



# National Advocate Credentialing Program

NEW BASIC, INTERMEDIATE or ADVANCED NACP APPLICATION

## SUBMISSION INSTRUCTIONS & REQUIREMENTS FOR NEW BASIC, INTERMEDIATE OR ADVANCED NACP APPLICATION

*This page is for your reference only. Do not submit it with your NACP Application Packet.*

To complete the NACP Application and the required additional forms, please follow these instructions and use this as a checklist to ensure that all required information is provided.

1. Provide the following completed documents:
  - a. **NACP Application** (found on the following pages);
  - b. **The Code of Professional Ethics** for Victim Assistance Providers, signed by the applicant.
  - c. **Certifications page** signed by the applicant.
  - d. **Three (3) letters of recommendation** which attest to your professional skills, knowledge, and ability in the field and are relevant to the application for the NACP credential. Letters of recommendation must be addressed to the attention of the NACP Review Committee; and
  - e. **Client Contact Observation Form** completed by a person who is/was able to observe the applicant's interactions with those victimized by crime. **NOTE:** Applicant must check the specialty population(s) within the form prior to giving it to the observer. (See page 14 for additional information).
  - f. **Memorandum of Confirmation Form(s)** signed by someone with the authority to verify employment and/or volunteer experience (see page 16 for additional instructions).
2. Include the non-refundable application fee (see page 2 for additional information).
3. Make sure all documents are dated and signed/initialed where appropriate. Dates must be current.
4. When completed, please email, fax, or mail your application and supporting pages to:

Email address: [credential@thenacp.org](mailto:credential@thenacp.org)

Fax number: (703) 535-5500

Mailing address:  
NACP Applications  
National Organization for Victim Assistance  
510 King Street • Suite 424  
Alexandria, VA 22314

5. **NOTE:** If you are D-SAACP-credentialed and are applying to NACP for the first time, you should use the D-SAACP to NACP Bridge Application found at <http://www.theNACP.org>.
6. Ensure that your email address is correct and legible on Page 1 of your application. You will receive confirmation of receipt and updates on the status of your NACP application via email.



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Applications are only 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.

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

General Information	<b>Requested Status: (check one)</b> - See Training Areas listed on pages 3 - 8 for "A" Level Introductory, "B" Level Basic and "C" Level More Advanced Service Specialty Training Requirements	
	<input type="checkbox"/> <b>BASIC ADVOCATE CREDENTIAL</b>	<ul style="list-style-type: none"> <li>• Completion of 40 hours "A" Level Introductory Advocacy training;</li> <li>• A minimum of 20 hours of "B" Level Basic training topics for <i>each</i> area of specialty;</li> <li>• A minimum of <u>3900 hours</u> (2 years) verified experience;</li> <li>• Client Contact Observation Form(s); and</li> <li>• Three (3) letters of recommendation</li> </ul>
	<input type="checkbox"/> <b>INTERMEDIATE ADVOCATE CREDENTIAL</b>	<ul style="list-style-type: none"> <li>• Completion of 40 hours "A" Topic Introductory Advocacy training;</li> <li>• A minimum of 20 hours of "B" Level Basic training topics and a minimum of 10 hours of "C" Level More Advanced training for <i>each</i> area of specialty;</li> <li>• A minimum of <u>7800 hours</u> (4 years) verified experience;</li> <li>• Client Contact Observation Form(s); and</li> <li>• Three (3) letters of recommendation</li> </ul>
	<input type="checkbox"/> <b>ADVANCED ADVOCATE CREDENTIAL</b>	<ul style="list-style-type: none"> <li>• Completion of 40 hours "A" Level Introductory Advocacy training;</li> <li>• A minimum of 20 hours of "B" Level Basic training topics and a minimum of 20 hours of "C" Level More Advanced training for <i>each</i> area of specialty;</li> <li>• A minimum of <u>15,600 hours</u> (8 years) verified experience;</li> <li>• Client Contact Observation Form(s); and</li> <li>• Three (3) letters of recommendation</li> </ul>
	<b>Please select your Service Specialty below:</b>	
	<input type="checkbox"/> <b>COMPREHENSIVE SERVICES SPECIALIST</b> This option should be chosen when service providers work in either criminal justice system-based programs or in full-service community-based agencies SERVING THREE or MORE of the below-listed target populations. The required training hours will be a compilation of 3 or more Specialty areas.	
	<b>NOTE:</b> If you do not qualify for Comprehensive Services Specialist, you should select only one or two of the specialty areas listed below.	
<input type="checkbox"/> <b>DOMESTIC VIOLENCE SPECIALIST</b>	<input type="checkbox"/> <b>SEXUAL ASSAULT SPECIALIST</b>	
<input type="checkbox"/> <b>CHILD ABUSE SPECIALIST</b>	<input type="checkbox"/> <b>DRUNK DRIVING 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> (i.e. for Program Managers, Directors or Administrators whose primary responsibility is the administration of a victim assistance program.) <b>This specialty should be in addition to one or more of the specialties listed above.</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)].

Payment and Fee Information	<p><b>Credentialing Fee (non-refundable): \$140.00</b>          _____ <b>I am eligible 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>	
	PAYMENT FORM:	<p><i>Check One:</i></p> <p>_____ Check Payable to "NOVA"          _____ Money Order Payable to "NOVA"          _____ Visa/MasterCard/American Express (complete section below)          _____ Group Payment - Paid By: _____</p>
Credit Card	NAME ON CREDIT CARD	_____
	CREDIT CARD NUMBER	_____
	EXPIRATION DATE:	_____
	BILLING ADDRESS ON FILE WITH ISSUING BANK:	_____ _____

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



# National Advocate Credentialing Program

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## “A” LEVEL Introductory Advocacy TOPICS - Consists of the 10 Core/Introductory Topics NACP-REQUIRED ADVOCACY TRAINING for All Advocates

**Please note: You must make a choice between the two options below** to meet the “A” Level Introductory Advocacy training requirement. You either must have completed an NACP pre-approved training in **Option 1** **OR** you must document from your training history a minimum total of 40 hours of training with some numeric value in each of the ten core topics listed in **Option 2**.

### **OPTION 1: Introductory Advocacy NACP Pre-Approved Training**

You **MUST** verify attendance at an Introductory Advocacy Training that has been pre-approved by the NACP Review Committee. (See <http://www.theNACP.org> for a complete list of current NACP pre-approved trainings.)

I verify that I have completed the 40-hour NACP pre-approved training curriculum identified as:

\_\_\_\_\_ From \_\_\_\_\_, \_\_\_\_\_.  
(Name of Pre-Approved Training) (Dates of Training) (Year)

\_\_\_\_\_ **I have attached a copy of my certificate of completion from this NACP pre-approved training.**  
(Initial Here)

**OR**

### **OPTION 2: Introductory Advocacy Training from one or more sources**

I have not attended an NACP Pre-Approved Training; however, I have received some training in each of the 10 topics listed below (through my agency, volunteer training, local, state or national conferences, etc.) **Please fill in the number of training hours for each of the 10 topics listed below. The total for all topics combined must equal a minimum of 40 hours of training.**

____ hrs ADVOCACY / ROLE OF THE ADVOCATE	____ hrs CULTURAL SENSITIVITY/ COMPETENCY
____ hrs CASE MANAGEMENT/COORDINATION	____ hrs ETHICS/CONFIDENTIALITY
____ hrs CIVIL/CRIMINAL JUSTICE SYSTEM	____ hrs HISTORY OF VICTIM SERVICES
____ hrs CRIME VICTIMS COMPENSATION	____ hrs TRAUMA OF VICTIMIZATION
____ hrs CRISIS INTERVENTION	____ hrs VICTIMS' RIGHTS

Total Number of Combined Training Hours from Topics Above = \_\_\_\_\_ (must be a minimum of 40 hours)

***Please read and initial the following statement:***

\_\_\_\_\_ I certify that I have completed a minimum of 40 hours of introductory training as itemized above.

Certificates are **NOT required** if selecting Option 2.



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

**Document your required Specialty Training hours below. Training certificates are NOT required. .**

### **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 population served.

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

**Document your required Specialty training hours below. Training certificates are NOT required.**

### DOMESTIC VIOLENCE SPECIALTY TOPICS

#### “B” 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

#### “C” Level Specialty Training Topics

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

#### 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

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

#### “C” Level Specialty Training Topics

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

#### 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 Specialty Training includes, but is not limited to, topics that are *basic* to the population served.

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

**Document your required Specialty training hours below. Training certificates are NOT required.**

## CHILD ABUSE TOPICS

### “B” Level Specialty Training Topics

### “C” 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

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

### 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

### “C” 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

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

### 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)

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



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“C” Level Specialty Training includes topics which are *more advanced* topics to the population served. Document your required Specialty training hours below. Training certificates are NOT required.

## HOMICIDE TOPICS

### “B” 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; referral to appropriate support groups.

### “C” Level Specialty Training Topics

Includes: Dealing with Holidays & Special Occasions; Dealing with the Parole Board; Working with Faith-Based Communities, Funeral Directors/ Protocol, Intervention with Child Victims, 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

### 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

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.

### “C” Level Specialty Training Topics

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

### 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)

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





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“C” Level Specialty Training includes topics which are *more advanced* topics to the population served. Document your required Specialty training hours below. Training certificates are NOT required. .

## 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

### 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 TOPICS

*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 Advocate Credentialing Program

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## *National Organization for Victim Assistance*

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

*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. To these ends, this Code will govern the conduct of Victim Assistance Providers:*

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

1. Recognize 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. 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, no matter what the client's conduct was 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.
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 with clients, current or past, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
11. Make client referrals to other resources or services only in the client's best interest, avoiding any conflict of interest in the process.
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 field.
4. Take steps to quell negative, insubstantial rumors about colleagues and allied professionals.



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*(Code of Professional Ethics for Victim Assistance Providers – Continued)*

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 victim assistance.
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. Act to promote crime and violence prevention as a public service and an adjunct to victim assistance.
9. Respect laws of one's state and country while working to change those that may be unjust or discriminatory.

III. *In her or his professional conduct*, the Victim Assistance Provider shall:

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for clients.
2. Seek and maintain a proficiency in the delivery of services to clients.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, gender, disability, ethnicity, race, national origin, religious belief, or sexual orientation.
4. Not reveal the name or other identifying information about a client to the public without clear permission or legal requirements to do so.
5. Clearly distinguish in public statements representing one's personal views from positions adopted by organizations for which she or he works or is a member.
6. Not use her or his official position to secure gifts, monetary rewards, or special privileges or advantages.
7. 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.
8. Report to competent authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a client, or to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any client.

IV. *In her or his responsibility to any other profession*, the Victim Assistance Provider will be bound by the ethical standards of the allied profession of which she or he is 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: \_\_\_\_\_, \_\_\_\_\_



# National Advocate Credentialing Program

NEW BASIC, INTERMEDIATE or ADVANCED NACP APPLICATION

## 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.
- Applicants for the Basic, Intermediate and Advanced credential must meet the required minimum standards of introductory education.
- 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

NEW BASIC, INTERMEDIATE or ADVANCED NACP APPLICATION

## CERTIFICATIONS

### Read and initial each of the following statements:

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

\_\_\_\_\_ 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.

### Confirmation:

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

NEW BASIC, INTERMEDIATE or ADVANCED NACP APPLICATION

## CLIENT CONTACT OBSERVATION FORM

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

**This form must be completed by a person who is/was able to observe the applicant's interaction with those victimized by crime.**

**Pease read and follow these instructions:**

- Person completing this form must have observed and be able to evaluate 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 service to the following population(s):**

**COMPREHENSIVE SERVICES** (Serving three (3) or more of the below-listed populations)

**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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## CLIENT CONTACT OBSERVATION FORM





# National Advocate Credentialing Program

*NEW BASIC, INTERMEDIATE or ADVANCED NACP APPLICATION*

<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

NEW BASIC, INTERMEDIATE or ADVANCED 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 the experience necessary to meet the credentialing level hours required 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 a 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 you work per week (up to a maximum of 40 hours) when completing this form.
- **On-Call Hours:** *As a Full-Time employee, you are allowed to 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 amount 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 amount 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**  
*(Please refer to pg. 16 for additional instructions).*

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

<p>I, _____ certify that the applicant _____ <i>(Your Name)</i> <span style="float:right"><i>(Name of Applicant)</i></span></p> <p>provided direct services (to those victimized by crime) in the capacity of _____ at _____ <i>(Position Title)</i> <span style="float:right"><i>(Name of Agency)</i></span></p> <p>The Applicant provides/provided these services from:</p> <p><b>Start date:</b> ___/___/___ to: <b>CURRENT</b> _____ <b>OR End date</b> ___/___/___</p> <p>and works/worked _____ <b>hours per week</b> as a</p> <p><i>(Check one)</i> Full-time _____ Part-time _____</p> <p><i>(Check one)</i> Employee _____ Volunteer _____ Other _____ <span style="float:right"><i>(Please specify)</i></span></p> <p><b>Total number of hours worked in this position:</b> _____</p> <p><b>Confirmation:</b> I am the person authorized to verify the applicant's employment, volunteer or internship/practicum experience. <b>Under 28 U.S. Code s. 1746, I certify under penalty of perjury that the attached <i>Memorandum of Confirmation</i> is true and correct.</b></p> <p>Signature _____ Date _____</p> <p>Name _____, Title _____</p> <p>Phone Number _____ Email _____</p>
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**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.**

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><b>Name of Agency:</b> _____</p> <p><b>Agency Address:</b> _____</p> <p><b>Agency Phone:</b> _____</p> <p><b>Supervisor's Name:</b> _____</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>
<b>Additional Comments:</b> _____		<b>Total Hours:</b> _____
<p><b>Current Supervisor:</b> Under 28 U.S. Code §1746 I certify under penalty of perjury that the foregoing is true and correct. 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>		