



# National Advocacy Credentialing Program

## Client Contact Observation Form

This form is required when the applicant is applying for a Specialty within their credentials. If you are not applying for a specialty, this form may be omitted from your application submission.

Please read the and follow these instructions:

- Applicant: check the box that correlates with the Specialty you are applying for.
- The individual completing this form must have observed and be able to evaluate the applicant's interactions and work performances 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 within their completed NACP Application for submission.

\_\_\_\_\_ has declared a specialty in service to the following populations:  
(applicant's name)

Comprehensive Services Specialty (serving 3 or more of the populations indicated below)

- Domestic Violence Intervention Specialist
- Child Abuse Intervention Specialist
- Sexual Assault Intervention Specialist
- Homicide Intervention Specialist
- Identity Theft/Financial Crimes Intervention Specialist
- Driving while Under the Influence (DUI) Intervention Specialist
- Campus Advocacy Specialist
- Human Trafficking Intervention Specialist
- Elder Abuse Intervention Specialist
- Program Management Specialist

**OR a maximum of 2 Individual Specialties as indicated below:**

- Domestic Violence Intervention Specialist
- Child Abuse Intervention Specialist
- Sexual Assault Intervention Specialist
- Homicide Intervention Specialist
- Identity Theft/Financial Crimes Intervention Specialist
- Driving while Under the Influence (DUI) Intervention Specialist
- Campus Advocacy Specialist
- Human Trafficking Intervention Specialist
- Elder Abuse Intervention Specialist
- Program Management Specialist



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Of the specialties selected and applied for by the applicant, do you believe the applicant's training skills, abilities and knowledge of the subject matter adequately prepares them to be considered a specialist in providing services to the population(s) selected?

Yes

No

Please provide specific points and comments to support your answer (required):

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Based upon your observation of the applicant's interactions, please answer the following questions and by adding comments, if any, below:

1. Was the applicant knowledgeable about the service, system, etc. and to convey information accurately to the client?

Yes

No

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2. Was the applicant able to use listening skills to ascertain the client's needs?

Yes

No

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3. Was the applicant sensitive to the client's needs and concerns and able to convey that to the client?

Yes

No

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4. Was the applicant able to provide the client with viable options that addressed the clients identified needs and concerns?

Yes

No

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5. Was the applicant able to address questions the client posed and provided accurate answers or able to obtain the answers if the advocate was unable to answer them immediately?

Yes

No

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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

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7. Was the applicant able to document client contacts in a timely, objective manner?

Yes

No

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8. Was the applicant able to remain objective and professional throughout the interaction?

Yes

No

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9. Was the applicant able to remain calm and professional if conflict arose with a client?

Yes

No

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10. Was the applicant able to advocate on behalf of the client with other professionals? (service provider, prosecutors, judges, etc.)

Yes

No

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11. Was the applicant able to remain calm and professional if conflict arose with other professionals?

Yes

No

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12. Additional comments about the interventions observed:

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### Summary Questions

Based on your opinion, do the applicant’s demonstrated skills and abilities qualify them for NACP credentialing?

Yes

No

Please include an explanation below (required):

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NACP Welcomes any additional comments you would like to share about the applicant:

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I have completed the above observation form and will return it to the applicant for inclusion in their NACP Application submission.

Observer’s Name:

\_\_\_\_\_

(Observer’s printed name)

\_\_\_\_\_

(Date)

Signature: \_\_\_\_\_