



# National Advocate Credentialing Program

RENEWAL/UPGRADE from PROVISIONAL to a higher level NACP APPLICATION

## SUBMISSION INSTRUCTIONS & REQUIREMENTS

This application is to be used by applicants who want to upgrade their PROVISIONAL credential. While most applicants will upgrade to the next level - from PROVISIONAL to BASIC, the option to upgrade from PROVISIONAL to INTERMEDIATE or PROVISIONAL to ADVANCED is available if the applicant meets the required criteria. You should submit your application with the required information detailed below. You do not need to submit any pages which do not apply to or are not necessary to meet the requirements for your requested status and specialty.

What you need to provide for Renewal/Upgrade from:	PROVISIONAL to BASIC	PROVISIONAL To INTERMEDIATE	PROVISIONAL to ADVANCED
<b>Documentation of Hours of Experience:</b>	<b>3900 hours (2 years) of verified experience</b>	<b>7800 hours (4 years) of verified experience</b>	<b>15,600 hours (8 years) of verified experience</b>
<b>Required Forms to include with your Application:</b>	<b>Certifications</b> page signed by applicant (Page 10) <b>Three (3) Letters of Recommendation</b> , which attest to your professional skills, knowledge, and ability in the field and are relevant to the application for the NACP Credential. Cannot be a general letter of reference for a job/position. <b>Memorandum of Confirmation</b> – signed by someone with the authority to verify employment and/or volunteer experience (See Page 14 for additional details.) <b>Client Contact Observation Form(s)</b> - (See Page 11 for additional details.)		
<b>Required Continuing Education:</b>	32 hours required (in victim-assistance related topics and your Specialty area) for renewal – verified by <b>Certificate(s) of Completion OR Continuing Education Documentation (CED) Form(s)</b> . See Page 3 for more details regarding documentation		
<b>You must declare your Specialty area(s)</b>	See Page 1 for a list of the Service Specialty areas. You will use the list to make your choice. If you serve <b>three (3) or more of the target populations</b> , you should choose “Comprehensive Services Specialist”, which counts as one Specialty but will require <b>some</b> training in at least three topic areas totaling a minimum of 20 hours.		
<b>Specialty training required, which may come entirely or in part from your 32 Hours of Continuing Education:</b>	20 hours of “B” Level <b>Basic</b> Training topics for <i>EACH</i> area of Specialty.	20 hours of “B” Level <b>Basic</b> Training topics and a minimum of 10 hours of “C” Level <b>More Advanced</b> Training topics for <i>EACH</i> area of Specialty.	20 hours of “B” Level <b>Basic</b> Training topics and a minimum of 20 hours of “C” Level <b>More Advanced</b> Training topics for <i>EACH</i> area of Specialty.

When completed, include your non-refundable application fee (see page 2) and email, fax or mail your application with supporting pages to: **Email:** [credential@thenacp.org](mailto:credential@thenacp.org)

**Fax:** 703-535-5500

**Mailing address:**

NACP Applications  
 National Organization for Victim Assistance  
 510 King Street, Suite 220  
 Alexandria, VA 22314

**You will receive a confirmation receipt and status updates via email; therefore, be sure it is correct and legible on Page 1.**



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Applications are accepted from **April 1 to April 30** and from **October 1 to October 31**. Approved applicants will receive their certificates by mail within 8-10 weeks *after* the end of each deadline period.

<b>Contact Information</b>	LAST NAME:	
	FIRST NAME, MI:	
	PREFERRED PHONE:	
	EMAIL ADDRESS:	
	PRIMARY MAILING ADDRESS:	
	CURRENT TITLE:	
	AGENCY/ORG. NAME:	

**FOR ANY OF THE BELOW-LISTED CREDENTIALS:**

**You must:**

- 1) document your 32 hours of continuing education in victim assistance-related topics.**
- 2) attach a signed Certifications page,**
- 3) attach Three (3) letters of Recommendation,**
- 4) attach a Memorandum of Confirmation to verify any/all experience and**
- 5) attach a signed Client Contact Observation Form(s) to verify your Specialty Area(s)**

**Finally, you must meet the minimum number of hours of verified experience and the minimum number of hours necessary for the Specialty Area(s) to fulfill the Credential selected.**

<input type="checkbox"/> <b>BASIC ADVOCATE CREDENTIAL</b>	<ul style="list-style-type: none"> <li>A minimum of 3900 hours (2 years) verified experience;</li> <li>A minimum of 20 hours of “B” Level Basic Specialty Training for <i>each</i> area of specialty, which may come entirely or in part from your above-referenced 32 hours of continuing education</li> </ul>
<input type="checkbox"/> <b>INTERMEDIATE ADVOCATE CREDENTIAL</b>	<ul style="list-style-type: none"> <li>A minimum of 7800 hours (4 years) verified experience;</li> <li>A minimum of 20 hours of “B” Level Basic Specialty Training for <i>each</i> area of specialty, which may come entirely or in part from your above-referenced 32 hours of continuing education.</li> <li>A minimum of 10 hours of “C” Level More Advanced Specialty training for <i>each</i> area of specialty, which may come entirely or in part from your above-referenced 32 hours of continuing education.</li> </ul>
<input type="checkbox"/> <b>ADVANCED ADVOCATE CREDENTIAL</b>	<ul style="list-style-type: none"> <li>A minimum of 15,600 hours (8 years) verified experience;</li> <li>A minimum of 20 hours of “B” Level Basic Specialty training for <i>each</i> area of specialty, which may come entirely or in part from your above-referenced 32 hours of continuing education.</li> <li>A minimum of 20 hours of “C” Level More Advanced Specialty training for <i>each</i> area of specialty, which may come entirely or in part from your above-referenced 32 hours of continuing education.</li> </ul>

**You must select your Specialty area below. See pages 4-8 to document the required specialty training hours necessary to meet your requested credential.**

**COMPREHENSIVE SERVICES SPECIALIST**

This option should be chosen when service providers work in criminal justice system-based programs or in full-service community-based agencies SERVING THREE or MORE of the below-listed target populations.

<input type="checkbox"/> <b>CHILD ABUSE SPECIALIST</b>	<input type="checkbox"/> <b>DOMESTIC VIOLENCE SPECIALIST</b>
<input type="checkbox"/> <b>DRUNK DRIVING SPECIALIST</b>	<input type="checkbox"/> <b>SEXUAL ASSAULT SPECIALIST</b>
<input type="checkbox"/> <b>HOMICIDE SPECIALIST</b>	<input type="checkbox"/> <b>CAMPUS ADVOCACY SPECIALIST</b>
<input type="checkbox"/> <b>PROGRAM MANAGEMENT SPECIALIST</b>	<input type="checkbox"/> <b>ELDER ABUSE</b>



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## PAYMENT INFORMATION

**Include the application fee of \$140.00\*.**

Payment may be made by submitting a **check payable to NOVA** (included with your application) **or by completing the credit card section below.**

**\*Military Exception: Fee = \$110.00** In honor of your service to the United States Military, NACP provides an application fee discount to all Active Duty members, Reserves, Veterans, Retirees or DOD Contract/Civilian Employees. [Please Note: If you are a D-SAACP-credentialed advocate seeking an NACP credential, please use the Bridge Application. Questions? Contact [dsaacp@trynova.org](mailto:dsaacp@trynova.org)].

<b>Payment and Fee Information</b>	<p><b>Credentialing Fee (non-refundable): \$140.00</b>  <b>_____ I qualify for the Military Discount. (\$110.00)</b>          (Initial Here)</p> <p><i><b>PAYMENT TERMS: Returned checks, declined money orders, or declined credit card transactions are subject to an additional \$25.00 fee. If you are submitting credit card information, please be sure the billing address indicated below is the correct billing address on file with the card issuing bank. An incorrect billing address will result in an additional \$5.00 fee being applied per submission attempt.</b></i></p>	
	<p>PAYMENT FORM:</p>	<p><i>Check One:</i></p> <p><input type="checkbox"/> Check Payable to “NOVA”</p> <p><input type="checkbox"/> Money Order Payable to “NOVA”</p> <p><input type="checkbox"/> Visa/MasterCard/American Express (complete section below)</p>
<b>Credit Card</b>	NAME ON CREDIT CARD	_____
	CREDIT CARD NUMBER	_____
	EXPIRATION DATE:	_____
	BILLING ADDRESS ON FILE WITH ISSUING BANK:	_____ _____ _____

**Credit Card information will be shredded after processing.**

### **NACP DISCLAIMER FOR ALL LEVELS OF CREDENTIALING**

- NACP, as a voluntary, national credentialing body for advocates and providers of crime victim services, makes every effort to ensure that applicants meet the minimum standards for experience, whether paid or volunteer, as well as required introductory training and continuing education to attain the Basic, Intermediate or Advanced advocate credential.
- NACP makes every effort to ensure that applicants for Basic, Intermediate or Advanced credential offer a good faith representation of victim service experience and advocacy through the application questionnaire, observation evaluations from colleagues, letters of support and follow-up contact.
- NACP has no educational, legal, statutory, regulatory or investigative authority to ensure that applicants are qualified or competent to provide services to crime victims.
- NACP cannot ensure the accuracy of the information provided by the applicant. NACP reserves the right to make changes in the application requirements and process at any time and without notice.
- NACP reserves the right to review, suspend or revoke any credential based upon alleged and/or confirmed violations of the *Code of Professional Ethics for Victim Assistance Providers*.



# National Advocate Credentialing Program

RENEWAL/UPGRADE from PROVISIONAL to a higher level NACP APPLICATION

## NACP APPLICANT CONTINUING EDUCATION/SPECIALTY TRAINING INFORMATION

Use this page to summarize the continuing education training you received from the date of your last credential. **You must also attach copies of your Certificates of Completion OR signed NACP Continuing Education Documentation (CED) Forms** for all trainings. *(Additional CED Forms may be downloaded at [www.theNACP.org](http://www.theNACP.org)).* **Certificates of Completion must include title of training, date(s) and number of hours.** If you have a Certificate of Completion with all required information, a CED Form is not required. If you participated in a webinar, your email confirmation of **attendance (after the webinar)** with **all** the required details is acceptable.

A minimum of 32 hours of continuing education is required every 2 years and must be completed after the credentialing application/renewal submission month and before the end of the two-year month deadline.

**Reminder: As a current Provisional credentialed applicant upgrading to Basic, Intermediate or Advanced credential, your 32 hours of continuing education should include entirely or in part, the required number of hours of training for your Specialty area(s) based upon the level of Credential (BASIC, INTERMEDIATE OR ADVANCE) to which you are upgrading. Specialty training should also be documented under your declared Specialty area(s) found on pp. 4-8 with Certificates of Completion OR NACP CED form(s) attached.**

Specialty Area(s): _____ _____	Date(s)	Total Hours	Hours toward Specialty Area(s)	____ Certificate or ____ CED Form
<i>Example: Name of Training/Sponsor of Training "Prosecution of DV &amp; SA Cases Involving Strangulation" / Greene County DV Shelter</i>	<i>11/1/16</i>	<i>4</i>	<i>4</i>	____ Certificate or <u>  X  </u> CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
				____ Certificate or ____ CED Form
<b>Total Number of Hours</b>				



# National Advocate Credentialing Program

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## “B” Level and “C” Level Specialty Training Hours Documentation

“B” Level Specialty Training includes, but is not limited to, topics that are *basic* to the Specialty population served.

“C” Level Specialty Training includes topics, which are *more advanced* topics to the Specialty population served.

Document your required Specialty Training hours under your Specialty area(s) & requested Credential Level below with Certificates of Completion OR NACP CED form(s) attached.

### COMPREHENSIVE SPECIALTY

#### BASIC NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for BASIC Credential: \_\_\_\_\_ (min. 20 hours)

Record some amount of training hours in at least three of the following Specialty areas for a minimum of 20

hours total: Domestic Violence \_\_\_\_\_ Sexual Assault \_\_\_\_\_ Child Abuse \_\_\_\_\_ Drunk Driving \_\_\_\_\_

Homicide \_\_\_\_\_ Campus Advocacy \_\_\_\_\_ Program Management \_\_\_\_\_ General Victim Services \_\_\_\_\_

#### INTERMEDIATE NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (min. 20 hours)

Record some amount of training hours in at least three of the following Specialty areas for a minimum of 20

hours total: Domestic Violence \_\_\_\_\_ Sexual Assault \_\_\_\_\_ Child Abuse \_\_\_\_\_ Drunk Driving \_\_\_\_\_

Homicide \_\_\_\_\_ Campus Advocacy \_\_\_\_\_ Program Management \_\_\_\_\_ General Victim Services \_\_\_\_\_

Number of “C” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (min. 10 hours)

Record some amount of training hours in at least three of the following Specialty areas for a minimum of 10

hours total: Domestic Violence \_\_\_\_\_ Sexual Assault \_\_\_\_\_ Child Abuse \_\_\_\_\_ Drunk Driving \_\_\_\_\_

Homicide \_\_\_\_\_ Campus Advocacy \_\_\_\_\_ Program Management \_\_\_\_\_ General Victim Services \_\_\_\_\_

#### ADVANCED NACP Credential Applicant:

Number of “B” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (min. 20 hours)

Record some amount of training hours in at least three of the following Specialty areas for a minimum of 20

hours total: Domestic Violence \_\_\_\_\_ Sexual Assault \_\_\_\_\_ Child Abuse \_\_\_\_\_ Drunk Driving \_\_\_\_\_

Homicide \_\_\_\_\_ Campus Advocacy \_\_\_\_\_ Program Management \_\_\_\_\_ General Victim Services \_\_\_\_\_

Number of “C” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (min. 20 hours)

Record some amount of training hours in at least three of the following Specialty areas for a minimum of 20

hours total: Domestic Violence \_\_\_\_\_ Sexual Assault \_\_\_\_\_ Child Abuse \_\_\_\_\_ Drunk Driving \_\_\_\_\_

Homicide \_\_\_\_\_ Campus Advocacy \_\_\_\_\_ Program Management \_\_\_\_\_ General Victim Services \_\_\_\_\_



# National Advocate Credentialing Program

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## “B” Level and “C” Level Specialty Training Topics and Documentation

“B” Level Specialty Training includes, but is not limited to, topics that are *basic* to the **Specialty** population served. “C” Level Specialty Training includes topics, which are *more advanced* topics to the **Specialty** population served. **Document your required Specialty training hours under your Specialty area(s) & requested Credential Level below with Certificates of Completion OR NACP CED form(s) attached.**

### DOMESTIC VIOLENCE SPECIALTY TOPICS

#### “B” Level Specialty Training Topics

#### “C” Level Specialty Training Topics

Includes: Barriers to Safety, Batterers’ Use of Power & Control; Child Abuse & Neglect; Lesbian & Gay Battering; Lethality/Danger Assessment; Domestic Violence Statutes; Protection Orders; Safety Planning; Trauma Informed Approaches; Dynamics of Victimization; Systems Advocacy; State/Federal Statutes

Includes: Strangulation; Vicarious Trauma; Post-Conviction Systems; Related Statutes (Agg. Menacing; Crim. Trespassing; Stalking; Protection Orders; Viol.; Child Abuse); AAaC/ACoA; Ritual Abuse; Topics from Sexual Assault Basic Training Areas; Suicide Intervention; Support Groups; Human Trafficking; Social Media; Protective Order Enforcement; Underserved Populations; Systems Advocacy; Victim Impact Statements; Victims who Resort to Violence; Cyber Stalking; ID Theft and New Developments in the Field

### DOMESTIC VIOLENCE Specialty Training Documentation

#### **BASIC** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for BASIC Credential: \_\_\_\_\_ (minimum 20 hours)

#### **INTERMEDIATE** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 10 hours)

#### **ADVANCED** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

### SEXUAL ASSAULT (Adult/Child) TOPICS

#### “B” Level Specialty Training Topics

#### “C” Level Specialty Training Topics

Includes: Sexual Assault/Abuse, HIV-STD Information, Interviewing Victims/Survivors, Sexual Offense Statutes, Police Investigation of Rape, Rape Evidence Examination, Rape Trauma Syndrome, Trauma-Informed Care, DNA Evidence, Special Population, Human Trafficking

Includes: more of the types of subjects listed in this category in the Basic training area; but at a more advanced level. Cyberstalking; DNA Cold-Case Testing; Sexting and other Social Media Issues; and other emerging topics relevant to advocates and managers of these types of programs

### SEXUAL ASSAULT Specialty Training Documentation

#### **BASIC** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for BASIC Credential: \_\_\_\_\_ (minimum 20 hours)

#### **INTERMEDIATE** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 10 hours)

#### **ADVANCED** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)



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## “B” Level and “C” Level Specialty Training Topics and Documentation

“B” Level Specialty Training includes, but is not limited to, topics that are *basic* to the **Specialty** population served. “C” Level Specialty Training includes topics which are *more advanced* topics to the **Specialty** population served. **Document your required Specialty training hours under your Specialty area(s) & requested Credential Level below with Certificates of Completion OR NACP CED form(s) attached.**

### CHILD ABUSE TOPICS

#### “B” Level Specialty Training Topics

Includes: Child Physical Abuse/Maltreatment/Neglect; Parental & Non-Parental Child Abduction; All Crimes Against Children; Forensic Interviewing/Serving Child Victims; Multi-disciplinary Approaches to Working with Child Victims of Crime; Child Safety/Protection; Trauma-Informed Care; Human Trafficking

#### “C” Level Specialty Training Topics

Includes: more of the types of subjects listed in this category in the Basic Training Specialty Areas, but at a more advanced level. Also, includes emerging issues and topics relevant to advocates and managers of these types of programs

### CHILD ABUSE Specialty Training Documentation

#### **BASIC** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for BASIC Credential: \_\_\_\_\_ (minimum 20 hours)

#### **INTERMEDIATE** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 10 hours)

#### **ADVANCED** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

### DRUNK DRIVING TOPICS

#### “B” Level Specialty Training Topics

Includes: Advocacy with Police; Prosecutors, Judiciary, Probation and Parole, Basics of CJS, Aftermath of Drunk Driving, Assessment for PTSD, other counseling needs, Catastrophic Injury Experience, Drunk Driving Impact Panels, Homicide Survivor Experience, Insurance/Civil Suits/Bankruptcy, Applicable State Statutes

#### “C” Level Specialty Training Topics

Includes: Adult Siblings, Children’s Grief Process, Complicated Mourning; Crisis Response; Death Notification; Male Grief; PTSD; Rehabilitation; Support for Advocates; Support Groups; Survivor Issues; Vicarious Victimization; MADD Victim Institutes; New State/Federal Statutes; New Developments in the Field

### DRUNK DRIVING Specialty Training Documentation

#### **BASIC** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for BASIC Credential: \_\_\_\_\_ (minimum 20 hours)

#### **INTERMEDIATE** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 10 hours)

#### **ADVANCED** NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)



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## “B” Level and “C” Level Specialty Training Topics and Documentation

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### HOMICIDE TOPICS

#### “B” Level Specialty Training Topics

#### “C” Level Specialty Training Topics

Includes: Interventions with Homicide Survivors; Grief Process; Dealing with Law Enforcement; Dealing with Medical Services; Death Notification; Medical Examiners; Coroner’s Office Procedures/Protocol Applicable State Statutes; Trauma-Informed Care; Crime Victim Compensation; Funeral Homes and costs; Funeral Directors/ Protocol, Intervention with Child Victims, Referral to appropriate support groups.

Includes: Dealing with Holidays & Special Occasions; Dealing with the Parole Board; Working with Faith-Based Communities, Realities of Capital Murder Cases, Support Groups, Truth In Sentencing, New State/ Federal Statutes, New Developments in the Field, Trauma-Informed Care, Working with Cold Case Survivors, basic understanding of DNA, Working with Victims/Survivors and the Media, Mass Victimization. Working with prisons victim services.

### HOMICIDE Specialty Training Documentation

#### BASIC NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for BASIC Credential: \_\_\_\_\_ (minimum 20 hours)

#### INTERMEDIATE NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 10 hours)

#### ADVANCED NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

### CAMPUS ADVOCACY TOPICS

#### “B” Level Specialty Training Topics

#### “C” Level Specialty Training Topics

Includes: History of the Student Movement regarding Sexual Assault on College Campus, Federal & State Campus Legislation (Title IX, Cleary Act and FERPA) and Victims’ Rights, Sexual Assault/Rape Culture, Campus Safety Planning, Trauma-Informed Advocacy, Sexual Violence and Substance Abuse, Safety Planning and Protective Orders, Ethics, Boundaries and Confidentiality.

Includes: Community Partnerships, Outreach and Empowerment of Marginalized Students, Supporting student survivors with disabilities, Evidence-based strategies for primary prevention, Bystander intervention, Risk Reduction Programs, Neurobiology of Trauma; Trauma-Informed Interview Techniques; Cultural Awareness and Sexual Violence; Sexual Assault Perpetrator Behavior; Managing written records and data collection requirements.

### CAMPUS ADVOCACY Specialty Training Documentation

#### BASIC NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for BASIC Credential: \_\_\_\_\_ (minimum 20 hours)

#### INTERMEDIATE NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 10 hours)

#### ADVANCED NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)





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## “B” Level and “C” Level Specialty Training Topics and Documentation

“B” Level Specialty Training includes, but is not limited to, topics that are *basic* to the **Specialty** population served. “C” Level Specialty Training includes topics, which are *more advanced* topics to the **Specialty** population served. **Document your required Specialty training hours under your Specialty area (s) & requested Credential Level below with Certificates of Completion OR NACP CED form(s) attached.**

### PROGRAM MANAGEMENT TOPICS

#### “B” Level Specialty Training Topics

Includes: Community Needs Assessment; Program Development; Community Relations; Personnel Management; Coordinated Services; General Administration; Fiscal Management; Proposal Writing; Grants Management; Budgeting; Record Keeping; Volunteer Management; Supervision; Labor Laws; Other Program Management Topics.

#### “C” Level Specialty Training Topics

Includes: Service Evaluation; Legislation; Board Development; Developing & Maintaining Task Forces; Research; Expert Testimony; Protocols; Fund Raising; Public Speaking; Public Policy Issues; Policy Development; Relationship Development with Board Members; Government Officials and Colleagues; Training Techniques and Advanced Victim Assistance Program Management Topics

### PROGRAM MANAGEMENT Specialty Training Documentation

#### BASIC NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for BASIC Credential: \_\_\_\_\_ (minimum 20 hours)

#### INTERMEDIATE NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for INTERMEDIATE Credential: \_\_\_\_\_ (minimum 10 hours)

#### ADVANCED NACP Credential Applicant

Number of “B” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

Number of “C” Level Specialty Training Hours required for ADVANCED Credential: \_\_\_\_\_ (minimum 20 hours)

### ADD’L GENERAL VICTIM SERVICES TRAINING TOPICS

#### “B” Level Topics

Includes: Community Resources; Court Advocacy; Hospital Advocacy; Applicable State Statutes; Specialized Needs; Trauma of Victimization; Trial Preparation; Victims’ Rights Legislation/Statutes; Restorative Justice; Victim/Offender Reconciliation; Victim/Offender Mediation; Hate Crimes; Identity Theft

#### “C” Level Topics

Includes: Includes: Burglary/Robbery Victims; Topics from Basic and Advanced Specialty Areas (Domestic Violence; Adult and/or Child Sexual Assault; Child Abuse; Drunk Driving; General System or Community-Based Services; Homicide) Legal Precedents; Testimony Issues; Crimes against LGBT Community; New State/Federal Statutes; New Developments in the Field

### ADD’L GENERAL VICTIM SERVICES TRAINING DOCUMENTATION

*This space may be used by all applicants to document any additional training regardless of specialty area.*

Number of “B” Level Specialty Training Hours: \_\_\_\_\_ Number of “C” Level Specialty Training Hours: \_\_\_\_\_



# National Advocacy Credentialing Program

## *National Organization for Victim Assistance*

Adopted by the NOVA Board of Directors, April 22, 1995; Revised January 2021

### ***CODE of PROFESSIONAL ETHICS for VICTIM ASSISTANCE PROVIDERS***

*Victims of crime and the criminal justice system expect every paid or volunteer Victim Assistance Provider to act with integrity, to treat all victims and survivors of crime—their clients—with dignity and compassion in an inclusive, equitable, anti-racist and accessible manner, and to uphold principles of justice for accused and accuser alike. To these ends, this Code will govern the conduct of Victim Assistance Providers:*

*I. In relationships with every client, Victim Assistance Providers shall:*

1. Recognize the interests of the client and client empowerment as a primary responsibility.
2. Respect and take steps to 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, inclusive, equitable, anti-racist, anti-oppressive and accessible services, recognizing the power and privilege differentials present within the helping relationship.
5. Accept the client's statement of events as it is told, withholding opinion or judgment, whether or not a suspected offender has been identified, arrested, convicted, or acquitted.
6. Provide services to every client without attributing blame, regardless of the client's conduct at the time of the victimization or at another stage of the client's life.
7. Foster maximum self-determination on the part of the client through client-centered advocacy.
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. In the event one's 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. Protect client privacy and safety when communicating with clients and other service providers using technology (i.e., phone, e-mail, text messaging, online chats and video calls), working within agency guidelines to explain relevant risks to clients and mutually agree upon safe ways to communicate.
11. Establish and maintain professional boundaries with current clients at all times, including actively avoiding dual relationships (such as personal friendships or romantic relationships) and observe the ethical imperative to have no sexual relations, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.



# National Advocacy Credentialing Program

## *National Organization for Victim Assistance*

Adopted by the NOVA Board of Directors, April 22, 1995; Revised January 2021

12. When interacting with former clients, refrain from personal and romantic relationships and observe the ethical imperative to have no sexual relations for at least five (5) or more years after the termination of the professional relationship, recognizing that to do otherwise risks exploitation of the knowledge and trust derived from the professional relationship.
13. Recognize the signs and impact of compassion fatigue and vicarious trauma and make client referrals as appropriate to other resources or services only in the client's best interest, avoiding any conflict of interest in the process.
14. 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, Victim Assistance Providers shall:*

1. Conduct relationships with colleagues in such a way as to promote mutual respect, public respect, and improvement of service.
2. Provide constructive and informed critical feedback to colleagues when determined necessary for the betterment of services.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance field.
4. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
5. 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 victim assistance.
6. Seek to ensure that volunteers in victim assistance have access to the training, supervision, resources, and support required in their efforts to assist clients.
7. Act to promote anti-racist, inclusive crime and violence prevention as a public service and an adjunct to victim assistance.
8. Respect laws of one's state and country while working as agents of change on those that may be unjust or discriminatory.

### *III. In their professional conduct, Victim Assistance Providers shall:*

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for clients.
2. Remain committed to their own professional education to ensure proficiency in services and adhere to best practices and evidence-based research.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, ability, ethnicity and ancestry, race, national origin, religious belief, sexual orientation or gender identity.
4. Not use personal social media platforms to interact with clients or to share client or agency information which may jeopardize client boundaries, privacy and safety.



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5. Not reveal the name or other identifying information about a client to the public through any means without clear permission or legal requirements to do so.
6. Clearly distinguish in public statements representing one's personal views from positions adopted by organizations for which the professional works or is a member.
7. Not use their official position to secure gifts, monetary rewards, or special privileges or advantages.
8. Report to competent authorities the conduct of any colleague or allied professional that constitutes mistreatment of a client or that brings the profession into disrepute.
9. Report to competent authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a client, to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any client.

*IV. In their responsibility to any other profession, Victim Assistance Providers will be bound by the ethical standards of the allied profession of which they are a member.*

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

Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*REMINDER: all application signatures must be hand written or digital (inclusive of date and time stamp) to be valid.**



# National Advocate Credentialing Program

RENEWAL/UPGRADE from PROVISIONAL to a higher level NACP APPLICATION

## CERTIFICATIONS

**Read each of the following statements and initial where appropriate:**

\_\_\_\_\_ 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.

*(Attach explanation for any convictions)*

\_\_\_\_\_ I, the undersigned applicant, hereby certify that I have read and agree to continue following the attached *Code of Professional Ethics for Victim Assistance Providers*.

\_\_\_\_\_ 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*.

\_\_\_\_\_ **[Military Exception Only]** I, the undersigned applicant, hereby certify that I qualify for the Military Discount.

\_\_\_\_\_ I, the undersigned applicant, hereby certify that I agree to the nonrefundable NACP payment terms and fees listed in the "Payment and Fee Information" section of this document.

\_\_\_\_\_ I, the undersigned applicant, hereby certify that I have read and understand the NACP Disclaimer.

\_\_\_\_\_ I, the undersigned applicant, hereby authorize NOVA staff to contact any former employers to verify my past work, volunteer or internship experience.

\_\_\_\_\_ I, the undersigned applicant, hereby certify that I understand, if approved, my credential is valid until the expiration date listed on my certificate/card; and, during the next two years I must seek 32 hours of continuing education relevant to victim assistance and my Specialty area(s) which will be required when I choose to upgrade my credential.

Please ensure this section is signed and dated.

Under 28 U.S. Code s. 1746, I certify under penalty of perjury that the above initialed Certifications are true and correct. I further certify that the information reported on any enclosures is true and accurate.

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

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_



# National Advocate Credentialing Program

RENEWAL/UPGRADE from PROVISIONAL to a higher level NACP APPLICATION

## CLIENT CONTACT OBSERVATION FORM

[APPLICANT: PLEASE CHECK SPECIALTY POPULATION(S) BELOW]

**This form must be completed by a person who can evaluate the applicant’s interactions with and services to those victimized by crime.**

**Pease read and follow these instructions:**

- Person completing this form **must have observed** the applicant’s interactions and work performance as it relates to the provision of services by the advocate to those victimized by crime.
- The Client Contact Observation Form must be returned to the applicant for inclusion in the NACP application package.

**This applicant has declared a specialty in the area(s) marked below:**

**COMPREHENSIVE SERVICES** (Working in three (3) or more of the below-listed Specialty Areas)

**CHILD ABUSE**

**DOMESTIC VIOLENCE**

**DRUNK DRIVING**

**HOMICIDE**

**SEXUAL ASSAULT**

**CAMPUS ADVOCACY**

**PROGRAM MANAGEMENT**

Of those checked above, do you believe the applicant’s training, skills, abilities and knowledge adequately prepares her/him to be considered a specialist in providing service to the population(s) selected?

**Yes**  **No**

**Please provide some specific points and comments to support your answer:**

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# National Advocate Credentialing Program

RENEWAL/UPGRADE from PROVISIONAL to a higher level NACP APPLICATION

## CLIENT CONTACT OBSERVATION FORM

<b>CLIENT CONTACT OBSERVATION FORM</b>	<i>Based upon your observations of the applicant's interactions, please answer the following questions by circling yes or no and adding comments, if any, below each question.</i>			
	1. Was the applicant knowledgeable about the services, system, etc. and able to convey information accurately to the client?	YES	NO	
	2. Was the applicant able to use listening skills to ascertain the client's needs?	YES	NO	
	3. Was the applicant sensitive to the client's needs and concerns and able to convey that to the client?	YES	NO	
	4. Was the applicant able to provide the client with viable options that addressed the client's identified needs and concerns?	YES	NO	
	5. Was the applicant able to address questions the client posed and provide accurate answers or to obtain the answers if the advocate was unable to answer them?	YES	NO	
	6. Was the applicant able to provide timely case status information to the client in order to keep the client informed as the case progressed through the system, if applicable?	YES	NO	N/A
	7. Was the applicant able to document client contacts in a timely, objective manner?	YES	NO	
	8. Was the applicant able to remain objective and professional throughout the interaction?	YES	NO	
	9. Was the applicant able to remain calm and professional if conflict arose with the client?	YES	NO	



# National Advocate Credentialing Program

RENEWAL/UPGRADE from PROVISIONAL to a higher level NACP APPLICATION

<b>CLIENT CONTACT OBSERVATION (CONTINUED)</b>	10. Was the applicant able to advocate in behalf of the client with other professionals? (prosecutors, judges, service providers, etc.) <span style="float: right;">YES    NO</span>
	11. Was the applicant able to remain calm and professional if conflict arose with other professionals? <span style="float: right;">YES    NO</span>
	12. If you have any additional comments about the interventions that you observed, please explain here:
<b>SUMMARY QUESTIONS</b>	<i><b>In summary, please answer this final question and add any additional comments.</b></i>
	Based upon your opinion, do the applicant’s demonstrated skills and abilities qualify him or her for NACP credentialing? <span style="float: right;">YES ____ NO ____</span> Please include an explanation below.
	NACP welcomes any additional comments you have about the applicant:

I have completed the above observation form and will return it to the applicant for inclusion in the NACP application packet.

OBSERVER’S NAME: \_\_\_\_\_  
Print Name Date

SIGNATURE: \_\_\_\_\_





# National Advocate Credentialing Program

RENEWAL/UPGRADE from PROVISIONAL to a higher level NACP APPLICATION

## INSTRUCTIONS for MEMORANDUM OF CONFIRMATION (M.O.C.) VERIFICATION OF EXPERIENCE WORKING WITH THOSE VICTIMIZED BY CRIME

- **Experience:** The Memorandum of Confirmation (M.O.C.) must be completed and signed by someone in a position of authority to verify your employment, volunteer, internship or practicum experience, and returned to you for inclusion in your application packet. Make copies of the form as needed.  
**NOTE:** You should only provide **documentation for the experience necessary to meet the hours required for the credentialing level for which you are applying.** Documentation of ALL prior relevant experience may not be necessary.  
**Use Template on Next Page:** The form on the next page provides a template that should be copied onto the letterhead of the agency where the applicant worked as an employee, volunteer, intern, etc. The person authorized to verify the applicant's work with the agency should fill out the information in the box and sign where appropriate.
- **Full-time Defined:** The maximum credit for one year of service is based upon a 40-hour work week and equal to 2080 hours per year. Some positions are considered full-time with fewer hours per week; use the actual hours **worked or volunteered** per week (up to a maximum of 40 hours) when completing this form.
- **On-Call Hours:** *As a Full-Time employee, you **can claim** actual hours but cannot claim additional hours if you also provide "on-call" services as part of your position.* For the Applicant who provides "on-call" (24/7) services independent of or in addition to Part-time Employment or as a function of a Volunteer/Other Position, the maximum credit allowed is ACTUAL TIME – hours per week – up to a maximum of 1950 hours per year. Finally, if you only provide 24/7 "on call" services, the maximum credit given during a 12-month period will be 1950 hours.
- **Partial Victim Services Responsibilities:** If you provide services to those victimized by crime as all or part of your responsibilities through an agency/organization (e.g., in a counseling center or hospital emergency department) whose services are not exclusively for crime victims, you may only reflect the hours (or percentage of your time) spent providing direct services to those victimized by crime.
- **Computation of Hours of Experience:** For best accuracy, please follow these instructions to determine the total **number** of hours for each experience you have had working with those victimized by crime:
  - Go to: <http://www.convertunits.com/dates/>
  - Enter the dates you have worked (From-To) and press GO;
  - Under the "Date Difference From-To" section, look for the **total number of weeks** (6th paragraph) Multiply the number of weeks by the number of hours worked per week, which cannot exceed 40 hours per week.
- **Past Experience:** The *Exception to the Notarized Memorandum of Confirmation* form should only be used to verify applicant's experience working with those victimized by crime when records are no longer available or an agency no longer exists.

**NATIONAL ADVOCATE CREDENTIALING PROGRAM (NACP)**  
**MEMORANDUM OF CONFIRMATION (M.O.C.) TEMPLATE**

**This M.O.C. must be completed by a person authorized to verify the applicant's  
employment, volunteer, or internship/practicum experience**  
*(Please refer to pg. 16 for additional instructions).*

*THE BOX BELOW MUST BE PRINTED ON AGENCY LETTERHEAD.*

I, \_\_\_\_\_ certify that the applicant \_\_\_\_\_  
*(Your Name)* *(Name of Applicant)*

provided direct services (to those victimized by crime) in the capacity of

\_\_\_\_\_ at \_\_\_\_\_  
*(Position Title)* *(Name of Agency)*

The Applicant provides/provided these services from:

**Start date:** \_\_\_ / \_\_\_ / \_\_\_ **to:** **CURRENT** \_\_\_\_\_ **OR End date** \_\_\_ / \_\_\_ / \_\_\_

and works/worked \_\_\_\_\_ **hours per week** as a

*(Check one)* Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

*(Check one)* Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Other \_\_\_\_\_  
*(Please specify)*

**Total number of hours worked in this position:** \_\_\_\_\_

**Confirmation:**

I am the person authorized to verify the applicant's employment, volunteer or  
internship/practicum experience. **Under 28 U.S. Code s. 1746, I certify under  
penalty of perjury**

***Memorandum of Confirmation is true and correct.***

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

Name \_\_\_\_\_, Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_



# National Advocate Credentialing Program

RENEWAL/UPGRADE from PROVISIONAL to a higher level NACP APPLICATION

## MOC (Memorandum of Confirmation) EXCEPTION

**THIS FORM SHOULD ONLY BE USED TO VERIFY APPLICANT'S PAST EXPERIENCE WORKING WITH THOSE VICTIMIZED BY CRIME WHEN RECORDS ARE NO LONGER AVAILABLE OR AN AGENCY NO LONGER EXISTS. MUST BE COMPLETED BY CURRENT SUPERVISOR.**

Experience may include employment, volunteer or internship/practicum.

Applicant's Name: \_\_\_\_\_

Position Applicant Held: \_\_\_\_\_

Employee: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Other: (Specify) \_\_\_\_\_

Information about Agency, Supervisor and Position	Dates of Service	# hours per week (specify)
<p>Name of Agency: _____</p> <p>Agency Address: _____</p> <p>Agency Phone: _____</p> <p>Supervisor's Name: _____</p>	<p>From: _____/_____/_____</p> <p>To: _____/_____/_____</p>	<p>_____ hrs. per week</p> <p>Total Hours: _____</p> <p>For best accuracy, please visit <a href="http://www.convertunits.com">www.convertunits.com</a></p>
Additional Comments:		Total Hours: _____
<p><b>Current Supervisor:</b></p> <p><b>Under 28 U.S. Code §1746 I certify under penalty of perjury that the foregoing is true and correct.</b></p> <p>Executed on _____.</p> <p>I have reviewed this form with the applicant and verify its contents to the best of my ability.</p> <p>Print Name: _____ Title: _____</p> <p>Signature: _____ Date: _____</p> <p>Supervisor Contact Information:</p> <p>Phone Number: _____</p> <p>Email: _____</p>		