

Colorado Advocate Certification Program

Application Packet

Submission Instructions and Requirements Check List

To complete the CACP application and the required additional forms, please follow the instructions; checking the boxes as you complete the items. Please **DO NOT** submit this check-off form with your Application Packet.

Check off the following boxes to be sure your Application Packet includes:

- The following ORIGINAL completed documents, in this order:
 - Notarized **CACP Application** (found in the attached pages)
 - Two letters of recommendation that attest to the applicant's skills, ability, and years in the field. One letter must be from a current supervisor and one letter from another person in the victim services field.
 - Read and sign the Code of Professional Ethics for Victim Assistance Providers.
 - Certificates and/or other documentation verifying training hours.
 - One or more **Continuing Education Documentation (CED) Forms** (*for renewals only*).

- Include one complete set of photocopies of the documents listed above, in order.

- Include a check, made payable to COVA, with your application or complete the credit card information section on the CACP Application (\$50 for Basic, Intermediate, or Advanced).

- Make sure the application is signed and notarized.

- Do NOT fax your application, as it will not be accepted.

- Do NOT e-mail your application, as it will not be accepted.

- Do NOT staple forms together.

- Mail completed Application Packet to:
CACP Applications c/o COVA
2460 W. 26th Avenue, STE 255-C
Denver, CO 80211

- Ensure that your e-mail address is correct and **legible**. In the absence of an e-mail address, please provide your fax number. You will receive confirmation of receipt of your Application via e-mail or fax.

Colorado Advocate Certification Program

Application

Applications will be reviewed in August and in January. Successful applicants will receive their certificates by mail within 6 weeks after the end of each acceptance period.

CACP USE ONLY

Date Rec'd: _____
 _____ Approval Recommended
 _____ More Information Needed

CRED #: _____

GENERAL CERTIFICATION INFORMATION	FULL NAME:	
	<i>Type of Application: (check one)</i> <input type="checkbox"/> NEW APPLICATION <i>Requested Status: (check one) – See page 7 for required training areas.</i> <input type="checkbox"/> BASIC ADVOCATE CERTIFICATION (Completion of a minimum of 15 hours “I” Series training, 15 hours of “II” Series training, 15 hours “III” Series training, and a maximum of 15 hours of “IV” Series training, for a total of 60 hours, and 140 direct service hours.) <input type="checkbox"/> INTERMEDIATE ADVOCATE CERTIFICATION (Completion of a minimum of 15 hours “I” Series training, 15 hours of “II” Series training, 15 hours “III” Series training, and 15 hours of “IV” Series training, plus 64 hours of continuing education (including 6 hours of Cultural & Diversity Considerations and 6 hours of Victim Rights training) for a total of 124 hours, and 280 direct service hours.) <input type="checkbox"/> ADVANCED ADVOCATE CERTIFICATION (Completion of a minimum of 15 hours “I” Series training, 15 hours of “II” Series training, 15 hours “III” Series training, and 15 hours of “IV” Series training, plus 96 hours of continuing education (including 12 hours of Cultural & Diversity Considerations and 12 hours of Victim Rights training) for a total of 156 hours, and 560 direct service hours.)	
APPLICANT CONTACT INFORMATION	HOME PHONE:	
	WORK PHONE:	
	CELL PHONE:	
	E-MAIL ADDRESS:	
	HOME MAILING ADDRESS:	
	CURRENT PAID OR VOLUNTEER POSITION TITLE:	
	AGENCY/ORG NAME:	
	AGENCY/ORG MAILING ADDRESS:	
	PLEASE SEND MAIL TO:	<input type="checkbox"/> HOME ADDRESS OR <input type="checkbox"/> WORK ADDRESS

PAYMENT INFORMATION	Certification Fees are as follows: \$50 for New applications for Basic, Intermediate, or Advanced Advocate Certification		
	PAYMENT FORM:	Check One: <input type="checkbox"/> Check payable to COVA <input type="checkbox"/> Money Order Payable to COVA <input type="checkbox"/> VISA/Mastercard (<i>see next section</i>)	
	CREDIT CARD NUMBER:		
	EXPIRATION DATE:		
	NAME ON CARD:		
	BILLING ADDRESS ON FILE WITH ISSUING BANK:		
EXPERIENCE WORKING WITH THOSE VICTIMIZED BY CRIME AGENCY ONE	List ONLY agencies with whom you are or have been employed or volunteered in the provision of direct services to those victimized by crime. If the agency through which you provide victim services is not primarily a crime victim service agency/organization, reflect ONLY the hours spent providing direct services to those victimized by crime.		
	MOST RECENT/CURRENT AGENCY POSITION #1: Answer the following for your most recent/current employment/volunteer position – treat significant changes (promotions, major reassignments, etc.) separately:		
	AGENCY/ORG NAME:		
	POSITION TITLE:		
	AGENCY ADDRESS:		
	AGENCY CONTACT PERSON INFORMATION	FULL NAME:	
		TITLE:	
		TELEPHONE #:	
E-MAIL ADDRESS:			

EXPERIENCE WORKING WITH THOSE VICTIMIZED BY CRIME
AGENCY ONE (CONTINUED)

BRIEFLY DESCRIBE MAJOR **DIRECT VICTIM SERVICES** DUTIES OR RESPONSIBILITIES:

ATTACH POSITION DESCRIPTION.	<input type="checkbox"/> CHECK HERE TO CONFIRM THAT AGENCY POSITION DESCRIPTION, IF AVAILABLE, IS ATTACHED
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POPULATION(S) SERVED:

HOMICIDE SEXUAL ASSAULT CHILD ABUSE
 DOMESTIC VIOLENCE DRUNK DRIVING
 GENERAL CRIME FELONY MISDEMEANOR
 OTHER (specify) _____

DATES AND HOURS WORKED: TOTAL NUMBER OF SERVICE HOURS WORKED: _____	FROM (MONTH/YEAR): TO (MONTH/YEAR): DIRECT SERVICES HOURS WORKED IN POSITION: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME _____ (AVG. MONTH) <input type="checkbox"/> PAID POSITION <input type="checkbox"/> VOLUNTEER POSITION
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“Current supervisor must sign the application and verify experience in the direct services to victims, as well as verify the training hours attended.”

Supervisor’s Signature _____
“I verify the service hours worked and training hours attended for the above employee/volunteer.”

**EXPERIENCE WORKING WITH THOSE VICTIMIZED BY CRIME
 AGENCY TWO**

AGENCY POSITION #2: Answer the following for an employment/volunteer position:		
AGENCY/ORG NAME:		
POSITION TITLE:		
AGENCY ADDRESS:		
AGENCY CONTACT PERSON INFORMATION	FULL NAME:	
	TITLE:	
	TELEPHONE #:	
	E-MAIL ADDRESS:	
BRIEFLY DESCRIBE MAJOR DIRECT VICTIM SERVICES DUTIES OR RESPONSIBILITIES:		
ATTACH POSITION DESCRIPTION.	<input type="checkbox"/> CHECK HERE TO CONFIRM THAT AGENCY POSITION DESCRIPTION, IF AVAILABLE, IS ATTACHED.	
POPULATION(S) SERVED: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHILD ABUSE </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> DRUNK DRIVING </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> GENERAL CRIME <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR </div> <div style="margin-top: 5px;"> <input type="checkbox"/> OTHER (specify) _____ </div>		
DATES AND HOURS WORKED: TOTAL NUMBER OF SERVICE HOURS WORKED: _____	FROM (MONTH/YEAR): TO (MONTH/YEAR): DIRECT SERVICES HOURS WORKED IN POSITION: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME _____ (AVG. MONTH) <input type="checkbox"/> PAID POSITION <input type="checkbox"/> VOLUNTEER POSITION	

EXPERIENCE WORKING WITH THOSE VICTIMIZED BY CRIME AGENCY THREE	AGENCY POSITION #3: Answer the following for an employment/volunteer position:		
	AGENCY/ORG NAME:		
	POSITION TITLE:		
	AGENCY ADDRESS:		
	AGENCY CONTACT PERSON INFORMATION	FULL NAME:	
		TITLE:	
		TELEPHONE #:	
		E-MAIL ADDRESS:	
	BRIEFLY DESCRIBE MAJOR DIRECT VICTIM SERVICES DUTIES OR RESPONSIBILITIES:		
	ATTACH POSITION DESCRIPTION.	<input type="checkbox"/> CHECK HERE TO CONFIRM THAT AGENCY POSITION DESCRIPTION, IF AVAILABLE, IS ATTACHED.	
POPULATION(S) SERVED: <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> DRUNK DRIVING <input type="checkbox"/> GENERAL CRIME <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> OTHER (specify) _____			
DATES AND HOURS WORKED: TOTAL NUMBER OF SERVICE HOURS WORKED: _____	FROM (MONTH/YEAR: TO (MONTH/YEAR): DIRECT SERVICES HOURS WORKED IN POSITION: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME _____ (AVG. MONTH) <input type="checkbox"/> PAID POSITION <input type="checkbox"/> VOLUNTEER POSITION		

****Use additional copies of this page if documenting more than three relevant agencies or positions.**

APPLICANT TRAINING – FOR NEW APPLICANTS:

Indicate the number of training hours you have completed in each area listed below. Additional training topics may evolve as the field of Victim Advocacy continues to develop, therefore the training areas may include, but are not limited to those topics listed.

Subject Area Trainings

All trainings submitted for Certification must reflect the COVA Code of Professional Ethics for Victim Assistance Service Providers.

I Series: VICTIM ISSUES REQUIRED – 15 HOURS MINIMUM		
___ hrs Domestic Violence	Provided by _____	Training Date _____
___ hrs Sexual Assault	Provided by _____	Training Date _____
___ hrs Assessing Risk/Safety Planning	Provided by _____	Training Date _____
___ hrs Child Victimization	Provided by _____	Training Date _____
___ hrs Overview of Offender Behavior	Provided by _____	Training Date _____
___ hrs Victim Trauma Response	Provided by _____	Training Date _____
___ hrs Other: <i>(please specify)</i> _____		
___ hrs Other: <i>(please specify)</i> _____		
II Series: ADVOCATE SKILLS REQUIRED – 15 HOURS MINIMUM		
___ hrs Crisis Intervention/ Trauma Response/Impact	Provided by _____	Training Date _____
___ hrs Ethics/Confidentiality/ Legal Privilege/ Mandatory Reporting	Provided by _____	Training Date _____
___ hrs Role of Advocate (community, system)	Provided by _____	Training Date _____
___ hrs Public/Private Resources	Provided by _____	Training Date _____
___ hrs Communications/ Boundaries/Beliefs/Values	Provided by _____	Training Date _____
___ hrs Case Management/ Report Writing	Provided by _____	Training Date _____
___ hrs Understanding Vicarious Trauma	Provided by _____	Training Date _____
___ hrs Cultural and Diversity Considerations **	Provided by _____	Training Date _____
___ hrs Other: <i>(please specify)</i> _____		
___ hrs Other: <i>(please specify)</i> _____		
III Series: SYSTEM AGENCY RESPONSE REQUIRED – 15 HOURS MINIMUM		
___ hrs Understanding Criminal Justice/Civil Systems	Provided by _____	Training Date _____
___ hrs Protection Orders	Provided by _____	Training Date _____
___ hrs Allied Professionals	Provided by _____	Training Date _____
___ hrs Victim Compensation & Financial Issues	Provided by _____	Training Date _____
___ hrs Cross Training	Provided by _____	Training Date _____
___ hrs Victim Rights **	Provided by _____	Training Date _____
___ hrs Other: <i>(please specify)</i> _____		

IV Series: ELECTIVES (or additional training in required areas)

Victim Issues:

___ hrs Death Notification Provided by _____ Training Date _____
___ hrs Child Exposed
to Violence Provided by _____ Training Date _____
___ hrs Grief Process Provided by _____ Training Date _____
___ hrs Crime-Specific
Advocate Training
(i.e. Homicide,
Financial Crimes,
Trafficking) Provided by _____ Training Date _____
___ hrs Population-Specific
Advocacy (Elderly,
Disabled, Hate Crimes) Provided by _____ Training Date _____
___ hrs Other: (please specify) _____

Advocate Skills:

___ hrs Victim/Witness
Protection from
Intimidation Provided by _____ Training Date _____
___ hrs Legal and
Legislative Updates Provided by _____ Training Date _____
___ hrs Mass Crisis
Response Provided by _____ Training Date _____
___ hrs Other: (please specify) _____

System Response:

___ hrs History of
Victim Rights
Movement Provided by _____ Training Date _____
___ hrs Other: Media
Relations/Program
Evaluation/Use of
Technology Provided by _____ Training Date _____
___ hrs Other: (please specify) _____
___ hrs Other: (please specify) _____

Other topics not listed may be used in the Electives Series.

Reminder: Attach 2 letters of recommendation. Include names below for persons submitting letters.

Current Supervisor: _____

Additional letter from someone in Victim Services Field: _____

Certifications:

Read each of the following and sign where appropriate, in the presence of a notary public.

- [a] I, the undersigned applicant, hereby certify that the information submitted on this application is true and accurate. I further certify that the information reported on any enclosures is true and accurate.

Signature of Applicant _____ Date _____

- [b] I, the undersigned applicant, hereby certify that I have never been convicted of any crime stemming from an act of violence or threat thereof, any felony, or any criminal act with respect to a child.

Signature of Applicant _____ Date _____

- [c] I, the undersigned applicant, hereby certify that I have read and agree to follow the attached *Code of Professional Ethics for Victim Assistance Providers*.

Signature of Applicant _____ Date _____

- [d] I, the undersigned applicant, hereby certify that I have never been terminated from a volunteer or paid position due to conduct that is in violation of the *Code of Professional Ethics for Victim Assistance Providers*.

Signature of Applicant _____ Date _____

Notarization:

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public