



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

**APPLICATION for 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: \_\_\_\_\_

\_\_\_\_\_

**Program Staff:**

Program Supervisor(s)

\_\_\_\_\_

Direct Service Provider(s)

\_\_\_\_\_

\_\_\_\_\_

Trainees(s):

\_\_\_\_\_

Volunteers(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 Cover Sheet
- \_\_\_\_\_ Signed Terms and Conditions
- \_\_\_\_\_ Program Curriculum Outline(s)
- \_\_\_\_\_ Proof of Insurance
- \_\_\_\_\_ Required Documents for all Program Staff:

	Application	Signed Statement	Education Documents <i>(Transcript &amp; CEUs)</i>	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 Committee for Oversight of Domestic Violence Offender Intervention Programs and Standards (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 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. 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 or program approval.
10. Programs must immediately notify client and 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: \_\_\_\_\_



## Program Supervisor Education Documentation - Continued

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

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 APPROVAL

## Additional Program Staff

### Trainee(s):

A trainee is a paid or volunteer staff person who has not complete the minimum requirements. 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

Start Date

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# APPLICATION for PROGRAM APPROVAL

## Signed Statement

*(One signed statement is required for each Program Supervisor, Direct Service Provider, or Trainee)*

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

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

\_\_\_\_\_ Program Supervisor

\_\_\_\_\_ Direct Service Provider

\_\_\_\_\_ Trainee

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:

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***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: \_\_\_\_\_