



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
- \_\_\_\_\_ Education Forms (Continuing Education and Supervised Treatment Experience)
- \_\_\_\_\_ Copy of Qualifying Degree (if applicable)
- \_\_\_\_\_ Copy of License(s) (if applicable)
- \_\_\_\_\_ 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

# APPLICATION for DIRECT SERVICE PROVIDER

## Education Documentation

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

Direct Service Provider Name & Credentials: \_\_\_\_\_

Does the applicant have a Bachelor's Degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Or, is the applicant currently enrolled and working toward obtaining a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

1. Bachelor's degree required in a behavioral science-related field\* or equivalent work-related experience. Copy of qualifying degree, if applicable, must be included in the application packet.

\*Applicants without the required degree must submit a Request of Equivalency Assessment for the OIP Committee to evaluate for consideration of work-related experience in lieu of a qualifying degree. See page 15 of the OIP Minimum Standards for additional details.

2. Copy of current licensure, if applicable.
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 treatment experience.

# Direct Service Provider Education Documentation - Continued

## Continuing Education

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

**TOTAL CEU HOURS** \_\_\_\_\_

**Direct Service Provider Education Documentation - Continued**  
**Supervised Treatment Experience**

Minimum of **75 hours** of supervised direct intervention contact with DV offenders.

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

Minimum of **75 hours** of supervised education and/or experience that is directly related to counseling, assessing, or providing intervention to DV offenders and/or victims, as well as working with, or receiving training from, DV victim advocacy programs.

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: \_\_\_\_\_