

NACP "A" Level, Introductory Advocacy Training Pre-Approval Application Overview

Any program providing Introductory Victim Advocacy training may submit its curriculum for pre-approval by the National Advocate Credentialing Program (NACP) as meeting the minimum standards for a basic advocacy training. Your training must include a minimum of forty (40) hours and all of the basic or foundation level topics listed below. We understand that some topics will be covered throughout the training or within a module with a different topic heading.

If your training program meets all of the criteria, the program will be included among the other NACP preapproved forty-hour training programs and will be added to the list of NACP Pre-Approved Training Programs. The training will be listed as it appears on this application unless you tell us otherwise. When available, the NACP list will include a link to your training website, as provided by the applying agency/organization.

Deadlines for Submission of Applications:

- March 1st 31st (March/April Review*)
- June 1st 30th (June/July Review*)
- September 1st 30th (September/October Review*)
- December 1st 31st (December/January Review*)

*please note that review timeframe is contingent upon application submission. If we are able to process and review your application within the same month it is received, we absolutely will.

One-Time Fee for Review of Introductory Victim Advocacy Training for NACP Pre-Approval: **\$200.00*** *Fee waiver requests are accepted (refer to the payment page of the training pre-approval application for additional information)

Please be advised that all trainings pre-approved by NACP prior to August, 2016 will be grandfathered in and will not need to pay this fee. However, ALL NACP Pre-Approved Training Programs will be asked to complete and submit this form for our records. The status of each training program will be verified and/updated during our renewal period every two years thereafter.

Renewal of your training's Pre-Approved status is at no cost to you providing the training is maintained at the minimum requirements (40 hours including the 10 core topics) and a renewal application update form is submitted every two years. Failure to renew might result in your program being removed from our preapproved training list, a re-assessment of your training program and an additional review fee.

Please Note: If your program does not meet the NACP criteria, the NACP Review Committee will work with you to ensure your training meets NACP minimum standards.

Successful graduates of NACP pre-approved training programs will be eligible, at minimum, for the Provisional credential. Interested training program coordinators should submit their program's curriculum with the completed training pre-approval application to NACP for review and approval by email to credential@thenacp.org.



Point of Contact (PoC) Name:

NACP "A" Level, Introductory Advocacy Training Pre-Approval Application

Contact Information

PoC Title:							
Agency/Organization:							
Department (if applicable)	:						
Mailing Street Address 1:							
Mailing Street Address 2:							
City, State:				Zip	Code:		
Primary Phone Number:				Pho	ne Type:		
Primary Email Address:				.			
		Training Int	<u>formation</u>				
Name of Training:							
How often is your training offered?							
Who are your trainees:	Employed Advocates Volunteer Advocates Allied Professionals Other						
Is your training a State acknowledged Victim Assistance Academy (SVAA)?	-	es, is your train AA list?	No ning listed or Yes		e for Victim	ns of Crime (O	VC)
The training takes place:	In p	oerson		Online	Во	th	
Outside Assignments:	The training does not include outside assignments The training includes outside assignments Total hours of outside assignment work:						
Registration Fees:	No Yes	: (\$	/person)	Yes	s No	<u> </u>	



Training Information (continued)

Please complete the chart below for assessment by the NACP and include either an agenda OR curriculum, inclusive of anticipated time-frames per subject matter/module. If homework or non-classroom activities are to be included, please provide a brief description of the assignment/activity and an estimated time of completion.

Introductory Advocacy Topics: All subject matters listed below must be included in your training curriculum. No specific amount of time is required per subject matter, however, the training, in its entirety must meet or exceed the 40-hour minimum requirement exclusive of all breaks, lunch and other non-training activities.

Required "A" Level, Introductory Advocacy Topics	Time spent on this topic	Is the topic specifically identified within your agenda/ curriculum? (Yes/No)	If not specifically identified within agenda/curriculum, which module is the topic covered in?
Case Management/Coordination			
Advocacy/ Role of the Advocate			
Civil & Criminal Justice System			
History of the Movement			
Cultural Sensitivity/ Competency			
Ethics & Confidentiality			
Crime Victims' Compensation			
Trauma of Victimization			
Crisis Intervention			
Victims' Rights			
Total Training Hours:			

I am submitting the following for pre-approval by the NACP and certify that the contents are accurate and current:

a brief description of any and all out-of-classroo	m assignments/activities
payment information for the \$200.00 applicatio	n assessment fee
an NACP Program Pre-Approval Fee Waiver (see	e below)
Signature:	Date:



Payment Information

An application fee of \$200.00 is assessed for the initial NACP Program Pre-Approval and is not required of applicants approved prior to August 26, 2016, or for renewal of your training program's pre-approved status every 2 years.

PAYMENT TERMS: Returned checks, declined money orders, or declined credit card transactions are subject to an additional \$25.00 fee. Incorrect billing address will result in an additional \$5.00 fee per submission attempt. Credit card information will be shredded upon processing.

	Payment Form:	Check Payable to NOVA		
ıtion		Money Order Payable to NOVA		
Payment Information		Visa/MasterCard/American Express		
l II	Name on Credit Card:			
ent	Credit Card Number:			
m m	Expiration Date:			
Рау	Billing address associated with card:			

NACP Program Pre-Approval Fee Waiver

Please provide a detailed explanation to the NACP Committee as to why the application fee for your program's pre-approval should be granted.