



Renewal Application for Approval of Domestic Violence Offender Intervention Program

Application 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:

RENEWAL APPLICATION CHECKLIST

- _____ Front Page-Checklist – Page 1b
- _____ Program Information Sheet – Page 2 of application
- _____ Terms and Conditions – Page 3 of application
- _____ Letters of reference (three required)
 - Three letters of reference from different sources from within the service area of your program are required. (i.e., Established domestic violence victims' services program, judge, probation officer, prosecutor, Idaho Supreme Court approved domestic assault/battery evaluator, trial court administrator, or other professionals in related field.)
 - Note: Only one reference letter may be obtained from any one source*
- _____ Education Documentation – For staff and volunteers that *have* been approved either in the previous program application or as a staffing change during the last program approval period complete the following:
 - _____ Program Supervisor(s) – Page 9 of the application (*attach copies of supporting documentation*)
 - _____ Direct Service Providers – Page 10 of the application (*attach copies of supporting documentation*)
 - _____ Trainee(s) – Page 11 of application (*Trainees who work for over a year in any particular treatment program shall be required to meet the same continuing education requirements as a Program Supervisor or Direct Service Providers, if applicable, write the continuing education obtained on the bottom of page 11 and attach copies of supporting documentation. In addition, a trainee may serve as a co-facilitator of groups with a Direct Service Provider or Program Supervisor, but may not facilitate a group alone. An individual may be considered a trainee for no more than two (2) years unless exceptional circumstances are demonstrated and provisional approval is granted, subject to additional requirements.*)
- AND/OR
- For staff and volunteers that are new and *have not* been approved previously either in the previous program application or as a staffing change during the last program approval period complete the following: (*Please note: The required supervised hours must be verified by the supervisor on official company letterhead.*)
 - _____ Program Supervisor(s) – Page 4 & Page 5 of application (*attach copies of supporting documentation*)
 - _____ Direct Service Providers – Page 6 & Page 7 of application (*attach copies of supporting documentation*)
 - _____ Trainee(s) – Page 8 of application
- _____ Signed Statement – Page 12 of application (*One for every program supervisor, direct service provider, and trainee listed on the application.*)
- _____ Current (*within previous 6 months*) criminal history/background check for each provider (including trainees) presented in application. (*All applicant's program staff (except those that were approved prior to July 18, 2008, of which can continue to obtain the ISP fingerprint background checks) 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.*)
- _____ Program curriculum outline (*If your program is utilizing the same curriculum as approved in the prior application, then so state, otherwise submit new curriculum outline.*)
- _____ Program brochure (*if available*)
- _____ Proof of insurance (*adequate liability and professional*)

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