



National Advocate Credentialing Program

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 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

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 that the attached *Memorandum of Confirmation* is true and correct.**

Signature _____ Date _____

Name _____, Title _____

Phone Number _____

Email _____

MEMORANDUM OF CONFIRMATION (M.O.C)

MOC 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 www.convertunits.com</p>
Additional Comments: _____		Total Hours: _____
<p>Current Supervisor: Under 28 U.S. Code §1746 I certify under penalty of perjury that the foregoing is true and correct.</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>		