DOMESTIC VIOLENCE INTERVENTION (DVI) STANDARDS

Domestic Violence Coordinating Council

Application for Certification

Rev. 6/2024

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 3-5 of the application must be completed by the program director.
    b. Pages 6-9 of the application must be photocopied and distributed to each of the program'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 10 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 10 before sending it to references. References should return the completed pages directly to the address indicated below.

3. Complete the Standards Compliance Checklist. Attach all material 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, biopsychosocial assessment tool, and program materials. The materials will be used only by the Certification Panel for the purpose of reviewing program credentials.

4. Submit to electronically to DVCC_Information@delaware.gov or via mail.

Domestic Violence Coordinating Council
DV Treatment Certification Panel
900 N. King Street, Suite 300
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 program to schedule an interview.

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

8. Programs certified by the Certification Panel, will be required to submit an Annual Report every January in order to maintain Certification.

APPLICATION FOR DOMESTIC VIOLENCE INTERVENTION PROGRAM
(To be completed by Program Director)

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

Agency/Program Name:
Mailing Address:

Program Director 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?

Program Director's Signature _____ Date:

APPLICATION FOR DOMESTIC VIOLENCE INTERVENTION PROGRAM CERTIFICATION (CONT.)

(To be completed by Program Director)

List the name of the individuals and the applying position. Please be sure to include a *Statement of Qualifications* form for each individual listed.

	NAME	CHECK THE APPROPRIATE CATEGORY
1.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
2.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
3.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
4.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
5.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
6.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
7.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
8.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
9.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
10.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
11.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
12.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
13.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
14.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR
15.	_____	☐ TRAINEE ☐FACILITATOR ☐EVALUATOR ☐SUPERVISOR

APPLICATION FOR DOMESTIC VIOLENCE INTERVENTION PROGRAM CERTIFICATION (CONT.)

(To be completed by Program Director)

Fill in the name of the 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:_____

_____

_____

Name:_____ Highest Degree: _____

Training/Experience:_____

_____

_____

Name:_____ Highest Degree:_____

Training/Experience:_____

_____

_____

Name:_____ Highest Degree:_____

Training/Experience:_____

_____

_____

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 Program Director meets or exceed the standards listed in the Delaware Domestic Violence Protocol.

Program Director's Name (Print): _____

Program Director's Signature:_____ Date:_____

Domestic Violence Coordinating Council (DVCC)
Certified Domestic Violence Intervention Program (DVIP)

STATEMENT OF QUALIFICATIONS FOR STAFF AND VOLUNTEERS

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, supervised by staff at a Certified DVI Provider.
   - ☐ a facilitator, meeting all minimum requirements.
   - ☐ a supervisor, meeting all minimum requirements.
   - ☐ an evaluator, meeting all minimum requirements.
2. List any college/University degrees and field of study.

Type of Degree	Field of Study

3. Please list any current professional licenses or certifications

Type of License/ Certification	State or Certifying Agency	Expiration Date

4. If you are applying as a facilitator, evaluator or supervisor do you have:
   a. at least 40 hours of victim centered training within the last 5 years ☐ Yes ☐ No
   b. at least 40 hours of offender training within the last 5 years ☐ Yes ☐ No
   c. at least 10 hours of elective training within the last 5 years ☐ Yes ☐ No

Please document your training hours in the Training Log on page 8 of this form and provide supporting certificates.

5. If applying for the first time as a facilitator or supervisor, have you completed at least 104 hours of direct face-to-face contact facilitating or co-facilitating offender groups with a DVCC Certified DVI Provider? ☐ Yes ☐ No

If yes, please document your hours on the next (page 7) and attach any supporting documentation to this form. Trainees can use this log to document any hours.

Dates	Organization Providing Experience	Supervisor Name and Credentials	Hours

6. Are you leading a DV intervention group? ☐ Yes ☐ No
7. Are you co-facilitating a DV Intervention group? ☐ Yes ☐ No
    a. If yes, what is the name of the person (facilitator or supervisor) who is providing you direction:
8. All staff: Using page 9, list other relevant experience that you have had in the field of domestic violence.
9. Have you ever been convicted for a crime involving violence, alcohol/drugs or a sexual offense? ☐ Yes ☐ No
10. Has a civil Order of Protection or criminal no contact order ever been entered against you? ☐ Yes ☐ No
11. Have you ever been sanctioned as a result of a professional ethics violation? ☐ Yes ☐ No
12. 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 OR EVALALUATOR.

13. Are you responsible for providing supervision to agency staff now leading DV Intervention groups? ☐ Yes ☐ No
14. Do you have experience conducting evaluations for a DVI program or administering assessments tools? ☐ Yes ☐ No
15. 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.

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

Signature	Date

TRAINING LOG

Use this log to document your required training hours. Copy this page as needed to add additional trainings.

Training Date	Training Title/Topic	Training Format	Presenter Name	Sponsoring Agency	Clock Hrs.	Training Category (Victim, Offender or Elective)

TOTAL OFFENDER TRAINING HOURS THIS PAGE:__

TOTAL VICTIM TRAINING HOURS THIS PAGE:__

TOTAL ELECTIVE TRAINING HOURS THIS PAGE:

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

Signature:	**Date:**

EXPERIENCE LOG

Use this form to document any additional experience in domestic violence. Copy this page as needed to add experience.

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

PROGRAM REFERENCE REQUEST

For Certification in the Domestic Violence Intervention Program

Program Name:_____

Program Director Name:_____ Telephone #:_____

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, 900 N. King Street, Suite 300 Wilmington, DE 19801. If you have questions or concerns, please call (302) 255-1700.

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

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

3. Does the program 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 program?

Print your name: _____ Your Signature:_____

Agency/Organization:_____ Position:_____

Mailing Address: _____

City State Zip Code

Email Address:_____ Date:_____

DOMESTIC VIOLENCE INTERVENTION PROGRAM
STANDARDS COMPLIANCE CHECKLIST

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 curriculum used.** 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 members per one facilitator and 20 members per two facilitators.
4. Program provides an orientation which:
   a. ☐ Lasts a minimum of _____ hours.
5. The Intake Evaluation for the program takes at least _____ hour(s).
6. 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.

7. ☐ Program conducts a biopsychosocial assessment that includes the *Required Areas to Assess* section on pages 9-10 of the DVI Standards.
8. ☐ 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.
9. ☐ Program **does not** use or recommend any of the contraindicated intervention methods listed on page 19 of the DVI Standards.
10. ☐ Program complies with discharge requirements described on pages 19-20 of the DV Intervention Standards.
11. If program does not comply with some or all of the previously listed requirements, please specify:

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

Signature	Date