



Colorado Advocate Certification Program (CACP) *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. **DO NOT** submit this first page check-off form with your CACP Application Packet, it is to help guide you as you complete your application.

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

- 1) The following ORIGINAL completed documents, in this order:
 - Notarized, completed **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.

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

- 3) Payment: Include a check made payable to COVA or pay online at <http://www.coloradocrimevictims.org/colorado-advocate-certification-program-cacp.html>

- 4) Make sure the CACP Application is signed and notarized.

- 5) Do NOT fax or e-mail your application, as it will not be accepted.

- 6) Do NOT staple forms together.

- 7) Mail completed Application Packet (and check, if applicable) to:
CACP Applications c/o COVA
1325 S. Colorado Blvd., Suite 508-B
Denver, CO 80222

REMINDER: CACP Applications are reviewed and processed quarterly every January, May, and September. To check on the status of your application, or if you have questions, please e-mail Ami Gerstner at ami@coloradocrimevictims.org.

Colorado Advocate Certification Program

Application

CACP USE ONLY

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

CRED #: _____

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

GENERAL CERTIFICATION INFORMATION	FULL NAME:	
	<i>Type of Application: (check one)</i> <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEW APPLICATION <i>Requested Status: (check all that apply)</i> – Refer to the CACP Instruction Packet to see the number of required service hours and training in specific areas. <input type="checkbox"/> BASIC ADVOCATE CERTIFICATION <input type="checkbox"/> INTERMEDIATE ADVOCATE CERTIFICATION <input type="checkbox"/> ADVANCED ADVOCATE CERTIFICATION <input type="checkbox"/> DOMESTIC VIOLENCE TREATMENT ADVOCATE CERTIFICATION	
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	<p>CERTIFICATION FEES: \$75 for a New Application for a Basic, Intermediate, Advanced, and/or Domestic Violence Treatment Advocate Certification. \$50 for a Renewal Application with an upgrade to the next level of Certification. \$25 for a Renewal Application at the same level. \$25 for each additional specialization</p> <p><i>NOTE: If your certification has already expired, you must pay \$75 for a new application.</i></p> <p>PAYMENT TERMS: Returned checks or declined money orders are subject to an additional \$25 fee. To pay by credit card online, please visit: http://www.coloradocrimevictims.org/colorado-advocate-certification-program-cacp.html</p>	
	PAYMENT FORM:	Check One: <input type="checkbox"/> Check payable to COVA <input type="checkbox"/> Money Order Payable to COVA <input type="checkbox"/> Online credit card payment
EXPERIENCE WORKING WITH CRIME VICTIMS AGENCY ONE	<p>ONLY list agencies with whom you are or have been employed or volunteered in the provision of direct services to crime victims. If the agency through which you provide victim services is not primarily a crime victim service organization, reflect ONLY the hours spent providing direct services to crime victims.</p> <p>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:</p>	
	AGENCY/ORG NAME:	
	POSITION TITLE:	
	AGENCY ADDRESS:	
	AGENCY CONTACT PERSON INFORMATION	FULL NAME:
	TITLE:	
	TELEPHONE #:	
	E-MAIL ADDRESS:	

**EXPERIENCE WORKING WITH CRIME VICTIMS
 AGENCY ONE (CONTINUED)**

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

DO YOU HAVE A COPY OF THE POSITION DESCRIPTION?	<input type="checkbox"/> YES (Please attach copy to application) <input type="checkbox"/> NO
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CRIMES/CALL OF SERVICE CRIMES INCLUDE (check as many as needed):

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

DATES AND HOURS WORKED: TOTAL NUMBER OF DIRECT SERVICE HOURS WORKED: _____	FROM (MO/YR): _____ TO (MO/YR): _____ TYPE OF 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 CRIME VICTIMS
 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: 	
DO YOU HAVE A COPY OF THE POSITION DESCRIPTION?	<input type="checkbox"/> YES (Please attach copy to application) <input type="checkbox"/> NO
CRIMES/CALL OF SERVICE CRIMES INCLUDE (check as many as needed): <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> HUMAN TRAFFICKING <input type="checkbox"/> DRUNK DRIVING <input type="checkbox"/> GENERAL CRIME <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> OTHER (specify) _____	

	<p>DATES AND HOURS WORKED:</p> <p>TOTAL NUMBER OF DIRECT SERVICE HOURS WORKED:</p> <p>_____</p>	<p>FROM (MO/YR): _____ TO (MO/YR): _____</p> <p>TYPE OF POSITION:</p> <p><input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME _____ (AVG. MONTH)</p> <p><input type="checkbox"/> PAID POSITION <input type="checkbox"/> VOLUNTEER POSITION</p>	
<p>EXPERIENCE WORKING WITH CRIME VICTIMS</p> <p>AGENCY THREE</p>	<p>AGENCY POSITION #3: Answer the following for an employment/volunteer position:</p>		
	<p>AGENCY/ORG NAME:</p>		
	<p>POSITION TITLE:</p>		
	<p>AGENCY ADDRESS:</p>		
	<p>AGENCY CONTACT PERSON INFORMATION</p>	<p>FULL NAME:</p>	
		<p>TITLE:</p>	
		<p>TELEPHONE #:</p>	
		<p>E-MAIL ADDRESS:</p>	
<p>BRIEFLY DESCRIBE MAJOR DIRECT VICTIM SERVICES DUTIES OR RESPONSIBILITIES:</p>			
<p>DO YOU HAVE A COPY OF THE POSITION DESCRIPTION?</p>	<p><input type="checkbox"/> YES (Please attach copy to application)</p> <p><input type="checkbox"/> NO</p>		

<p>CRIMES/CALL OF SERVICE CRIMES INCLUDE (check as many as needed):</p> <p><input type="checkbox"/> HOMICIDE <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHILD ABUSE</p> <p><input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> HUMAN TRAFFICKING <input type="checkbox"/> DRUNK DRIVING</p> <p><input type="checkbox"/> GENERAL CRIME <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR</p> <p><input type="checkbox"/> OTHER (specify) _____</p>	
<p>DATES AND HOURS WORKED:</p> <p>TOTAL NUMBER OF DIRECT SERVICE HOURS WORKED:</p> <p>_____</p>	<p>FROM (MO/YR): _____ TO (MO/YR): _____</p> <p>TYPE OF POSITION:</p> <p><input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME _____ (AVG. MONTH)</p> <p><input type="checkbox"/> PAID POSITION <input type="checkbox"/> VOLUNTEER POSITION</p>

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

<p>LETTERS OF RECOMMENDATION</p>
<p>Reminder: Attach 2 letters of recommendation. Include the names below of individuals submitting letters.</p> <p>Current Supervisor: _____</p> <p>Additional letter from an individual in the victim services field: _____</p>

APPLICANT TRAINING:

Indicate the number of training hours you have completed below. Additional training topics may evolve as the Victim Advocacy field continues to develop; therefore, the training areas may include, but are not limited to, those topics listed below. Use additional copies of this page, if necessary.

REQUIRED SUBJECT AREA TRAININGS

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

VICTIMOLOGY TOPICS			
___ hrs	Domestic Violence	Provided by _____	Training Date _____
___ hrs	Sexual Assault	Provided by _____	Training Date _____
___ hrs	Child Victimization	Provided by _____	Training Date _____
___ hrs	Human Trafficking	Provided by _____	Training Date _____
___ hrs	Abuse of At-Risk Persons	Provided by _____	Training Date _____
___ hrs	Cyber Crimes	Provided by _____	Training Date _____
___ hrs	Other (please specify): _____		
___ hrs	TOTAL HOURS		
ADVOCATE SKILLS			
___ hrs	Crisis Intervention/Trauma Response	Provided by _____	Training Date _____
___ hrs	Victim Advocate Roles & Responsibilities (system/non-system)	Provided by _____	Training Date _____
___ hrs	Boundaries/Values/Ethics	Provided by _____	Training Date _____
___ hrs	Effective Communication/Listening Skills	Provided by _____	Training Date _____
___ hrs	Vicarious Traumatization	Provided by _____	Training Date _____
___ hrs	Cultural and Diversity Considerations	Provided by _____	Training Date _____
___ hrs	Public/Private Resources	Provided by _____	Training Date _____
___ hrs	Case Management/Report Writing	Provided by _____	Training Date _____
___ hrs	Other (please specify): _____		
___ hrs	TOTAL HOURS		
SYSTEM AGENCY RESPONSE			
___ hrs	Criminal Justice System Education	Provided by _____	Training Date _____
___ hrs	Victim Comp. Education	Provided by _____	Training Date _____
___ hrs	Protection Orders	Provided by _____	Training Date _____
___ hrs	Victim Rights Act Education	Provided by _____	Training Date _____
___ hrs	Resources/Allied Professionals	Provided by _____	Training Date _____
___ hrs	Cross Training (Collaboration/Cooperation btw agencies)	Provided by _____	Training Date _____
___ hrs	Confidentiality/Legal Privilege	Provided by _____	Training Date _____
___ hrs	Other (please specify): _____		
___ hrs	TOTAL HOURS		

ELECTIVES (or additional training in required areas)

VICTIMOLOGY TOPICS:

- ___ hrs Offender Behavior Provided by _____ Training Date _____
- ___ hrs Physiological & Psychological Response to Trauma Provided by _____ Training Date _____
- ___ hrs Grieving and Trauma Provided by _____ Training Date _____
- ___ hrs Investigation Provided by _____ Training Date _____
- ___ hrs Victimology Provided by _____ Training Date _____
- ___ hrs Other (please specify): _____
- ___ hrs TOTAL HOURS

ADVOCATE SKILLS:

- ___ hrs Death Notification Provided by _____ Training Date _____
- ___ hrs Victim/Witness Protection from Intimidation Provided by _____ Training Date _____
- ___ hrs Mass Crisis Response/Incident Command Provided by _____ Training Date _____
- ___ hrs Volunteer Management Provided by _____ Training Date _____
- ___ hrs Ethics & Boundaries Provided by _____ Training Date _____
- ___ hrs Case Management/Report Writing Provided by _____ Training Date _____
- ___ hrs Secondary Trauma Provided by _____ Training Date _____
- ___ hrs Community Resources Provided by _____ Training Date _____
- ___ hrs Other (please specify): _____
- ___ hrs TOTAL HOURS

SYSTEM AGENCY RESPONSE:

- ___ hrs History of Victim Rights Movement Provided by _____ Training Date _____
- ___ hrs Legal & Legislative Updates Provided by _____ Training Date _____
- ___ hrs Media Relations Provided by _____ Training Date _____
- ___ hrs Program Evaluation Provided by _____ Training Date _____
- ___ hrs Technology Updates Provided by _____ Training Date _____
- ___ hrs Crisis Intervention Policies & Procedures Provided by _____ Training Date _____
- ___ hrs Other (please specify): _____
- ___ hrs TOTAL HOURS

DOMESTIC VIOLENCE TREATMENT VICTIM ADVOCATE:

- ___ hrs DV Risk Needs Assessment, Multi-Treatment Team, DV Offender Mgmt Board Standards Provided by _____ Training Date _____
- ___ hrs DV Offender Issues Provided by _____ Training Date _____
- ___ hrs DV Offender Competencies Provided by _____ Training Date _____
- ___ hrs Risk/Lethality Assessment Provided by _____ Training Date _____
- ___ hrs Confidentiality Provided by _____ Training Date _____
- ___ hrs Safety Planning Provided by _____ Training Date _____
- ___ hrs Co-occurrence of Domestic Violence & Child Abuse Provided by _____ Training Date _____
- ___ hrs Elder Abuse Provided by _____ Training Date _____
- ___ hrs Special Victim & Offender Populations Provided by _____ Training Date _____
- ___ hrs TOTAL HOURS

NOTE: Topics not listed may be used as electives at the discretion of the certification issuer, if found relevant and current.

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



Code of Professional Ethics for Victim Assistance Providers

Adopted by the COVA Board of Directors, Date: April 19, 2006

Victims of crime and the criminal justice system expect every Victim Assistance Provider, paid or volunteer to act with integrity, to treat all victims and survivors of crime-their clients-with dignity and compassion, and to uphold principles of justice for accused and accuser alike. The goal of the Victim Assistance provider is to assist victims in accessing services, promote healing, and helping victims to regain control. To these ends, this Code will govern the conduct of Victims Assistance Providers:

I. In relationships with every client, the Victim Assistance Provider shall:

1. Respect the interests of the client as a primary responsibility.
2. Respect and protect the client's civil and legal rights.
3. Respect the client's rights to privacy and confidentiality, subject only to laws or regulations requiring disclosure of information to appropriate other sources.
4. Respond compassionately to each client with personalized services.
5. Listen to the client's statement of events as it is told, withholding opinion or judgment.
6. Provide services or access to services to every client without attributing blame.
7. Foster maximum self-determination on the part of the client.
8. Serve as a victim advocate when requested and, in that capacity, act on behalf of the client's stated needs without regard to personal convictions and within the rules of the advocate's host agency.
9. Should one client's needs conflict with another's, act with regard to one client only after promptly referring the other to another qualified Victim Assistance Provider.
10. Observe the ethical imperative to have no sexual relations or sexual contact with clients, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
11. Avoid conflicts of interest and discloses any possible conflict to the program or person served, as well as to prospective programs or person served.
12. Provide opportunities for colleague Victim Assistance Providers to seek appropriate services when traumatized by a criminal event or a client.

II. In relationships with colleagues, other professionals, and the public, the Victim Assistance Provider shall:

1. Conduct relationships with colleagues in such a way as to promote mutual respect, public respect, and improvement of service.
2. Make statements that are critical of colleagues only if they are verifiable and constructive in purpose.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance fields.
4. Treat with respect, and represent accurately and fairly, the qualifications, views, and findings of colleagues and use appropriate channels to express opinions on these matters, taking steps to quell negative, unsubstantiated rumors about colleagues and allied professionals.
5. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.

6. Provide professional support, guidance, and assistance to Victim Assistance Providers who are new to the field in order to promote consistent quality and professionalism in the victim assistance field.
7. Seek to ensure that volunteers in victim assistance have access to the training, supervision, resources, and support required in their efforts to assist clients.
8. Serves the public interest by contributing to the improvement of systems that impact victims of crime.

III. In their professional conduct, the Victim Assistance Provider shall:

1. Achieve and maintain a high level of professional standards and competence.
2. Understand their legal responsibilities, limitations, and the implications of his/her actions within the service delivery setting and performs duties in accordance with laws, regulations, policies, and legislated rights of persons served.
3. Accurately represent their professional title, qualifications, and /or credentials in relationships with person served and in public advertising.
4. Not discriminate against any victims, employee, colleague, allied professional, or member of the public on the basis of race/ethnicity, language, gender, age, sexual orientation, (dis)ability, social class, economic status, education, marital status, religious belief, or HIV status.
5. Not reveal the name or other identifying information about a client or a case to the public without clear permission from the client or legal requirements to do so.
6. Distinguish clearly in public statements one's personal views from positions adopted by the organization(s) for which she or he works or is a member.
7. Not use their official position to secure gifts, monetary rewards, or special privileges or advantages.
8. Report to appropriate authorities the conduct of any colleague of an allied profession that constitutes mistreatment of client or that brings the profession into dishonor.
9. Report to appropriate authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services.

Colorado Organization for Victim Assistance

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

Print Applicant Name: _____

Signature of Applicant: _____ Date: _____