



# Application for NACP Pre-Approval Of Introductory Victim Advocacy Training

TRAINING INFORMATION			
Name of training:			
How often is your training offered?			
Who are your trainees?	Employed Advocates:____Volunteers:____Allied Professionals:____Other:____		
Dates of next training?			
Is training included on the Office for Victims of Crime (OVC) State Victim Assistance Academy (SVAA) list?	Yes  No	Total # of hours in your training not including breaks or lunch:	
The training takes place:	In person    Online____Both____ Includes outside assignments: Yes____ No____		
Registration fee per participant:	\$_____/person    Scholarships offered?    Yes____    No ____		

CONTACT INFORMATION			
Point of Contact Name/Title:			
Agency/Program Name:			
Address:	City	State	Zip
Telephone Number(s)/Email:			

INTRODUCTORY TOPICS	Amount of time spent on this topic	Specifically Identified? Yes/No	Within a Module or Section? Yes/No	Please specify in which module this topic is covered
<i>All of the topics listed below must be included in your training curriculum. (No specific amount of time is required per topic but entire training must total 40 hours after breaks, lunch, and other non-training times are deducted.)</i>				
<b>CASE MANAGEMENT/COORDINATION</b>				
<b>ADVOCACY / ROLE OF THE ADVOCATE</b>				
<b>CIVIL/CRIMINAL JUSTICE SYSTEM</b>				
<b>HISTORY OF THE MOVEMENT, as applicable</b>				
<b>CULTURAL SENSITIVITY / COMPETENCY</b>				
<b>ETHICS / CONFIDENTIALITY</b>				
<b>CRIME VICTIMS COMPENSATION</b>				
<b>TRAUMA OF VICTIMIZATION</b>				
<b>CRISIS INTERVENTION</b>				
<b>VICTIMS' RIGHTS</b>				

I am submitting this training agenda/curricula for approval by NACP and certify that the contents are accurate and current.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

