



# National Advocacy Credentialing Program

## *D-SAACP to NACP Bridge Application*

### SUBMISSION INSTRUCTIONS & REQUIREMENTS FOR D-SAACP TO NACP BRIDGE APPLICATION

**This application is intended to be used by those moving from military to civilian advocacy, or those who wish to be dual credentialed by both D-SAACP and NACP. A Bridge Application may only be used to initially bridge your D-SAACP to NACP Credentials at their current NACP equivalent level.**

Once a Bridge Application is approved and the applicant holds an active NACP Credential, they will use an NACP Application to renew their credentials during the appropriate NACP Term.

Only DoD personnel who hold a Current D-SAACP Credential or those whose D-SAACP Credentials have **expired within 6 months at the time of submission** are eligible to apply with a Bridge Application. If your D-SAACP credentials have been inactive for over 6 months at the time of your submission, you do not meet the requirements to apply for NACP Credentialing using a Bridge Application and are required to use a [standard NACP Application](#).

Please note: The application fee will cover your NACP Credentials until your D-SAACP Credentials expire. To extend your NACP Credentials for a full two-year Credentialing period, please complete an [NACP Continuing Education \(CE\) Information Sheet](#) and provide documentation of 32 CE hours. To meet this requirement, you must submit 32 CE hours that have not been used to date.

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

Please use the following checklist to ensure all required information is provided:

- ☐ Completed D-SAACP to NACP Bridge Application inclusive of but not limited to the following:
  - Full contact information provided (page 1)- please ensure that your email address is accurate so status updates on your application may be provided.
  - The Payments page is completed (page 2) and payment enclosed (where applicable)
  - The Professional Code of Ethics for Victim Assistance (updated February 2021), signed by the applicant<sup>1</sup> (pages 3-5)
  - The Certifications page, signed by the applicant<sup>1</sup> (page 8)
- ☐ Copy of D-SAACP Certificate or ID Card.
- ☐ Completed [NACP Continuing Education \(CE\) Information Sheet](#)- only required if your D-S AACP Credentials are expired 6 months or less at the time of applying OR to extend your NACP Credentials for the standard two-year credentialing period.
  - Documentation of corresponding 32 CE hours that have not been used to date.

☐ **Accurate submission information<sup>2</sup>:**

Email submission: [Credential@TheNACP.org](mailto:Credential@TheNACP.org)

Fax: (703) 535-5500

Mailing address: National Organization for Victim Assistance  
NACP Applications  
510 King Street, Suite 220  
Alexandria, Virginia 22314

<sup>1</sup> All signatures must be current, hand written or digitally signed (inclusive of date and time stamp) to be valid.

<sup>2</sup> Email submission is the best method to ensure timely processing of your application and should be used wherever possible.



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### **Applications Deadlines:**

Applications are accepted for review as follows:

- November 1<sup>st</sup> -January 31<sup>st</sup> (February review)
- February 1<sup>st</sup>- April 30<sup>th</sup> (May review)
- May 1<sup>st</sup>-July 31<sup>st</sup> (August review)
- August 1<sup>st</sup>-October 31<sup>st</sup> (November review)

Approved applicants will receive their Credentials by mail within 8-10 weeks of the application window deadline for the respective term.

### **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 advocates 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 level Credentialing offer a good faith representation of victim service experience and advocacy through the application questionnaire, observation evaluations from colleagues, letters of recommendation 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 information provided by the applicant. NACP reserves the right to make changes in the application requirements and process at any time 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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<sup>2</sup> Email submission is the best method to ensure timely processing of your application and should be used wherever possible.



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## *D-SAACP to NACP Bridge Application*

Contact Information	Last Name:	
	First Name, MI:	
	Preferred Phone:	_____ Type:
	Preferred Email: *note all future NACP and NOVA correspondence will be directed to this email address	
	Primary Mailing Address:	
	Agency/Organization Name:	
	Current Title:	

### Requested Credentialing Status & Level:

Current Credentialing Status & Level	This application is for D-SAACP CREDENTIALLED ADVOCATES ONLY and requires the following information to be eligible for use:	
	D-SAACP Credential Expiration Date:	
	Current D-SAACP Level:	
	I have attached a copy of my D-SAACP Credential (required)  I have attached an <a href="#">NACP Continuing Education Information Sheet</a> and documentation of 32 CE hours (optional, contingent on current credentialing status- see instructions page for more information).	



# National Advocacy Credentialing Program

## *D-SAACP to NACP Bridge Application*

### Payment Information

**Include the non-refundable application fee of \$40.00\***

Payment may be made by submitting a check payable to NOVA (included with your application) or by completing the credit card section below. Credit Card information will be shredded upon processing.

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

*Payment Terms: Returned checks, declined money orders or declined credit card transactions are subject to a \$25.00 fee. If you are submitting credit card information, please ensure that the billing address indicated above 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.*



# **National Advocacy Credentialing Program**

## ***National Organization for Victim Assistance***

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

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

*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.



# **National Advocacy Credentialing Program**

## ***National Organization for Victim Assistance***

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

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

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.



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## National Organization for Victim Assistance

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

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

#### *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.**



# National Advocacy Credentialing Program

## *D-SAACP to NACP Bridge Application*

### 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 crimes 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 follow the attached *Code of Professional Ethics for Victim Service 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 Service Providers*.

\_\_\_\_\_ I, the undersigned applicant, hereby certify that I agree to the non-refundable NACP payment terms and fees as indicated in the "Payment Information" section of this document (page 4).

\_\_\_\_\_ I, the undersigned applicant, hereby certify that I have read and understand the NACP Disclaimer (Instructions page).

\_\_\_\_\_ I, the undersigned applicant, hereby certify that I understand, if approved, my credential is valid until the expiration date listed on my certificate/card, unless otherwise informed by the NACP in writing; and, that to renew my credentials, I must complete and provide documentation of 32 continuing education hours relevant to victim assistance and my specialty area(s), and that the CE hours must be completed within 2 years of the application I am submitting.

### **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.

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

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





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## Continuing Education Information Sheet

The Continuing Education Information Sheet is required to be completed, summarizing the minimum 32 hours of continuing education (CE), which should include the required 10 hours to maintain your current specialty at your current level if you hold a Basic, Intermediate or Advanced NACP Credential. Training dates must be within 2 years of your current NACP submission to be valid toward a renewal application. You may add copies of this page as needed to log your continuing education for this application. **You are required to submit appropriate documentation to corroborate the CE hours indicated on this form.** A Certificate of Completion (inclusive of attendee's name, title of training, training sponsor, date(s) and number of hours) should be provided wherever possible. In instances where the required information is not contained within the Certificate of Completion or a formal Certificate is not provided, please complete an [NACP CED Form](#) signed by your supervisor. (Note: An NACP CED Form should be used in lieu of "Thank You" emails upon completion of a webinar.)

### Reminders:

- If you have changed your Specialty area(s), please check the Specialty Requirements Chart for the number of CE hours required for the level at which you are applying. Your completed 32 hours of CE may be inclusive of your required Specialty hours.
- This form must be completed for your application to be valid and should be inclusive of specialty information (if applicable).
- You are only eligible for a specialty at the Basic, Intermediate or Advanced Levels of Credentialing

Specialty Area(s):				
Name of Training/Sponsor of Training	Date(s)	Total Hours	Hours Applicable toward Specialty Area(s)	Documentation Provided (Certificate or CED Form)
Total Number of Hours:				