



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

APPLICATION FOR APPROVAL

- NEW APPLICATION
 RENEWAL APPLICATION

Date: _____

Agency/Organization Name: _____

Telephone Number: _____ Fax Number: _____

Mailing Address: _____

City: _____ Zip Code: _____

Facility Address: _____

City: _____ Zip Code: _____

Email Address: _____

Website Address: _____

Counties to be served: _____

Program Staff

List the names of the individuals in the following positions:

Program Supervisor(s): _____

Direct Service Provider(s): _____

Trainee(s): _____

Volunteer(s) _____

All applicant's program staff including Program Supervisors, Direct Service Providers, and Trainees 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.

I _____ hereby certify that the information provided in the application is true and correct
Print Name

and that my/our Domestic Violence Offender Intervention program meets or exceeds the standards established through the Idaho Council on Domestic Violence and Victim Assistance.

Signature: _____

Title: _____

Terms and Conditions
Domestic Violence Offender Intervention Program

Name of Program: _____

Terms and Conditions:

It is understood and agreed upon by this applicant organization that:

1. The approval status granted as a result of this application is for the purpose set forth herein and in accordance with applicable laws, regulations, and policies of the Idaho Council on Domestic Violence and Victim Assistance and the Committee for Oversight of Domestic Violence Offender Intervention Programs.
2. All program staff have reviewed the Idaho Minimum Standards for Domestic Violence Offender Intervention Programs and adhere to all applicable standards, policies, and procedures.
3. Program approval may require a site visit and the program will be monitored. Drop-in visits may occur as a component of the monitoring process.
4. Site visits may include: review of all records (including client files), session observation, and client and staff interviews.
5. Approval of any Domestic Violence Offender Intervention Program is subject to renewal every three years.
6. A Domestic Violence Offender Intervention Program may be placed on probation or removed from the approved provider list based on failure to continue to meet established minimum standards.
7. Program must submit any personnel changes in their organization in writing to the Committee for Oversight of Domestic Violence Offender Intervention Programs within 30 (thirty) days.
8. The program must update certificates and licenses and forward copies to the Committee.
9. Any omission or misrepresentation in the application process may be cause for denial or revocation of program approval.
10. Programs must immediately notify client and courts if the program is removed from the approved provider list.

I have read the Terms and Conditions and agree to adhere to the above requirements:

Signature: _____

Title: _____

Date: _____

Education Documentation Renewal Application

Program Supervisor:

Name and Credentials: _____

Proof of Licensure: (ATTACH copy of current licensure)

Continuing Education: (ATTACH copies of Certificates of completion for all approved CE units listed below)

Requires completion of a minimum of thirty (30) hours of education about domestic violence every three years from the date of the initial treatment program approval.

Continuing education obtained must be approved CE's (through a professional CE granting organization) which provides CE units. The continuing professional education may be obtained through classes, seminars, workshops, or self-study programs (such as audio or video recordings, correspondence or online courses, etc.). No more than five (5) hours may be obtained by attending "in house" educational sessions.- No more than five (5) hours of self-study programs may be used toward this requirement. The committee reserves the right to reject education that does not appear to be from a qualified source or appears duplicative.

Programs are required to maintain written records of continuing education units.

<u>Name of Course or Program</u>	<u>Date(s) of Program</u>	<u>Sponsor/Presenter</u>	<u>Total Hours Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Add additional duplicate pages for additional Program Supervisor

Education Documentation Renewal Application

Direct Service Provider:

Name and Credentials: _____

Proof of Licensure: (ATTACH copy of current licensure, if applicable)

Continuing Education: (ATTACH copies of Certificates of completion for all approved CE units listed below)

Requires completion of a minimum of thirty (30) hours of education about domestic violence every three years from the date of the initial treatment program approval.

Continuing education obtained must be approved CE's (through a professional CE granting organization) which provides CE units. The continuing professional education may be obtained through classes, seminars, workshops, or self-study programs (such as audio or video recordings, correspondence or online courses, etc.). No more than five (5) hours may be obtained by attending "in house" educational sessions.- No more than five (5) hours of self-study programs may be used toward this requirement. The committee reserves the right to reject education that does not appear to be from a qualified source or appears duplicative.

Programs are required to maintain written records of continuing education units.

<u>Name of Course or Program</u>	<u>Date(s) of Program</u>	<u>Sponsor/Presenter</u>	<u>Total Hours Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Add additional duplicate pages for additional Program Supervisor

Renewal of Additional Offender Intervention Program Staff

Trainee(s):

A trainee is a paid or volunteer staff person who has not completed the minimum requirements. 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.

<u>Name of Trainee</u>	<u>Start Date</u>

If above-named Trainee has been in the program for at least one year please complete the following continuing education section:

Continuing Education: (ATTACH copies of Certificates of completion for all approved CE units listed below)

Requires completion of a minimum of thirty (30) hours of education about domestic violence every three years from the date of the initial treatment program approval.

Continuing education obtained must be approved CE's (through a professional CE granting organization) which provides CE units. The continuing professional education may be obtained through classes, seminars, workshops, or self-study programs (such as audio or video recordings, correspondence or online courses, etc.). No more than five (5) hours may be obtained by attending "in house" educational sessions.- No more than five (5) hours of self-study programs may be used towards this requirement. The committee reserves the right to reject education that does not appear to be from a qualified source or appears duplicative.

Programs are required to maintain written records of continuing education units.

<u>Name of Course or Program</u>	<u>Date(s) of Program</u>	<u>Sponsor/Presenter</u>	<u>Total Hours Completed</u>

New Application - Program Supervisor – Education Documentation
Page 2

Supervised Treatment Experience (1000 hours total required) *“Supervised” means direct on-site observed one-on-one supervision; one hour for every twenty hours for total requirements.*

Requires a minimum of five hundred (500) hours of supervised experience that is directly related to counseling offenders and domestic violence victims, and working with domestic violence victim advocacy services.

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

Requires a minimum of five hundred (500) hours of supervised direct treatment with offenders in an Idaho, or other state approved offender intervention program, which includes a minimum of one hundred (100) hours supervised experience in offender group facilitation.

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

Of the hours listed above for supervised direct treatment with offenders, list the required one hundred (100) hours supervised experience in offender group facilitation.

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

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>

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>

Additional Offender Intervention Program Staff

Trainee(s):

A trainee is a paid or volunteer staff person who has not completed the minimum requirements. 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.

Name of Trainee	Start Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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: _____