



Idaho Council on Domestic Violence and Victim Assistance  
**Domestic Violence Offender Intervention Program**

**APPLICATION for NEW DIRECT SERVICE PROVIDER**  
**Cover Sheet**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency/Organization Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

**Checklist**

To be complete, a new direct service provider application must include the following:

\_\_\_\_\_ Program Cover Sheet/Check List

\_\_\_\_\_ Application Education Form

\_\_\_\_\_ Copy of Qualifying Degree from Accredited College/University

\_\_\_\_\_ Copy of License(s)

\_\_\_\_\_ Continuing Education Documentation

\_\_\_\_\_ Current Criminal Background Check (within 6 months) *\*Not applicable for applicants currently approved by the Committee as a Trainee.*

\_\_\_\_\_ Signed Statement

***\*All documents must be submitted as one complete application packet. Please refer to the Direct Service Provider Application Instructions and Information sheet for additional details.***





# APPLICATION for DIRECT SERVICE PROVIDER

## Signed Statement

Program: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Have you even 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:

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***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: \_\_\_\_\_

Date: \_\_\_\_\_