



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

APPLICATION for NEW DIRECT SERVICE PROVIDER
Cover Sheet

Date: _____

Applicant Name: _____ Approved as Trainee ___Y ___N

Agency/Organization Name: _____

Program Supervisor 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.***

By signing below, I acknowledge I have reviewed this application and approve submittal to ICDVVA for consideration by the Offender Intervention Program Committee.

Program Supervisor Signature _____
Date

Direct Service Provider Education Documentation - Continued

Supervised Treatment Experience

Minimum of **75 hours** of supervised direct treatment contact with offenders.

Organization Providing Experience	Supervisor Name/Credentials/Contact Info	Total Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Minimum of **75 hours** of supervised direct contact with domestic violence victims through an established advocacy program.

Organization Providing Experience	Supervisor Name/Credentials/Contact Info	Total Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

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: _____