



Approved Program's Application for a New Direct Service Provider

Application for a new Direct Service Provider must be complete, including required attachments. Incomplete applications will be returned. Applications must be submitted no later than 30 calendar days prior to the scheduled CODVOIPS meeting. Please use the following checklist to ensure all information is provided:

APPLICATION CHECKLIST FOR NEW DIRECT SERVICE PROVIDER

- _____ Front Page-Checklist – Page 1d
- _____ Application Pages 6 & 7 (*attach copies of supporting documentation*)
- _____ Educational Institution to submit official transcript related to qualifying degree to the ICDVVA office
- _____ Copy of License(s) (if licensed)
- _____ Education Documentation (*The required supervised hours must be verified by the supervisor on official company letterhead.*)
- _____ Signed Statement – Page 12 of application (*not applicable if applicant has previously been approved by the CODVOIPS as a "Trainee" and is currently performing as a "Trainee" in your program.*)
- _____ Current (*within previous 6 months*) criminal history/background check (*not applicable if applicant has previously been approved by the CODVOIPS as a "Trainee" and is currently performing as a "Trainee" in your program.*) (*All applicant's program staff (except as previously noted) are required to complete the national criminal history fingerprint background check through the Idaho Department of Health & Welfare Criminal History Unit. Please visit <https://chu.dhw.idaho.gov/> for complete information on obtaining the criminal background check.*)

Upon verifying completeness of the application, please submit original to:

Idaho Council on Domestic Violence and Victim Assistance
Attn: Committee for Oversight of Domestic Violence Offender Intervention Programs
P.O. Box 83720
Boise, ID 83720-0036

New Application - Direct Service Provider – Education Documentation

Page 2

Requires a minimum of one hundred (100) hours of supervised direct contact with domestic violence victims through an established advocacy program.

| <u>Organization Providing Experience</u> | <u>Supervisor Name/Credentials/Contact Information</u> | <u>Total Hours Completed</u> |
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Requires a minimum of one hundred and fifty (150) hours of supervised direct treatment contact with offenders.

| <u>Organization Providing Experience</u> | <u>Supervisor Name/Credentials/Contact Information</u> | <u>Total Hours Completed</u> |
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Signed Statement

(One signed statement required for each Program Supervisor, Direct Service Provider, or Trainee)

Name: _____

Title: _____

(Program Supervisor, Director Service Provider, or Trainee)

Program Name: _____

Organization: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you ever been convicted of a crime involving violence? Yes No

Have you ever been charged with a crime involving violence, moral, or sexual issues? Yes No

Have you ever received a deferred sentence or had judgment withheld for a crime involving violence, moral, or sexual issues? Yes No

Have you ever been charged with a professional ethics violation? Yes No

Have you ever been named as a defendant or respondent in any civil or criminal action with the allegation of the use of threatened or actual violence? Yes No

If you answered "Yes" to any of the above questions, please explain.

Any program staff has an ongoing duty to report, within 72 hours, to their agency any civil or criminal action in which they are named as defendant or respondent with the allegation they used or threatened to use violence. The agency shall forward information regarding the incident to the Idaho Council on Domestic Violence and Victim Assistance within 72 hours of its notification.

Signature: _____

Name and Title: _____

Date: _____