



# 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: [credential@thenacp.org](mailto:credential@thenacp.org)  
Fax number: (703) 535-5500  
Mailing address:  
NACP Applications  
National Organization for Victim Assistance  
510 King Street • Suite 220  
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"/> ELDER ABUSE 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>	
	PAYMENT FORM:	<p>Check One:</p> <p>_____ Check Payable to "NOVA"</p> <p>_____ Money Order Payable to "NOVA"</p> <p>_____ 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*.



# National Advocacy Credentialing Program

## *National Organization for Victim Assistance*

Adopted by the NOVA Board of Directors, April 22, 1995; Revised January 2021

### ***CODE of PROFESSIONAL ETHICS for VICTIM ASSISTANCE PROVIDERS***

*Victims of crime and the criminal justice system expect every paid or volunteer Victim Assistance Provider to act with integrity, to treat all victims and survivors of crime—their clients—with dignity and compassion in an inclusive, equitable, anti-racist and accessible manner, and to uphold principles of justice for accused and accuser alike. To these ends, this Code will govern the conduct of Victim Assistance Providers:*

*I. In relationships with every client, Victim Assistance Providers shall:*

1. Recognize the interests of the client and client empowerment as a primary responsibility.
2. Respect and take steps to protect the client's civil and legal rights.
3. Respect the client's rights to privacy and confidentiality, subject only to laws or regulations requiring disclosure of information to appropriate other sources.
4. Respond compassionately to each client with personalized, inclusive, equitable, anti-racist, anti-oppressive and accessible services, recognizing the power and privilege differentials present within the helping relationship.
5. Accept the client's statement of events as it is told, withholding opinion or judgment, whether or not a suspected offender has been identified, arrested, convicted, or acquitted.
6. Provide services to every client without attributing blame, regardless of the client's conduct at the time of the victimization or at another stage of the client's life.
7. Foster maximum self-determination on the part of the client through client-centered advocacy.
8. Serve as a victim advocate when requested and, in that capacity, act on behalf of the client's stated needs without regard to personal convictions and within the rules of the advocate's host agency.
9. In the event one's client's needs conflict with another's, act with regard to one client only after promptly referring the other to another qualified Victim Assistance Provider.
10. Protect client privacy and safety when communicating with clients and other service providers using technology (i.e., phone, e-mail, text messaging, online chats and video calls), working within agency guidelines to explain relevant risks to clients and mutually agree upon safe ways to communicate.
11. Establish and maintain professional boundaries with current clients at all times, including actively avoiding dual relationships (such as personal friendships or romantic relationships) and observe the ethical imperative to have no sexual relations, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.

12. When interacting with former clients, refrain from personal and romantic relationships and observe the ethical imperative to have no sexual relations for at least five (5) or more years after the termination of the professional relationship, recognizing that to do otherwise risks exploitation of the knowledge and trust derived from the professional relationship.
13. Recognize the signs and impact of compassion fatigue and vicarious trauma and make client referrals as appropriate to other resources or services only in the client's best interest, avoiding any conflict of interest in the process.
14. Provide opportunities for colleague Victim Assistance Providers to seek appropriate services when traumatized by a criminal event or a client.

*II. In relationships with colleagues, other professionals, and the public, Victim Assistance Providers shall:*

1. Conduct relationships with colleagues in such a way as to promote mutual respect, public respect, and improvement of service.
2. Provide constructive and informed critical feedback to colleagues when determined necessary for the betterment of services.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance field.
4. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
5. Provide professional support, guidance, and assistance to Victim Assistance Providers who are new to the field in order to promote consistent quality and professionalism in victim assistance.
6. Seek to ensure that volunteers in victim assistance have access to the training, supervision, resources, and support required in their efforts to assist clients.
7. Act to promote anti-racist, inclusive crime and violence prevention as a public service and an adjunct to victim assistance.
8. Respect laws of one's state and country while working as agents of change on those that may be unjust or discriminatory.

*III. In their professional conduct, Victim Assistance Providers shall:*

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for clients.
2. Remain committed to their own professional education to ensure proficiency in services and adhere to best practices and evidence-based research.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, ability, ethnicity and ancestry, race, national origin, religious belief, sexual orientation or gender identity.
4. Not use personal social media platforms to interact with clients or to share client or agency information which may jeopardize client boundaries, privacy and safety.

5. Not reveal the name or other identifying information about a client to the public through any means without clear permission or legal requirements to do so.
6. Clearly distinguish in public statements representing one's personal views from positions adopted by organizations for which the professional works or is a member.
7. Not use their official position to secure gifts, monetary rewards, or special privileges or advantages.
8. Report to competent authorities the conduct of any colleague or allied professional that constitutes mistreatment of a client or that brings the profession into disrepute.
9. Report to competent authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a client, to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any client.

*IV. In their responsibility to any other profession, Victim Assistance Providers will be bound by the ethical standards of the allied profession of which they are a member.*

I, the undersigned applicant, hereby certify that I have read and agree to follow the *Code of Professional Ethics for Victim Assistance Providers*.

Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*REMINDER: all application signatures must be hand written or digital (inclusive of date and time stamp) to be valid.**



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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
				____ 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 \_\_\_\_\_