducted by the affiliate acting under the provider's supervision.

(11) Both the provider and affiliate shall maintain full documentation of the work done and supervision provided. The department may audit the provider's and affiliate's records to assure compliance with laws and rules.

(12) All work conducted by the affiliate is the responsibility of the provider. The provider shall have authority to direct the practice of the affiliate.

(13) 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.

(14) Supervision is a power relationship. The provider must not use his or her position to take advantage of the affiliate. This subsection is not intended to prevent a provider from seeking reasonable compensation for supervisory services.

(15) A provider must provide accurate and objective letters of reference and documentation of the affiliate's work at the affiliate's request.

(16) 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.

[Statutory Authority: RCW 18.155.040, WSR 07-09-092, § 246-930-075, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-075, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-075, filed 5/28/92, effective 6/28/92; WSR 91-21-035 (Order 201), § 246-930-075, filed 10/10/91, effective 11/10/91.]

WAC 246-930-200 Application and examination. (1)

In order to be certified to practice under this chapter as a provider or affiliate provider in the state of Washington all applicants shall pass an examination approved by the secretary.

(2) An applicant shall meet all education, experience, and training requirements and hold a current health professional credential to qualify to sit for the examination.

(3) Examinations shall be given at a time and place determined by the secretary.

(4) A completed application with the appropriate fee for certification shall be received in the office of the department, no later than sixty days prior to the examination date. All supporting documentation shall be received no later than twenty days prior to the scheduled examination date.

(5) Any applicant who fails to follow written or oral instructions relative to the conduct of the examination, is observed talking or attempting to give or receive information, or attempting to remove materials from the examination or using or attempting to use unauthorized materials during any portion of the examination shall be terminated from the examination and not permitted to complete it.

(6) The department shall approve the method of grading each examination, and apply the method uniformly to all applicants taking the examination.

(7) Applicants will be notified in writing of their examination scores.

(8) Applicant's examination scores are not disclosed to anyone other than the applicant, unless requested to do so in writing by the applicant.

(9) An applicant who fails to make the required grade in the first examination may take up to two additional examinations upon the payment of a reexamination fee for each subsequent examination. After failure of three examinations, the secretary may require remedial education before admission to future examinations.

[Statutory Authority: RCW 18.155.040, WSR 05-12-014, § 246-930-200, filed 5/20/05, effective 6/20/05; WSR 94-13-179, § 246-930-200, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-200, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-200, filed 5/16/91, effective 6/16/91.]

WAC 246-930-210 Examination appeal procedures.

(1) Any candidate who takes and does not pass the sex offender treatment provider examination may request an informal review of the results of the examination.

(a) The examination results shall not be modified unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(b) Any challenges to examination scores shall not be considered unless the total of the potentially revised score would result in issuance of a certificate.

(2) The procedure for requesting an informal review of examination results is as follows: The request shall be in writing and shall be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(3) The candidate shall be identified only by candidate number for the purpose of this review. The candidate shall be notified in writing of the decision.

Letters of referral or requests for special consideration shall not be read or considered.

(4) Any candidate not satisfied with the results of the informal examination review may request a formal hearing before the secretary to challenge the informal review decision. The procedures for requesting a formal hearing are as follows:

(a) The candidate shall complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing shall be received by the department within twenty days of the date on the notice of the results of the informal review.

(c) The written request shall specifically identify the challenged portion(s) of the examination and shall state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Appeals are brief adjudicative proceedings, as provided under the Administrative Procedure Act, chapter 34.05 RCW and chapter 246-11 WAC. The presiding officer is the secretary or the secretary's designee.

(5) The hearing shall be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

[Statutory Authority: RCW 18.155.040, WSR 94-13-179, § 246-930-210, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-

210, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-210, filed 5/16/91, effective 6/16/91.]

WAC 246-930-220 Reexamination. (1) An applicant for certification who has been previously certified shall retake the examination and achieve a passing score as set forth in WAC 246-930-200(6) before recertification if:

- (a) The applicant has been uncertified voluntarily for more than twenty-four calendar months; or
- (b) The applicant's certificate has been revoked or suspended by reason of a disciplinary action by the secretary.

(2) The secretary may require reexamination in any disciplinary order as a condition of reissuing a certificate or confirming certification.

(3) Whenever reexamination is required, the applicant shall pay the examination fees set forth in WAC 246-930-990.

[Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-220, filed 5/20/05, effective 6/20/05; WSR 94-13-179, § 246-930-220, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-220, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-220, filed 5/16/91, effective 6/16/91.]

WAC 246-930-300 Mandatory reporting. (1) Pursuant to RCW 18.130.070, the persons designated in subsection (2) of this section are required to report to the department any conviction, determination, or finding of which they have personal knowledge that any person certified as a provider or affiliate provider has committed an act which constitutes unprofessional conduct under RCW 18.130.180.

(2) The following persons are required to report the information identified in subsection (1) of this section:

- (a) Persons certified as providers or affiliate providers;
- (b) The president, chief executive officer, or designated official of any professional association or society whose members are certified providers or affiliate providers;
- (c) Prosecuting attorneys and deputy prosecuting attorneys;
- (d) Community corrections officers employed by the department of corrections;
- (e) Juvenile probation or parole counselors who provide counseling or supervision to juveniles;
- (f) The president, chief executive officer, or designated official of any public or private agency which employs certified providers or affiliate providers;
- (g) The president, chief executive officer, or designated official of any credentialing agency for health professionals.

(3) Reports under this section shall be made in writing, and must include the name, address, and telephone number of the person making the report, the name and address of the person about whom the report is made, and complete information about the circumstances giving rise to the report.

[Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-300, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-300, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-300, filed 5/16/91, effective 6/16/91.]

WAC 246-930-301 Purpose—Professional standards and ethics. (1) Sex offender treatment providers are also credentialed health professionals, and are subject to the standards of practice of their primary field of practice. However, standards of practice vary from profession to profession, and

sex offender evaluation and treatment represents significant differences in practice from general mental health interventions.

(2) The standards set forth in WAC 246-930-301 through 246-930-340 apply to all sex offender treatment providers. Failure to comply with these standards may constitute unprofessional conduct pursuant to RCW 18.130.180(7).

(3) Standards of practice specific to this area of specialization are necessary due to the unique characteristics of this area of practice, the degree of control that a provider exercises over the lives of clients, and the community protection issues inherent in this work.

[Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-301, filed 5/20/05, effective 6/20/05; WSR 94-13-179, § 246-930-301, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-301, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-301, filed 11/19/91, effective 12/20/91.]

WAC 246-930-310 Standards for professional conduct and client relationships. (1) General considerations. Sex offender treatment providers shall:

- (a) Not discriminate against clients with regard to race, religion, gender or disability; and
- (b) Treat clients with dignity and respect, regardless of the nature of their crimes or offenses.

(2) Competence in practice. Providers shall:

- (a) Be fully aware of the standards of their area of credentialing as health professionals and adhere to those standards;
- (b) Be knowledgeable of statutes and scientific data relevant to specialized sex offender treatment and evaluation practice;
- (c) Be familiar with the statutory requirements for assessments, treatment plans and reports for the court under SSOA and SSODA;
- (d) Perform professional duties with the highest level of integrity, maintaining confidentiality within the scope of statutory responsibilities;
- (e) Be committed to community protection and safety;
- (f) Be aware of all statutes related to client confidentiality;

(g) Not make claims regarding the efficacy of treatment that exceed what can be reasonably expected;

(h) Make appropriate referrals when they are not qualified or are otherwise unable to offer services to a client; and

(i) Exercise due prudence and care in making referral to other professionals.

(3) Confidentiality. Providers shall:

(a) Insure that the client fully understands the scope and limits of confidentiality, and the relevance to the client's particular situation. The provider shall inform the client of the provider's method of reporting disclosures made by the client and to whom disclosures are reported, before evaluation and treatment commence;

(b) Inform clients of any circumstances which may trigger an exception to the agreed upon confidentiality;

(c) Not require or seek waivers of privacy or confidentiality beyond the requirements of evaluation, treatment, training, or community safety. Providers shall evaluate the impact of authorizations for release of information upon their clients; and

(d) Understand and explain to their juvenile clients the rights of their parents and/or guardians to obtain information relating to the client.

(4) Conflict of interest. Providers shall:

(a) Refrain from using professional relationships to further their personal, religious, political, or economic interest other than accepting customary fees;

(b) Avoid relationships with clients which may constitute a conflict of interest, impair professional judgment and risk exploitation. (For example, bartering, service for service, and/or treating individuals where a social, business, or personal relationship exists); and

(c) Have no sexual relationships with a client.

(5) Fee-setting and client interaction. Providers shall:

(a) Prior to commencing service, fully inform the client of the scope of professional services to be provided and the fees associated with the services;

(b) Review any changes in financial arrangements and requirements with the client pursuant to the rules initially specified;

(c) Neither offer nor accept payment for referral; and

(d) Provide clients or their responsible person timely statements accurately indicating all services provided, the fees charged, and payments made.

(6) Termination or alteration of therapist/client relationship. Providers shall:

(a) Not unreasonably withdraw services to clients, and shall take care to minimize possible adverse effects on the client and the community;

(b) Notify clients promptly when termination or disruptions of services are anticipated, and provide for a transfer, referral, or continuation of service consistent with client needs and preferences, when appropriate; and

(c) Refrain from knowingly providing treatment services to a client who is in mental health treatment with another professional without consultation with the current provider.

(7) The department neither requires nor prohibits the use of psychological or physiological testing. The use of these and other treatment and evaluation techniques is at the discretion of the provider, subject to the terms of the court order in a particular case. The following standards apply when such techniques are used.

(a) Psychological testing: Psychological testing may provide valuable data during the assessment phase and in determining treatment progress. However, psychological testing should not be conducted by a provider who is not a licensed psychologist, unless the specific test(s) standardized administration procedures provide for administration by a nonpsychologist.

Psychological assessment data provided by a psychologist, other than the examiner, shall not be integrated into an assessment report unless the provider is familiar with the psychological instruments used and aware of their strengths and/or limitations.

The interpretation of psychological testing through blind analysis has significant limitations. Providers reporting psychological test data derived in this manner shall also report the way in which the information was derived and the limitations of the data.

It is important to report any information which might influence the validity of psychological test findings. Exam-

ples of such information include, but are not limited to, the context of the evaluation, the information available to the professional who interpreted the data, whether the interpretations were computer derived and any special population characteristics of the person examined.

(b) Use of polygraph: The use of the polygraph examination may enhance the assessment, treatment and monitoring processes by encouraging disclosure of information relevant and necessary to understanding the extent of present risk and compliance with treatment and court requirements. When obtained, the polygraph data achieved through periodic examinations is an important asset in monitoring the sex offender client in the community. Other alternative sources of verification may also be utilized. Sex offender treatment providers shall be knowledgeable of the limitations of the polygraph and shall take into account its appropriateness with each individual client and special client populations. Examinations shall be given in accordance with the treatment plan. Sex offender treatment providers shall not base decisions solely on the results of the polygraph examination.

(c) Use of plethysmography: The use of physiological assessment measures, such as penile plethysmography, may yield useful information regarding the sexual arousal patterns of sex offenders. This data can be useful in assessing baseline arousal patterns and therapeutic progress. Decisions about the use of plethysmography should be made on a case-by-case basis with due consideration given to the limitations and the intrusiveness of the procedure. Consideration also should be given to the available literature on the usefulness of the information obtained as it relates to a specific sex offender population.

When obtained, physiological assessment data shall not be used as the sole basis for offender risk assessment and shall not be used to determine if an individual has committed a specific sexually deviant act. Providers shall recognize that plethysmographic data is only meaningful within the context of a comprehensive evaluation and/or treatment process. Sex offender treatment providers shall ensure that physiologic assessment data is interpreted only by sex offender treatment providers who possess the necessary training and experience. Sex offender treatment providers shall insure that particular care is taken when performing physiological assessment with juvenile offenders and other special populations, due to concerns about exposure to deviant materials. Given the intrusiveness of this procedure, care shall be given to the dignity of the client.

[Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-310, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-310, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-310, filed 11/19/91, effective 12/20/91.]

WAC 246-930-320 Standards for assessment and evaluation reports. (1) General considerations in evaluating clients. Providers and affiliates shall:

(a) Be knowledgeable of current assessment procedures used;

(b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the client;

(c) Be knowledgeable of the client's legal status including any court orders applicable.

(d) Have a full understanding of the SSOSA and SSODA process, if applicable, and be knowledgeable of relevant criminal and legal considerations;

(e) Be impartial;

(f) Provide an objective and accurate base of data; and

(g) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

(2) Providers and affiliates must complete written evaluation reports. These reports must:

(a) Be accurate, comprehensive and address all of the issues required for court or other disposition;

(b) Present all knowledge relevant to the matters at hand in a clear and organized manner;

(c) Include the referral sources, the conditions surrounding the referral and the referral questions addressed;

(d) Include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:

(i) Collateral information including:

(A) Police reports;

(B) Child protective services information; and

(C) Criminal correctional history;

(ii) Interviews with the client;

(iii) Interviews with significant others;

(iv) Previous assessments of the client such as:

(A) Medical;

(B) Substance abuse; and

(C) Psychological and sexual deviancy;

(v) Psychological/physiological tests;

(e) Address, at a minimum, the following issues:

(i) A description of the current offense(s) or allegation(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancy between the official and client's versions of the offenses or allegations;

(ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;

(iii) Prior attempts to remediate and control offensive behavior including prior treatment;

(iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;

(v) Risk factors for offending behavior including:

(A) Alcohol and drug abuse;

(B) Stress;

(C) Mood;

(D) Sexual patterns;

(E) Use of pornography; and

(F) Social and environmental influences;

(vi) A personal history including:

(A) Medical;

(B) Marital/relationships;

(C) Employment;

(D) Education; and

(E) Military;

(vii) A family history;

(viii) History of violence and/or criminal behavior;

(ix) Mental health functioning including coping abilities, adaptation style, intellectual functioning and personality attributes; and

(x) The overall findings of psychological/physiological/medical assessment if these assessments have been conducted;

(f) Include conclusions and recommendations. The conclusions and recommendations shall be supported by the data presented in the report and include:

(i) The evaluator's conclusions regarding the appropriateness of community treatment;

(ii) A summary of the evaluator's diagnostic impressions;

(iii) A specific assessment of relative risk factors, including the extent of the client's dangerousness in the community at large; and

(iv) The client's willingness for outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.

(g) Include a proposed treatment plan which is clear and describes in detail:

(i) Anticipated length of treatment, frequency and type of contact with providers or affiliates, and supplemental or adjunctive treatment;

(ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;

(iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety; and

(iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program.

(3) If a report fails to include information specified in (a) through (e) of this subsection, the evaluation should indicate the information not included and cite the reason the information is not included.

(4) Second evaluations shall state whether prior evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider or affiliate. The second evaluation need not repeat all assessment or data compilation measures if it reasonably relies on existing current information. The second evaluation must address all issues outlined in subsection (2) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.

(5) The provider or affiliate who provides treatment shall submit to the court and the parties a statement that the provider or affiliate is either adopting the proposed treatment plan or submitting an alternate plan. Any alternate plan and the statement shall be provided to the court before sentencing. Any alternate plan must include the treatment methods described in WAC 246-930-332(1).

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-320, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-320, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-320, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-320, filed 11/19/91, effective 12/20/91.]

WAC 246-930-330 Standards and documentation of treatment. Effective sexual deviancy treatment involves a broad set of planned therapeutic experiences and interventions designed to ultimately reduce the client's risk of engaging in criminal sexual behavior. Treatment must be consistent with current professional literature and emphasize community safety.

General considerations.

(1) In most cases a provider or affiliate treats clients at least once per week for at least forty-five minutes for an individual or ninety minutes for a group.

(2) Changes in client circumstances or provider/affiliate schedule may require less frequent or shorter sessions. Changes to the number or duration of sessions may be made on a case-by-case basis, and must be reported to the department. A provider or affiliate must:

(a) Communicate permanent changes in the treatment plan or changes that may reduce community safety to the supervising officer, the prosecutor and the court before the changes may be implemented;

(b) Report other short term, temporary changes in the treatment plan due to illness, vacation, etc., in the regular progress report; and

(c) Report any reduction in frequency or duration of contacts that constitutes a variance from the treatment plan to the supervising officer, the prosecutor, and the court.

(3) The treatment methods employed by the provider or affiliate shall:

(a) Reflect concern for the well-being of clients, victims and the safety of potential victims;

(b) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review; and

(c) Be individualized to meet the unique needs of each client.

(4) Providers and affiliates shall maintain and safeguard client files consistent with the professional standards and with Washington state law regarding health care records. Providers and affiliates shall ensure that the client files include the following information for completion of required reports:

(a) Content of professional contact;

(b) Treatment progress;

(c) Sessions attended; and

(d) Any treatment plan changes.

[Statutory Authority: RCW 18.155.040, WSR 07-09-092, § 246-930-330, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-330, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-330, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-330, filed 11/19/91, effective 12/20/91.]

WAC 246-930-332 Treatment methods and monitoring. (1) The treatment methods used by the provider or affiliate shall:

(a) Address the client's deviant sexual urges and recurrent deviant sexual fantasies;

(b) Educate the client and the individuals who are part of the client's support system about the potential for reoffense, and risk factors;

(c) Teach the client to use self-control methods to avoid sexual reoffense;

(d) Consider the effects of trauma and past victimization as factors in reoffense potential where applicable;

(e) Address the client's thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors;

(f) Modify client thinking errors and cognitive distortions;

(g) Enhance the client's appropriate adaptive/legal sexual functioning;

(h) Assure that the client has accurate knowledge about the effect of sexual offending upon victims, their families, and the community;

(i) Help the client develop sensitivity to the effects of sexual abuse upon victims;

(j) Address the client's personality traits and personality deficits which are related to increased reoffense potential;

(k) Address the client's deficits in coping skills;

(l) Include and integrate the client's family, guardian, and residential program staff into the treatment process when appropriate; and

(m) Maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider.

(2) The provider or affiliate shall monitor compliance with treatment requirements by:

(a) Recognizing the reoffense potential of the client, the damage that may be caused by sexual reoffense or attempted reoffense, and the limits of self report by the client;

(b) Considering multiple sources of input regarding the client's out-of-office behavior;

(c) Increasing monitoring during those times of increased risk and notifying the supervising officer when:

(i) A client is in crisis;

(ii) Visits with victims or potential victims are authorized; and

(iii) A client is in high-risk environments.

(d) Working in collaboration with the supervising officer, when applicable, to verify that the client is following the treatment plan by reducing the frequency of those behaviors that are most closely related to sexual reoffense and that the client's living, work and social environments have sufficient safeguards and protection for victims and potential victims; and

(e) Discussing with the supervising officer the verification methods used so that each can fully collaborate to protect community safety and assist the client in successfully completing treatment.

[Statutory Authority: RCW 18.155.040, WSR 07-09-092, § 246-930-332, filed 4/18/07, effective 5/19/07.]

WAC 246-930-334 Planning and interventions. (1) The treatment plan and the interventions used by the provider or affiliate to achieve the goals of the plan shall:

(a) Address the sexual deviancy treatment needs identified;

(b) Include provisions for the protection of victims and potential victims;

(c) Give priority to those treatment interventions most likely to avoid sexual reoffense; and

(d) Take reasonable care not to cause victims to have unsafe, unauthorized, or unwanted contact with their offenders.

(2) The community protection contract shall be presented to the client within ninety days of the start of treatment by the provider or affiliate that:

(a) Details the treatment rules and requirements that the client must follow in order to preserve community safety;

(b) Outlines the client's responsibility to adhere to the contract, and the provider's responsibility to report any violations;

(c) Is a separate document from any other evaluation or treatment agreements between the client and the provider;

(d) Is signed by both client and provider;

(e) Is sent to the supervising officer after sentencing; and

(f) Is updated when conditions change throughout the course of treatment.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-334, filed 4/18/07, effective 5/19/07.]

WAC 246-930-336 Contacts with victims and children by clients. (1) The provider or affiliate shall recognize that supervision during contact with children is critical for those clients who have had crimes against children, or have the potential to abuse children. When authorizing clients to have contact with victims or children, the provider or affiliate shall:

(a) Consider the victim's wishes about contact and reasonably ensure that all contact is safe and in accordance with court directives;

(b) Restrict, as necessary, client decision-making authority over victims and children;

(c) Collaborate with other relevant professionals about contact with victims prior to authorizing client contact with children, rather than making isolated decisions;

(d) Consult with the victim's parents, custodial parents, or guardians prior to authorizing any contact between clients and children;

(e) Include educational experiences for chaperones/supervisors of clients; and

(f) Devise a plan/protocol for reuniting or returning clients to homes where children reside. This plan/protocol must emphasize child safety, and provide for some monitoring of the impact to the victim and other children.

(2) While the rationale behind the standards for clients in subsection (1)(a) through (f) of this section is equally relevant for juvenile clients, there are some substantial differences that warrant specific standards. The prohibitions on contact with children are not intended to prohibit reasonable peer-age social or educational contacts for juvenile clients. Providers or affiliates working with juvenile clients have limited authority over their clients, in that they have limited authority to govern the decisions or supervision of a juvenile client's parents. Reasonable and practical supervision plans/strategies for juvenile clients require the cooperation and involvement of parents, foster parents, group home staff, and the supervising officer. Providers and affiliates shall work in collaboration with the supervising officer to:

(a) Establish reasonable guidelines for contacts with victims or children commensurate with the client's offending history, treatment progress, and the current disposition order;

(b) Make reasonable efforts to advise, inform, and educate adults who will be in contact with and responsible for the client's behavior around victims or children;

(c) Restrict, as necessary, client decision-making authority over victims and children;

(d) Devise plans/protocols for reuniting or returning clients to homes where the victim or other children reside, specifically considering the victim's wishes and victim impact of reunification;

(e) Closely scrutinize victim requests for client contact to ensure the request is free of emotional strain and is in the victim's best interests; and

(f) Follow court ordered no contact provisions, or seek modification of court ordered restrictions if appropriate.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-336, filed 4/18/07, effective 5/19/07.]

WAC 246-930-338 Completion of court ordered treatment. In fulfilling requirements for the end of court ordered treatment hearing, if applicable, the provider or affiliate shall:

(1) Assess and document how the treatment plan goals have been met, what changes in the client's reoffense potential have been accomplished, and what risk factors remain; and

(2) Report to the court in a timely manner regarding the client's compliance with treatment and monitoring requirements, and make a recommendation regarding modification of conditions of community supervision, and either termination of treatment or extension of treatment for up to the remaining period of community supervision.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-338, filed 4/18/07, effective 5/19/07.]

WAC 246-930-340 Standards for communication with other professionals. (1) Professional relationships with corrections/probation officers and other supervising agencies.

(a) The provider shall establish a cooperative relationship with the supervising officer and/or responsible agency for purposes of the effective supervision and monitoring of an offender's behavior in the community.

(b) All violations of the provider client contract shall be reported immediately to the supervising officer.

(c) Quarterly progress reports documenting dates of attendance, treatment activities and duration, changes in the treatment plan, client compliance with requirements, and treatment progress shall be made in a timely manner to the court and parties. Providers shall provide additional information regarding treatment progress when requested by the court or a party. If there is more than one provider, the primary provider shall confer on all quarterly reports and provide one report to the required parties in a timely manner.

(d) Prior to implementation, plans for contact with the victim, potential victims and plans for family reunification or return (where appropriate) should be reviewed with the supervising officer.

(e) Prior to implementation the provider shall communicate with the supervising officer when approving chaperones and supervisors for offender contact with children. If an urgency of circumstances requires independent approval of a

chaperone by a provider, the provider will notify the community correction officer or supervising officer in a timely manner.

(2) Communication with the department of social and health services or other agencies responsible for the care or supervision of the client. When appropriate, the provider shall seek an authorization for release of information from the client to communicate with such agencies for treatment or monitoring purposes.

(3) Communication with others. Where appropriate and consistent with the offender's informed consent, the provider shall communicate with the victim's therapist, guardian ad litem, custodial parent, guardian, caseworker, or other involved professional in making decisions regarding family reunification or return, or victim contact with the offender.

(4) Reporting of additional victims.

(a) Providers are expected to comply with the mandatory reporting law, RCW 26.44.030.

(b) All clients shall be notified of the limits of confidentiality imposed on therapists by the mandatory reporting law (RCW 26.44.030).

[Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-340, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-340, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-340, filed 11/19/91, effective 12/20/91.]

WAC 246-930-350 Evaluation and treatment experience credit. (1) Evaluation experience credit. The following can be counted for evaluation experience credit:

(a) Preparation of a written SSOSA, SSODA, self-referral or forensic evaluation;

(b) Primary or secondary responsibility for interviewing the client;

(c) Preparation of the written evaluation report;

(d) All contact with clients; and

(e) Preparation of limited assessments for the purpose of:

(i) Institution classification;

(ii) Treatment monitoring; and

(iii) Reporting.

(2) Treatment experience credit. The following can be counted for treatment experience credit:

(a) Face-to-face treatment hours performed by affiliates under the supervision of certified providers;

(b) Time spent as a co-therapist. Both therapists must have formal responsibility for the group session; and

(c) Time spent maintaining collateral contacts and written case/progress notes.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-350, filed 4/18/07, effective 5/19/07.]

WAC 246-930-410 Continuing education requirements. Certified sex offender treatment providers must complete forty hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(1) **Purpose and scope.** The aim of continuing education for sex offender treatment providers is to ensure that professionals practicing in this specialty field are knowledgeable of current scientific and practice principles that affect the supervision and treatment of sex offenders in community-based treatment. Since the treatment of sex offenders in communities raises significant public safety concerns, continuing edu-

cation is required to help sex offender treatment providers deliver the highest quality of professional service by being familiar with current developments in a rapidly changing profession. Certified sex offender treatment providers, regardless of certification status (e.g., full, affiliate, or provisional), shall meet the continuing education requirements set forth in this section as a prerequisite to license renewal.

(2) **Specific requirements.**

(a) A minimum of thirty hours of the CE shall be earned through attendance at courses, workshops, institutes, and/or formal conference presentations with direct, specific relevance to the assessment and treatment of sex offenders.

(i) Consultative or supervisory training obtained from other certified sex offender treatment providers is not creditable under this CE definition.

(ii) Independent study of audio or video tapes of seminar presentations not actually attended are creditable under this definition, up to a maximum of ten hours in any two-year period. Credit for independent study will only be granted if accompanied by documentation of the learning activity, such as a written summary of the independent study activity.

(iii) CE credit for assessment and treatment of sex offender training courses presented to other professionals may be claimed by the certified provider who provides the training one time only (usually the first time it is taught, unless there is substantial revision), up to a maximum of ten hours in any two-year period.

(iv) Courses specifically oriented toward assessment or treatment of sex offenders may be claimed as CE. The following are examples of subjects that qualify under this definition:

- (A) Ethics and professional standards;
- (B) Relapse prevention with sex offenders;
- (C) Plethysmographic assessment;
- (D) Sexual arousal assessment and reconditioning;
- (E) Risk assessment with sex offenders;
- (F) Psychopharmacological therapy with sex offenders;
- (G) Family therapy with sex offenders;
- (H) Research concerning sexual deviancy;
- (I) Sexual addiction; and
- (J) Therapy/clinical methods specific to sex offenders.

(b) In addition to the thirty hours of CE with direct, specific relevance to the assessment and treatment of sex offenders, ten hours of the total requirement may be earned through participation in training courses with indirect relevance to the assessment and treatment of sex offenders. The following subjects qualify under this definition:

- (i) Victimology/victim therapy;
- (ii) General counseling methods;
- (iii) Psychological test interpretation;
- (iv) Addiction/substance abuse;
- (v) Family therapy;
- (vi) Group therapy; and
- (vii) Legal issues.

(3) **Program or course approval.** The department shall accept any CE that reasonably falls within the above categories and requirements. The department relies upon each individual provider's integrity with the intent and spirit of the CE requirements.

(4) **CE requirement for newly certified providers.** Providers who are newly certified within six months of their

renewal date shall not be required to submit proof of continuing education for the preceding twelve-month period. Providers who are newly certified from six to nine months prior to the renewal date shall be required to submit proof of ten hours of the annual CE requirement for the preceding twelve-month period. Providers who are newly certified from nine to twelve months prior to the renewal date shall be required to submit proof of the full twenty hour annual CE requirement at the renewal date. The above noted prorated CE requirements apply only to the first renewal following certification. If proof of CE is not required at the first renewal (dependent on birthdate), the prorated amount shall be added to the full twenty hour annual requirement for the second year following certification.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-410, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-410, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-410, filed 5/28/92, effective 6/28/92.]

WAC 246-930-420 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-420, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-420, filed 6/21/94, effective 7/22/94.]

WAC 246-930-431 Expired certification. (1) If the certification has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the certification has expired for over three years, the practitioner must:

(a) Successfully pass the examination as provided in WAC 246-930-200;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-431, filed 5/20/05, effective 6/20/05. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-431, filed 2/13/98, effective 3/16/98.]

WAC 246-930-490 Sexual misconduct. (1) The definitions and prohibitions on sexual misconduct described in chapter 246-16 WAC apply to affiliate sex offender treatment providers and certified sex offender treatment providers except WAC 246-16-100 (3) and (4).

(2) An affiliate sex offender treatment provider or certified sex offender treatment provider shall never engage, or attempt to engage, in the activities listed in WAC 246-16-100(1) with a former patient, former client or former key party.

[Statutory Authority: RCW 18.155.040, 18.19.050, 18.225.040, 18.205.060, 18.130.050. WSR 08-07-090, § 246-930-490, filed 3/19/08, effective 4/19/08. Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-490, filed 5/20/05, effective 6/20/05; WSR 94-13-179, § 246-930-490, filed 6/21/94, effective 7/22/94.]

WAC 246-930-990 Sex offender treatment provider fees and renewal cycle. (1) Certificates must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of

funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged for:

Title of Fee	Fee
Sex offender treatment provider:	
Application and examination	\$600.00
Reexamination	250.00
Initial certification	200.00
Renewal	1,000.00
Inactive status	300.00
Late renewal penalty	300.00
Expired certificate reissuance	300.00
Expired inactive certificate reissuance	150.00
Duplicate certificate	15.00
Verification of certification	15.00

(3) The following nonrefundable fees will be charged for affiliate treatment provider:

Title of Fee	Fee
Application and examination	400.00
Reexamination	250.00
Renewal	500.00
Inactive status	250.00
Late renewal penalty	250.00
Expired affiliate certificate reissuance	250.00
Expired inactive affiliate certificate reissuance	100.00
Duplicate certificate	15.00

[Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-930-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-990, filed 5/20/05, effective 6/20/05. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-930-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. WSR 99-08-101, § 246-930-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-990, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-990, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-990, filed 5/16/91, effective 6/16/91.]