DOMESTIC VIOLENCE
ADULT INTERVENTION STANDARDS

Domestic Violence Coordinating Council

Application for Certification

Dating Abuse Intervention 2010.doc

INSTRUCTIONS FOR PROGRAMS APPLYING FOR DOMESTIC VIOLENCE INTERVENTION CERTIFICATION FOR ADULTS

1. Review protocol intervention standards and application.

2. Complete application as follows:

   (a) Pages 1 - 3 of the application must be completed by the program director.

   (b) Pages 4 - 6 of the application must be photocopied and distributed to each of the applicant's staff members and volunteers. Staff members and volunteers must complete and return that portion of the application to the program director and these should be attached to the full application.

   (c) Page 7 of the application must be photocopied and sent to three (3) references for the applicant program. The applicant should fill in the program name at the top of page 7 before sending it to references. References should return the completed pages directly to the address indicated below.

3. Complete the Protocol Standards Checklist. Attach all materials describing or used by the program which support the information provided in the checklist. Such information should include the contract between the program and the batterer, psychosocial assessment documentation, orientation/intake materials, victim contact process and documentation tool, and program content materials. These materials will be used only by the Certification Panel for the purpose of reviewing the program credentials.

4. Submit ten (10) copies of the completed application and Protocol Standards Checklist, one (1) copy of the materials referred to in instruction number 3, and the application fee of $25.00 payable to:

   Domestic Violence Coordinating Council
   New Castle County Courthouse, Suite 9425
   500 N. King Street
   Wilmington, DE 19801

5. The Certification Panel will review the application within sixty (60) days of receipt.

6. The Certification Panel may request additional information or contact the applicant to schedule an interview.

7. Following the review process, the applicant will be notified of approval, conditional approval, or disapproval. Notice of conditional approval or disapproval will include the reason the program was not fully approved and information regarding the process for appealing the decision.

7/2010

Application For Domestic Violence Adult Batterers' Intervention Program Certification
(To Be Completed By Director)

In applying for certification you must complete all of the following questions. Attach additional sheets if necessary.

Agency/Program Name: _____
Mailing Address:

Director's Name (Print):_____
Telephone #: _____
Email address: _____

Length of time Program Has Existed: Today's date: _____

1. **What intervention does your program utilize?**

2. **What method will your program use to determine the program's effectiveness in providing intervention to domestic violence offenders?**

3. **Please indicate your program's effectiveness as determined by the methods described in 2.**

4. **What is your program's philosophy regarding domestic violence intervention?**

Director's Signature_____

APPLICATION FOR DOMESTIC VIOLENCE ADULT INTERVENTION PROGRAM CERTIFICATION (CONT.)
(TO BE COMPLETED BY DIRECTOR)

Indicate the number of individuals submitting statements of qualifications from this program.

_____Trainees _____Facilitators _____Supervisors

List the name of the individuals you have indicated above:

NAME	CIRCLE THE APPROPRIATE CATEGORY
1. _____	TRAINEE FACILITATOR SUPERVISOR
2. _____	TRAINEE FACILITATOR SUPERVISOR
3. _____	TRAINEE FACILITATOR SUPERVISOR
4. _____	TRAINEE FACILITATOR SUPERVISOR
5. _____	TRAINEE FACILITATOR SUPERVISOR
6. _____	TRAINEE FACILITATOR SUPERVISOR
7. _____	TRAINEE FACILITATOR SUPERVISOR
8. _____	TRAINEE FACILITATOR SUPERVISOR
9. _____	TRAINEE FACILITATOR SUPERVISOR
10. _____	TRAINEE FACILITATOR SUPERVISOR
11. _____	TRAINEE FACILITATOR SUPERVISOR
12. _____	TRAINEE FACILITATOR SUPERVISOR

APPLICATION FOR DOMESTIC VIOLENCE ADULT INTERVENTION PROGRAM CERTIFICATION (CONT.)
(TO BE COMPLETED BY DIRECTOR)

Fill in the name of individuals other than those listed above that conduct domestic violence assessments for your offenders' intervention program and describe any relevant training/experience which qualifies them to conduct domestic violence assessments for adult batterers.

Name_____Highest Degree_____

Training/Experience_____
_____
_____

Name_____Highest Degree_____

Training/Experience_____
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Name_____Highest Degree_____

Training/Experience_____
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Name_____Highest Degree_____

Training/Experience_____
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Name_____Highest Degree_____

Training/Experience_____
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I hereby certify that the information provided in this application is true and correct and that the Domestic Violence Adult Intervention Program of which I am the Director meets or exceed the standards listed in the Delaware Domestic Violence Protocol.

_____
Directors Name (Please Print)

_____
Directors Signature Date

STATEMENT OF QUALIFICATIONS FOR STAFF AND VOLUNTEERS FOR DOMESTIC VIOLENCE ADULT INTERVENTION PROGRAM CERTIFICATION

TO BE COMPLETED BY INDIVIDUAL STAFF MEMBERS

Staff or Volunteer Name	Job Title
Program Name	

Answer the following as completely as possible; if necessary, use additional sheets to answer the questions asked. Be complete about your training and experience.

1. You are applying as: _____ a trainee. You have not completed the minimum educational/experience requirements.
   _____ a facilitator, meeting all minimum requirements.
   _____ a supervisor, meeting all minimum requirements.

2. If you are applying as a facilitator or supervisor, do you have at least 40 lifetime hours of victim centered training as described on page 20 & 24 of the protocol? ____Yes ____No

3. If you are applying as a facilitator or supervisor, do you have at least 40 lifetime hours of offender training as described on page 20 & 24 of the protocol? ____Yes _____No.

Complete the following training log supporting your answers to questions 2 & 3 above and provide documentation (certificates, agendas, etc). Please copy or add additional sheets if necessary.

Date	Training Title/Topic	Webinar/Teleconference	Presenter/Trainer	Sponsoring Agency	Clock Hrs.

Total Hours This Page (Victim):_____ Total Hours This Page (Offender):_____

4. If applying for facilitator or supervisor, have you completed at least 104 hours of direct face-to-face contact facilitating or co-facilitating offender groups using a power and control model.

Date	Organization Providing Experience	Supervisor/Academic Credentials	Hours

5. Have you attended at lease 4 hours of domestic violence hearings? _____ Yes _____ No

6. Are you leading an adult offenders' intervention group? _____ Yes _____ No

7. If you were a trainee, are you co-facilitating a group? _____ Yes _____ No

   If yes, what is the name of the person (facilitator) who is providing you direction:

   _____

8. Do you have a Bachelor's degree? _____Yes _____ No

   If yes, list the school, location, date and your degree/field:

9. List any licenses or certifications relevant to your field. Please provide copies of licenses or certificates.

_____

_____

10. a. Have you ever been charged or arrested for a crime involving violence, alcohol/drugs or a sexual offense? _____Yes _____No

    b. Have you ever been convicted for a crime involving violence, alcohol/drugs or a sexual offense? _____Yes _____No

    c. Has a civil Order of Protection ever been entered against you? _____Yes _____No

    d. Have you ever been sanctioned as a result of a professional ethics violation? _____Yes _____No

If the answer to any of the above questions is YES, please attach an explanation including dates of arrest or conviction.

COMPLETE THE FOLLOWING IF YOU ARE APPLYING FOR QUALIFICATIONS AS A SUPERVISOR.

11. Are you responsible for providing supervision to agency staff now leading treatment groups? ____Yes ____No

13. Do you have a master's or higher degree? _____Yes _____No If yes, list the school, location, date and your major.

14. Have you had at least two years of direct experience providing intervention for domestic violence batterers/offenders and advocacy services to victims of domestic violence? _____ Yes ____ No

List direct experience with victims and offenders.

Describe Experience	Location	Hours	From: Month/Year	To: Month/Year

16. **All staff:** List other experience that you have had in the field of domestic violence domestic violence that is pertinent.

Describe Experience	Location	Hours	From: Month/Year	To: Month/Year

I hereby certify that the information provided in this application is true and correct.

Signature	Date

REFERENCE/INFORMATION REQUEST
For Certification in the Domestic Violence Adult Batterers' Intervention Program

Applicant Name			
Director's Name		Telephone Number	
Mailing Address	City	State	Zip Code

The above program is applying for certification as a Domestic Violence Adult Batterers' Intervention Program. Please complete this form and return it to the Domestic Violence Coordinating Council, NCCCH, Suite 9425, 500 N. King Street, Wilmington, DE 19801. If you have questions or concerns, please call (302) 255-0405.

1. How long and in what capacity have you worked with this applicant?

2. How would you evaluate the applicant's effectiveness in treating batterers?

3. Does the applicant hold the batterer accountable and interact with the victim that is experiencing domestic violence, as well as service providers?

4. Do you have any recommendations/comments regarding the certification of this applicant?

Your Signature	Print Your Name	Telephone Number
Mailing Address	City	State Zip Code
Agency or Organization	Your Position	
Date		

DOMESTIC VIOLENCE ADULT INTERVENTION PROGRAM

PROTOCOL STANDARDS CHECKLIST

Please fill in the blanks or place a check mark next to the Program Specifics which your program meets. Attach any supporting documentation, including the contract between your program and batterers, process for victim contact and your documentation tool, psychosocial assessment documentation, and program content documents. These materials will be used only by the Certification Panel for the purpose of reviewing your program credentials.

1. Program length is _____ sessions completed within _____ weeks.

2. Group sessions are at least _____ hours in length.

3. ___ The maximum group size is 15 participants per one facilitator and no more than 20 participants per two facilitators.

4. ___ The assessment/intake process for the program takes at least ____ hour(s).

The program requires the batterer to sign a contract containing the following (#s 5-14):

5. ___ Outline of program content, including dynamics of power and control;

6 ___ Attendance policy;

7. ___ Termination criteria;

8. ___ Program rules, regulations, and fees;

9. ___ Disclosure of information sheet;

10. ___ Agreement to comply with provider expectations and accountability for abuse;

11. ___ Notice of victim contact.

12. ___ Information release.

Applicant provides a psychosocial assessment/intake to include (Standards, pages 13 - 15):

13. ___ Screening for substance abuse and mental illness and determine who is appropriate for domestic violence intervention.

14. ___ Obtaining an abuse history for current and past intimate relationships.

15. ___ Conducting a lethality assessment.

Applicant provides an orientation (page 18 of the Standards) which:

16. ___ Lasts a minimum of _____hours.

17. ___ Complies with the overview requirements stated on page 18 of the Standards.

18. ___ Applicant will make efforts to contact victim as required on pages 18-19 of the Standards, including immediately attempting to contact the victim following any threat of violence from an offender.

19. ___ Applicant's attendance policy complies with that described on page 19 of the Standards'

20. ___ Program complies with discharge requirements described on pages 19-20 of the Standards.

If program does not comply with some or all of these requirements, please specify:

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