



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

APPLICATION for NEW PROGRAM SUPERVISOR
Cover Sheet

Date: _____

Applicant Name: _____ Approved as Direct Service Provider ___Y ___N

Agency/Organization Name: _____

Telephone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Website Address: _____

Checklist

To be complete, a new program supervisor 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 Direct Service Provider.*

_____ Signed Statement

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

Program Supervisor Education Documentation - Continued

Supervised Treatment Experience

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 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: _____