



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

APPLICATION for PROGRAM APPROVAL

Cover Sheet

Date: _____ New Application Renewal Application

Agency/Organization Name: _____

Telephone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Website Address: _____

Counties to be served: _____

Program Staff:

Program Supervisor(s):

Direct Service Provider(s):

Trainee(s):

Volunteer(s):

I hereby certify that the information provided in the application is true and correct and that this Domestic Violence Offender Intervention program meets or exceeds the standards established through the Idaho Council on Domestic Violence and Victim Assistance.

Signature: _____

Title: _____

APPLICATION for PROGRAM APPROVAL

Checklist

To be complete, a new or renewal program application must include the following:

_____ Program Cover Sheet

_____ Signed Terms and Conditions

_____ Program Curriculum Outline(s)

_____ Proof of Insurance

_____ Required Documents for all Program Staff:

	Application	Signed Statement	Education Documents (Transcript & CEUs)	Background Check	License
Program Supervisor(s)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Direct Service Provider(s)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Trainee(s)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPLICATION for PROGRAM APPROVAL

Terms and Conditions

Program Name: _____

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 Offender Intervention Program and Oversight Committee (Committee).
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. The program must submit personnel changes in their organization in writing to the Committee within 30 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 clients and the 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: _____

Program Supervisor Education Documentation - Continued

Supervised Treatment Experience *(Required for new applicants only)*

Minimum of **250 hours** of supervised experience that is directly related to counseling offenders and domestic violence victims and working with domestic violence victim advocacy services.

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

Minimum of **250 hours** of supervised direct treatment with offenders in an Idaho or other state-approved offender intervention program, which includes **50 hours** supervised experience in offender group facilitation.

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

Of the supervised direct treatment hours, list the required **50 hours** of supervised experience in offender group facilitation.

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

APPLICATION for PROGRAM APPROVAL

Program Supervisor 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: _____

APPLICATION for PROGRAM APPROVAL

Direct Service Provider Education Documentation

(Education Documentation form required for each Direct Service Provider)

Program Name: _____

Direct Service Provider Name & Credentials: _____

Requirements: *(Please review Minimum Standards and/or the Application Instructions for complete details)*

1. Bachelor's degree required in counseling, psychology, social work or related field. Copy of qualifying degree must be included in the application packet.
2. Copy of current licensure.
3. Minimum of **60** hours of education obtained within the previous **5** years for new applicants or **3** years for renewing applicants or applicants currently approved as a Trainee. Please list and attach copies of certificates of completion.
4. Minimum of **150** total hours of supervised intervention experience.

Name of Course or Program	Date(s)	Sponsor/Presenter	Total Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Direct Service Provider Education Documentation - Continued

Supervised Treatment Experience *(Required for new applicants only)*

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 PROGRAM APPROVAL
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: _____

APPLICATION for PROGRAM APPROVAL

Additional Program Staff

Trainee(s):

A trainee is a paid or volunteer staff person who has not complete 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

APPLICATION for PROGRAM APPROVAL

Trainee 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

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Date: _____