



# National Advocate Credentialing Program

## RENEWAL (at the Current Credential Level Only) NACP APPLICATION

### SUBMISSION INSTRUCTIONS & REQUIREMENTS RENEWAL (at the Current Credential Level Only) 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. **Certificate(s) of Completion OR NACP Continuing Education Documentation (CED) Form(s)** – Copies of one or more to document the required 32 hours of continuing education training you have **attended since your last approved credential. Please note that at least 10 of your continuing education hours must be in your Specialty area(s).** (*Documentation must include Title of Training and Training Provider, Dates and Number of Hours Received*).  
**CED Forms may be downloaded at [www.theNACP.org](http://www.theNACP.org)**  
If you participated in a webinar, your email confirmation (after the webinar) with all the required details is acceptable as a certificate.
  - c. **If you choose to add or change your Specialty area(s), you must 1) include the Client Contact Observation Form and 2) provide documentation of training relevant to your new Specialty Area.** (The **Client Contact Observation form** and a **Training Chart** detailing the training hours needed are located at [www.theNACP.org](http://www.theNACP.org))
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: [nacp@trynova.org](mailto:nacp@trynova.org)

Fax number: (703) 535-5500

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

5. 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:			
	PREFERRED EMAIL:			
	PRIMARY MAILING ADDRESS:			
	CURRENT TITLE:			
	AGENCY/ORG. NAME:			
General Information	<b>CURRENT LEVEL at which you are renewing</b>			
	PROVISIONAL <input type="checkbox"/>	BASIC <input type="checkbox"/>	INTERMEDIATE <input type="checkbox"/>	ADVANCED <input type="checkbox"/>
	<b>CURRENT SPECIALTY: _____</b>			
	<input type="checkbox"/> I am requesting the same Specialty <input type="checkbox"/> I would like to change my Specialty(ies) to: (Check Below) *Adding or changing your specialty will require documentation of additional training hours. See * below.			
	<input type="checkbox"/> COMPREHENSIVE SERVICES SPECIALIST			
	<input type="checkbox"/> CHILD ABUSE SPECIALIST			
	<input type="checkbox"/> DOMESTIC VIOLENCE SPECIALIST			
	<input type="checkbox"/> SEXUAL ASSAULT SPECIALIST			
	<input type="checkbox"/> DRUNK DRIVING SPECIALIST			
	<input type="checkbox"/> HOMICIDE SPECIALIST			
	<input type="checkbox"/> CAMPUS ADVOCACY SPECIALIST			
	<input type="checkbox"/> IDENTITY THEFT/FINANCIAL CRIMES			
<input type="checkbox"/> HUMAN TRAFFICKING				
<input type="checkbox"/> PROGRAM MANAGEMENT SPECIALIST				

**\*Please go to [www.theNACP.org](http://www.theNACP.org) to find the Specialty Training Chart which will detail the training hours required by the credential level for which you are applying.**

**WHEN YOU ARE REQUESTING A CHANGE OR ADDITION TO YOUR SPECIALTY, you will need to also include the completed Client Contact Observation Form found at [www.theNACP.org](http://www.theNACP.org)**



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## PAYMENT INFORMATION

**Include the application fee of \$100.00\*.**

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 = \$80.00** 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): \$100.00</b>          _____ <b>I qualify for the Military Discount. (\$80.00)</b>          (Initial Here)</p> <p><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></p>	
	<p>PAYMENT FORM:</p>	<p>Check One:</p> <p>_____ Check Payable to "NOVA"          _____ Money Order Payable to "NOVA"          _____ Visa/MasterCard/American Express (complete section below)</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**

### 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 Provisional, 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*.



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## NACP APPLICANT CONTINUING EDUCATION/TRAINING INFORMATION

**You must use this page** to summarize the minimum 32 hours of continuing education, which should include the required 10 hours in your specialty area(s) for renewal at Basic, Intermediate or Advanced levels. The training dates must be between the date of your last credential and the submission month deadline of this renewal. Add Copies of this page if needed. **You must also attach copies of your Certificate(s) 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, training sponsor, 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 (after the webinar) with all required details is acceptable as your certificate.

**Reminder:** If you have changed your Specialty area(s), please check the **Specialty Training Chart at [www.theNACP.org](http://www.theNACP.org)** for the number of training hours required by the credential level for which you are applying and for the Specialty Population(s) you serve. Your completed 32 hours of continuing education may be applied toward your required hours of training in your specialty area(s), if relevant.

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



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## 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 *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 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 \_\_\_\_\_