



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

Program/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
- _____ Education Forms (Continuing Education & Supervised Treatment Experience)
- _____ Copy of Qualifying Degree
- _____ 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.***

APPLICATION for PROGRAM SUPERVISOR

Education Documentation

Program Name: _____

Program Supervisor Name & Credentials: _____

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

Continuing Education

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

Program Supervisor Education Documentation - Continued

Supervised Treatment Experience

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 DV 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 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: _____