



National Advocacy Credentialing Program

Instructions for Memorandum of Confirmation (MoC)

Verification of experience working with those victimized by crime

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

- Experience: The Memorandum of Confirmation (MoC) 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 NACP Application submission.
 - You must use the template on the following page, which should be copied onto the letterhead of the agency for which the MoC is being completed by. The person authorized to verify the applicant's work with the agency should fill out the information requested and sign where appropriate.
- NOTE: you should only provide the experience necessary to meet the required hours for the level of credentialing you are applying for. Therefore, documentation of all prior relevant experience may not be necessary.
- Past Experience: A Memorandum of Confirmation (MoC) Exception Form should be used to verify applicant's relevant experience when records are no longer available or an agency no longer exists
- Full-Time Defined: The maximum credit for one year of service is based upon a 40-hour work week and equal to 2,080 hours per year. Some positions are considered full-time with fewer hours per week; in these instances, the applicant should use the actual hours worked per year (not to exceed the maximum of 40-hours) when completing this form.
 - On-Call Hours: As a full-time employee, you are allowed to claim actual hours worked, but cannot claim additional hours if you also provide "on-call" services as part of your position. For applicant's who provide "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 1,950 hours per year. Finally, if you provide 24/7 "on call" services, the maximum credit given during a 12-month period will be 1,950 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 whose services are not exclusively for crime victims (e.g., in a counseling center, hospital emergency department, law enforcement, etc.), you may only reflect the hours (or percentage of your time, up to 25%) spent providing direct services to those victimized by crime.
 - Calculating Hours of Experience: For best accuracy, please use <https://www.convertunits.com/dates/> to calculate the total number of weeks corroborated on each MoC and/or MoC Exception Form. Multiply the total weeks for each MoC by the total hours worked per week (not to exceed 40).



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Memorandum of Confirmation (MoC) Template

This MoC must be completed and signed by someone in a position of authority to verify your employment, volunteer, internship or practicum experience (**please see the MoC Instruction Sheet for more information**)

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 _____
(Position Title)

at _____
(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:

Full-time Part-time
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: _____

Print Name: _____

Phone Number: _____ Email: _____



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Memorandum of Confirmation (MoC) EXCEPTION Template

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.
(please see the MoC Instruction Sheet for more information)

Applicant's Name: _____

Position Applicant Held: _____

Employee Volunteer Other (Please specify) _____

Information about Agency, Supervisor and Position:

Name of Agency: _____

Agency Address: _____

Agency Phone: _____

Supervisor's Name: _____

Dates of Service: Start date: _____ to: End date: _____

Hours Worked per Week (specify): _____ hours per week

Total number of hours worked in this position: _____

Additional Comments:

Confirmation of Current Supervisor:

I have reviewed this form with the applicant and verify its contents to the best of my ability. **Under 28 U.S. Code s. 1746, I certify under penalty of perjury that the attached *Memorandum of Confirmation Exception Form* is true and correct.**

Signature: _____ Date: _____

Print Name: _____

Phone Number: _____ Email: _____