National Advocate Credentialing Program®

Applicant Recommendation

The Following pages are NACP's Applicant Recommendation Forms to be completed and is **required to be printed on official agency letterhead of individual making the recommendation.**

From: Date:

To: NACP® Review Committee

Subject: Recommendation for NACP® Credentialing

I highly recommend _____ to be approved as an NACP® Credentialed Advocate (CA).

I have observed and/or experienced working with the applicant, and I have confidence in their moral character, professional abilities and willingness to act in their capacity as a victim advocate, providing direct services to victims and survivors of crime. I am confident the applicant understands their role as an advocate and that they will maintain victim confidentiality as required by law and policy.

Name: _____ _____
(printed name) (Affiliation to Applicant)

Signature: _____ _____
(Date)

We welcome any additional information you would like to provide regarding the applicant's advocacy background as an additional attachment.

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