



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

REQUEST for EQUIVALENCY ASSESSMENT

Check one: ___ **Program Supervisor** ___ **Direct Service Provider**

Overview

The Idaho Minimum Standards for Offender Intervention Programs requires the following education requirements:

- Program Supervisors must hold a Master's or Doctorate Degree from an accredited university/college in counseling, psychology, social work, or related field.
- Direct Service Providers must hold a bachelor's degree or equivalent work-related experience.

An Equivalency Assessment is a formal means of requesting assessment of your prior work/life experience from which you have developed sufficient skills and experience, in lieu of a graduate degree, to serve as an approved domestic violence offender intervention Program Supervisor or Direct Service Provider.

This document is intended for applicant self-assessment purposes only. Your self-assessment is not a guarantee that your application for Program Supervisor or Direct Service Provider will be approved. The Offender Intervention Program Oversight Committee will evaluate the information included in your request to sufficiently demonstrate equivalency through the following:

- Education
- Non-degree credentials
- Skill-based certificates
- Professional certifications
- Relevant and comparable work experience

Instructions

- Use the provided template to complete your Request for Equivalency Assessment.
- Submit your completed request, along with a completed Program Supervisor or Direct Service Provider application and all required supporting documents, to:

Idaho Council on Domestic Violence and Victim Assistance

info@icdv.idaho.gov

Attn: OIP Administrator in the subject

Upon review of application documents, the OIP Committee will conduct an interview with applicants before making a final determination of equivalency.

REQUEST FOR EQUIVALENCY ASSESSMENT

Offender Intervention Program Supervisor

Applicant Name: _____ Date: _____

Program Name: _____

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

Major: _____

Has the applicant worked at least 2 years as an approved Offender Intervention Program Direct Service Provider in the last 5 years? _____ Yes _____ No

Total number of years as Direct Service Provider: _____

Agency/Program

Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does the program for which the applicant is applying to be a Program Supervisor have a Clinical Supervisor? _____ Yes _____ No

The Clinical Supervisor will be contacted for program information and references for the applicant.

Name of Clinical Supervisor: _____

Email: _____

Phone: _____

REQUEST FOR EQUIVALENCY ASSESSMENT

Offender Intervention Direct Service Provider

Applicant Name: _____ Date: _____

Program Name: _____

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

Major: _____

Is the applicant an approved Intervention Trainee? _____ Yes _____ No

Total number of years as a Trainee: _____

List of Relevant Work Experience & Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Program Supervisor: _____

Email: _____

Phone: _____

Chronological Resume

Include a chronological resume that will support your request for prior learning substitution for a degree. List all jobs held, including volunteer, as they relate to the Offender Intervention Program Supervisor or Direct Service Provider position outlined in the [Minimum Standards for Domestic Violence Offender Intervention Programs in Idaho](#). Describe duties, skills and expertise used in performing job tasks.

Examples of Experience may include:

- Employment, Work Experience
- Workshops, Webinars, Training, Seminars, Professional Development
- Volunteer Activities, Community Service, Committees, Groups
- Military Experience, Occupations, Training
- Licenses, Certificates, Industry Credentials

Learning and Experience Narrative

Demonstrate why you want to become an Idaho Offender Intervention Program Supervisor or Direct Service Provider and detail your work and life experiences using your resume as a guide.

This narrative will provide additional context for the evaluator and assist in understanding your request to substitute professional experience for degree.

Additional Documentation

Additional documentation of experience and competencies may be submitted to support your request. Documentation must demonstrate relevance to an OIP Supervisor or Direct Service Provider position and may include:

- Performance reviews showing competencies
- Job descriptions
- Transcripts
- Samples of work
- A videotape of you teaching relevant material to the OIP Supervisor position
- Licenses
- Honors or award
- Letters of verification listing proven competencies from instructors or employers
- Curriculum designed or created by you
- Military records

Statement of Integrity

The material contained in this Request for Equivalency Assessment honestly and accurately reflects my learning and work experience. I understand that the penalty for falsifying any information or documentation will result in rejection of the Request with no resubmission allowed and may result in other sanctions as described in the [Minimum Standards for Domestic Violence Offender Intervention Programs in Idaho](#).

Print Name: _____

Signature _____

Date: _____