



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

**APPLICATION for OFFENDER INTERVENTION  
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: \_\_\_\_\_

Are you providing telecommunication intervention services? Yes  No

**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 forms and documents:

- \_\_\_\_\_ Program Cover Sheet
- \_\_\_\_\_ Signed Terms and Conditions
- \_\_\_\_\_ All Program Documents Requested in Section II
- \_\_\_\_\_ Program Questionnaire
- \_\_\_\_\_ Proof of Insurance

Please ensure these required documents, if applicable, are included for all program staff:

	Application	Signed Statement	Education Documents (Degree & 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 (3) 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: \_\_\_\_\_

**APPLICATION for PROGRAM APPROVAL**  
**Program Supervisor Education Documentation**  
(Education Documentation forms are required for each Program Supervisor)

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

Program Supervisor Name & Credentials: \_\_\_\_\_

Is the applicant currently serving as an approved Direct Service Provider?      \_\_\_\_ Yes    \_\_\_\_ No

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

1. Master's or Doctorate degree required in counseling, psychology, social work or related field.\* Copy of qualifying degree must be included in the application packet.  
  
    \*Applicants without the required degree may submit a Request of Equivalency Assessment for consideration by the OIP Committee. See page 15 of the OIP Minimum Standards for additional details.
  
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 Direct Service Provider or Trainee. **Please list and attach copies of certificates of completion.**
  
4. Minimum of **500** total hours of supervised domestic violence (DV) intervention experience.



## Program Supervisor Education Documentation - Continued

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

Minimum of **250 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, or receiving training from, DV victim advocacy services.

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

Minimum of **250 hours** of supervised direct intervention with DV offenders in an Idaho or other state-approved offender intervention program, which includes **50 hours** supervised experience in offender group facilitation or other experience deemed sufficient by the OIP Committee upon request of the applicant.

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

Of the supervised direct intervention hours, list the required **50 hours** of supervised experience in DV 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 forms are required for each Direct Service Provider)

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

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

Has the applicant served as an approved Program Trainee? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

1. Bachelor's Degree 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 may submit a Request of Equivalency Assessment for consideration by the OIP Committee. 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 intervention experience.





## Direct Service Provider Education Documentation - Continued

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

Minimum of **75 hours** of supervised direct intervention contact with 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, domestic violence victim advocacy programs.

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 to become a Direct Service Provider. 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 #1

Start Date

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have a Bachelor's Degree?

\_\_\_Yes \_\_\_No

Or, is the applicant currently enrolled and working toward obtaining their degree?

\_\_\_Yes \_\_\_No

Name of Trainee #2

Start Date

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have a Bachelor's Degree?

\_\_\_Yes \_\_\_No

Or, is the applicant currently enrolled and working toward obtaining their degree?

\_\_\_Yes \_\_\_No

Name of Trainee #3

Start Date

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have a Bachelor's Degree?

\_\_\_Yes \_\_\_No

Or, is the applicant currently enrolled and working toward obtaining their degree?

\_\_\_Yes \_\_\_No

# APPLICATION for PROGRAM APPROVAL

## Trainee Signed Statement

*(Signed Statement is required for each Trainee applicant)*

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

## Section II - Program Information

Applicants must provide the following documents with their completed application forms. Please refer to the pages indicated in the [Idaho Domestic Violence Offender Intervention Program Minimum Standards](#) for additional information.

***Applications submitted without all required program documents and/or an incomplete questionnaire will not be forwarded to the Committee for consideration.***

### Required Program Documents

*Please consult the Minimum Standards on the pages referenced for additional information on these requirements.*

	<b>Minimum Standards</b>
▪ Written intervention philosophy	Page 3
▪ Program curriculum	Page 4
▪ Written statement of offender rights, responsibilities, and limits of confidentiality	Page 7
▪ Intake form(s)	Page 7
▪ Written offender contract form	Page 8
▪ Release of information consent form	Page 8
▪ Written victim contact policy	Page 8
▪ Written program attendance and discharge policies	Page 10
▪ Supervision policy of staff and program	Page 12
▪ Written code of conduct and ethics policy	Page 16

**Continue to next page for program questionnaire**

# APPLICATION for PROGRAM APPROVAL

## Section II - Program Information

### Program Questionnaire

Please review and complete the following program questionnaire.

	Yes	No
Has the Program established and implemented an intervention philosophy?	_____	_____
List the intervention modality/modalities being used by the Program:		
Does the program provide standard offender group intervention for a minimum of 52, 90-minute sessions?	_____	_____
If not, please describe:		
Are groups limited to twelve participants?		
If not, what is the maximum number of participants: _____	_____	_____
Does the program offer different group sessions for high and low risk offenders and/or male and female offenders?	_____	_____
Does the program maintain documentation in each case including, but not limited to, determination of intervention plan, offender progress, sessions attended?	_____	_____
Does the program include documented discharge criteria in the intervention plan?	_____	_____
Does the program notify victims upon offender enrollment?	_____	_____
Does the program have established protocols for obtaining and reporting accurate data related to program participants and outcomes as required by the OIP Committee?	_____	_____