

OHIO ADVOCATE NETWORK for TRAINING & REGISTRATION

Application for NEW Registered Advocate Status

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PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

REGISTERED ADVOCATE (RA) STATUS REQUESTED:

- Registered Advocate (direct service hours: 1,950)
 Registered Advocate Advanced Standing (direct service hours: 7,800)
 Registered Advocate Senior Standing (direct service hours: 11,700)

SECTION 1. APPLICANT INFORMATION

NAME _____

HOME ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

PHONE (home) _____ (work) _____

(cell) _____ (fax) _____

PREFERRED E-MAIL ADDRESS _____

AGENCY/ORGANIZATION _____

AGENCY ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

Please send all USPS Correspondence to my: _____ Home Address _____ Work Address _____

SECTION 2. PROFESSIONAL/VOLUNTEER EXPERIENCE – DIRECT SERVICES TO CRIME VICTIMS

List the agencies and organizations with whom you are/have been employed (in a paid or volunteer capacity) to provide direct services to crime victims. If a listed agency or organization is not primarily a victim advocacy program, you should only include the portion of your paid/volunteer hours spent providing direct services to crime victims. Begin with your current position and include the applicable hours for each agency/organization. Attach additional pages as necessary.

A Memorandum of Confirmation form must be completed for each listed agency

CURRENT AGENCY NAME: _____

Position(s) held: _____

Dates Employed: FROM: _____ TO: _____

Specified Discipline: General/Multi Crime: _____ DV: _____ SA: _____ HOM/OMVI: _____

Total # of Paid Hours Accrued: _____ Total # of Volunteer Hours Accrued: _____

AGENCY NAME: _____

Position(s) held: _____

Dates Employed: FROM: _____ TO: _____

Specified Discipline: General/Multi Crime: _____ DV: _____ SA: _____ HOM/OMVI: _____

Total # of Paid Hours Accrued: _____ Total # of Volunteer Hours Accrued: _____

AGENCY NAME: _____

Position(s) held: _____

Dates Employed: FROM: _____ TO: _____

Specified Discipline: General/Multi Crime: _____ DV: _____ SA: _____ HOM/OMVI: _____

Total # of Paid Hours Accrued: _____ Total # of Volunteer Hours Accrued: _____

TOTAL HOURS ACCRUED for ALL listed agencies/organizations PAID: _____ VOLUNTEER: _____

REMINDER: Total Hours must equal or exceed the required minimum (1950 or 7800 or 11,700) for the RA status being requested.

SECTION 3. VERIFICATION OF APPLICANT EMPLOYMENT HISTORY

Memorandum of Confirmation (MOC)

A MOC MUST BE COMPLETED FOR EACH AGENCY LISTED IN SECTION 2

PLEASE NOTE THE FOLLOWING:

1. This form must be completed by an individual authorized to verify the applicants paid and/or volunteer employment history with the named agency. The authorized individual should currently hold the position of Agency Director, Board of Directors Member, Staff Supervisor, Volunteer Coordinator, Personnel Director (or similarly defined position) for the named agency - and need not have been the person in direct supervision of the applicant during the applicant's period of employment.

2. An additional, separate MOC for the named agency must be completed if any of the following apply:

- the applicant was employed in both a paid *and* a volunteer capacity with the named agency
- the applicant held more than one *distinctly different* position with the named agency
- the applicant was employed in both a part-time *and* a full-time capacity with the named agency

Name of Applicant: _____

Name of Agency: _____

Name of Authorized Individual: _____

Authorized Individual Business Phone Number: _____

I, _____, _____ certify that the Applicant
(Authorized Individual) (Title)

_____ provided direct services to victims of crime while employed at
(Applicant Name)

_____ and while serving in the capacity of _____
(Named Agency) (Position Title)

between _____ and _____
(Start Date) (End Date, or, Current Date)

Initial Where Appropriate Below:

I further certify that this position was a _____ Paid position / _____ Volunteer position.

I further certify that this position was a _____ Full-time position / _____ Part-time position.

I further certify that the Applicant worked _____ hours per week during the employment period.

I further certify that the total number of hours worked during the employment period was _____.

I affirm I have been authorized to review and confirm the employment history of this applicant, and I certify the information contained in this Memorandum of Confirmation is true and accurate according to official agency employment records.

(Signature of Authorized Individual)

(Date)

SECTION 4. PRE-REGISTRATION TRAINING

A minimum of 24 hours of pre-registration training is required of all New Applicants. Additionally, the Training Area Guideline (TAG) List specifies the mandatory training topics which must be completed by New Applicants. Refer to SERIES A on the TAG List. To qualify for OAN Registration, a New Applicant must meet the 24 hour minimum AND the training must encompass ALL mandatory training topics. All pre-registration training must have been completed within the 4 year period immediately preceding submission of this application.

Documentation of pre-registration training is required and must be submitted with your application. Please do not submit an original Certificate of Completion of other form of verification (send copies of documents).

Initial all *applicable* lines below:

- _____ I have completed 24 hours of required pre-registration training as specified on the TAG List
- _____ I have completed training in ALL 9 SERIES A Core Topic Categories
- _____ I have completed training in ALL 5 SERIES A Specialized Core Topic Categories for my discipline(s)
- _____ I have completed a pre-approved 40-hour training course (BASICS, ODVN, Summit County)

OHIO ADVOCATE NETWORK DISCLAIMER FOR ALL REGISTERED ADVOCATE LEVELS

As a voluntary state-wide credentialing body for victim advocates and allied professionals in Ohio, OAN is committed to affirm that applicants meet the minimum stated standards for direct service experience, as well as required pre-registration training and continuing education training, to attain and maintain Registered Advocate status.

OAN diligently seeks to ensure that applicants for Registration offer a good-faith representation of their acquired direct service experience and training, through the registration application questionnaire and required supporting documentation.

OAN has no educational, legal, statutory, regulatory or investigative authority to *guarantee* applicants approved for registration are qualified and/or competent to provide direct services to crime victims.

OAN cannot assure the complete accuracy of all information submitted by individual applicants.

OAN reserves the right to modify organizational policy and procedure, application documents, registration requirements, and/or application fees at any time and without notice.

OAN has the authority to review, suspend, and/or permanently revoke any Registration based upon alleged, confirmed and/or acknowledged violations of the NOVA Code of Professional Ethics.

CODE of PROFESSIONAL ETHICS for VICTIM ASSISTANCE PROVIDERS

Victims of crime and the criminal justice system expect every Victim Assistance Provider, paid or volunteer to act with integrity, to treat all victims and survivors of crime—their clients—with dignity and compassion, and to uphold principles of justice for accused and accuser alike. To these ends, this Code will govern the conduct of Victim Assistance Providers:

I. In relationships with every client, the Victim Assistance Provider shall:

1. Recognize the interests of the client as a primary responsibility.
2. Respect and protect the client's civil and legal rights.
3. Respect the client's rights to privacy and confidentiality, subject only to laws or regulations requiring disclosure of information to appropriate other sources.
4. Respond compassionately to each client with personalized services.
5. Accept the client's statement of events as it is told, withholding opinion or judgment, whether or not a suspected offender has been identified, arrested, convicted, or acquitted.
6. Provide services to every client without attributing blame, no matter what the client's conduct was at the time of the victimization or at another stage of the client's life.
7. Foster maximum self-determination on the part of the client.
8. Serve as a victim advocate when requested and, in that capacity, act on behalf of the client's stated needs without regard to personal convictions and within the rules of the advocate's host agency.
9. Should one client's needs conflict with another's, act with regard to one client only after promptly referring the other to another qualified Victim Assistance Provider.
10. Observe the ethical imperative to have no sexual relations with clients, current or past, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
11. Make client referrals to other resources or services only in the client's best interest, avoiding any conflict of interest in the process.
12. Provide opportunities for colleague Victim Assistance Providers to seek appropriate services when traumatized by a criminal event or a client.

II. In relationships with colleagues, other professionals, and the public, the Victim Assistance Provider shall:

1. Conduct relationships with colleagues in such a way as to promote mutual respect, public respect, and improvement of service.
2. Make statements that are critical of colleagues only if they are verifiable and constructive in purpose.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance field.
4. Take steps to quell negative, insubstantial rumors about colleagues and allied professionals.
5. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
6. Provide professional support, guidance, and assistance to Victim Assistance Providers who are new to the field in order to promote consistent quality and professionalism in victim assistance.
7. Seek to ensure that volunteers in victim assistance have access to the training, supervision, resources, and support required in their efforts to assist clients.
8. Act to promote crime and violence prevention as a public service and an adjunct to victim assistance.
9. Respect laws of one's state and country while working to change those that may be unjust or discriminatory.

III. In her or his professional conduct, the Victim Assistance Provider shall:

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for clients.
2. Seek and maintain a proficiency in the delivery of services to clients.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, gender, disability, ethnicity, race, national origin, religious belief, or sexual orientation.
4. Not reveal the name or other identifying information about a client to the public without clear permission or legal requirements to do so.
5. Clearly distinguish in public statements representing one's personal views from positions adopted by organizations for which she or he works or is a member.
6. Not use her or his official position to secure gifts, monetary rewards, or special privileges or advantages.
7. Report to competent authorities the conduct of any colleague or allied professional that constitutes mistreatment of a client or that brings the profession into disrepute.
8. Report to competent authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a client, or to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any client.

IV. In her or his responsibility to any other profession, the Victim Assistance Provider will be bound by the ethical standards of the allied profession of which she or he is a member.

I, the undersigned applicant, hereby certify that I have read and agree to follow the *Code of Professional Ethics for Victim Assistance Providers*.

Print Applicant Name: _____

Applicant Signature: _____ Date: _____

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SECTION 5. CERTIFICATIONS

Read and initial each of the following certifications:

_____ I, the undersigned applicant, hereby certify that the information and supporting documentation submitted in this application is true and accurate.

_____ I, the undersigned applicant, hereby certify that I have never been convicted of any crime stemming from an act of violence or threat thereof, any felony, or any criminal act involving a child.

_____ I, the undersigned applicant, hereby certify that I have read and agree to abide by the National Organization for Victim Assistance (NOVA) Code of Professional Ethics.

_____ I the undersigned applicant, hereby certify that I have never been terminated from a volunteer or paid position due to conduct in violation of the NOVA Code of Professional Ethics.

_____ I, the undersigned applicant, hereby certify that I agree to the nonrefundable OAN payment terms for Registration fees.

_____ I the undersigned applicant, hereby certify that I have read and understand the OAN Disclaimer.

_____ I the undersigned applicant, hereby authorize the OAN Review Committee to verify employment and/or volunteer experience with the agencies and/or organizations I have listed in this application.

As Applicant I affirm the Certifications initialed above are true and correct, and falsification of any portion of the application or the supporting documents will result in the denial or termination of an Ohio Advocate Network Registration credential. I understand approval of this Application is contingent upon satisfactory review and verification of all components. I agree to abide by all OAN Registration requirements.

Applicant Signature: _____

DATE: _____

1. SUBMIT THE COMPLETE APPLICATION AND REQUIRED PRE-REGISTRATION TRAINING DOCUMENTATION:

The Ohio Advocate Network for Training & Registration
c/o Greene County Prosecutor's Office Victim/Witness Division
61 Greene Street, Suite 200, Xenia Ohio 45385

2. RETAIN A COPY OF THE COMPLETE APPLICATION FOR YOUR RECORDS.

3. ENCLOSE PAYMENT – A nonrefundable fee of \$40.00 is required for all New Applications. ***Payment will only be accepted in the form of an Agency Check, Money Order, or Cashier Check, made payable to Ohio Advocate Network.*** If you are an NACP Credentialed Advocate in good standing, the \$40 fee will be waived if you submit a copy of your current NACP card or certificate.

4. YOUR OAN REGISTRATION MUST BE RENEWED EVERY TWO YEARS – Registration expires two years from the date of approval (January or July). You *may* receive an email reminder prior to the renewal deadline, however it is your responsibility to maintain this credential.

You must notify OAN of any change in postal address, email address or agency.