

1. Please list any staff members who have left the program or organization since last year's application/report.

| Name | Classification |
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2. Please list any existing staff members requesting to have their classification changed and include a *Statement of Qualifications form* for each named individual.

| Name | Current Classification | Classification applying for |
|------|------------------------|-----------------------------|
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For the following questions, please fill in the blanks or place a check mark next to the program specifics which your program meets. A description of the requirements can be found in the *Domestic Violence Intervention Standards revised 2023 (DVI Standards)*. **Attach supporting documentation, including the contract between your program and batterers, biopsychosocial assessment documentation, orientation materials, and manuals used.** These materials will be used only by the Certification Panel for the purpose of reviewing your program credentials.

3. Program length is _____ sessions completed within _____ weeks.
4. Group sessions are at least _____ hours in length.
5. The maximum group size is 15 members per one facilitator and 20 members per two facilitators.
6. Program provides an orientation which:
 - a. Lasts a minimum of _____ hours.
7. The Intake Evaluation for the program takes at least _____ hour(s).
8. The program requires the participant to sign a contract containing the following:
 - a. Outline of program content.
 - b. Attendance policy.
 - c. Termination criteria.
 - d. Program rules, expectations, regulations, and fees.

- e. Disclosure of information sheet.
 - f. Agreement to comply with provider expectations and accountability for abuse.
 - g. Notice of victim contact.
 - h. Information release.
9. Program conducts a biopsychosocial assessment that includes the *Required Areas to Assess* section on pages 9-10 of the DVI Standards.
10. Program will make efforts to contact victim as required on pages 18-19 of the DVI Standards, including immediately attempting to contact the victim following any threat of violence from a offender.
11. Program **does not** use or recommend any of the contraindicated intervention methods listed on page 19 of the DVI Standards.
12. Program complies with discharge requirements described on pages 19-20 of the DV Intervention Standards.
13. If program does not comply with some or all of the previously listed requirements, please specify:
14. Did your program make any modifications to your program model or plan to make any modifications according to the *Program Innovation* section on page 18 of the DVI Standards? If yes, please complete and submit a *Request for Program Modification* form along with this form.
- Yes No

The name of the staff person randomly selected for Continuing Education Review will be forwarded to the Program Director. The Staff Continuing Education Training Logs shall be submitted by the Program Director within 30 days of the DVCC request date.