



NEW APPLICANT

Dear Applicant,

In 1994, a coalition of victim service providers representing numerous statewide advocacy organizations formed the Ohio Advocate Network (OAN). This group recognized the need to publicly affirm the field of victim advocacy, establish professional standards, and encourage continuing education and specialized training. Acquiring and maintaining valid OAN Registered Advocate status attests that an individual has achieved a defined level of experience and knowledge in the victim assistance profession.

OAN remains dedicated to professionalizing the field of victim advocacy and maintaining a best-practice approach for credentialing. In 2019, additional updates were made to OAN policy and procedure. These updates were crafted with a continuing commitment to offer a credentialing process that is achievable, affordable, and meaningful. As of June 2019, all OAN Registration Applications have been revised to reflect the updates. Please note the mailing address for submitting OAN applications has changed. The OAN Review Committee will only accept the revised applications. Outdated applications will not be reviewed and applications will be non-refundable.

Please thoroughly review the following information and carefully read both the instructions and the Application for NEW Registered Advocate Status before completing the required documents. All OAN forms and supporting documents may be downloaded from the Ohio Victim Witness Association website at www.ovwa.org. Questions about the OAN registration process may be submitted by email to janet@ovwa.org or by calling **(614) 787-9000**.

Thank you for your interest in becoming a Registered Advocate with the Ohio Advocate Network for Training and Registration and for joining the many victim advocates and allied professionals in Ohio seeking increased professionalization of our field.

Most Respectfully,

The Ohio Advocate Network Review Committee



APPLICATION INFORMATION

DEFINITIONS

Advocacy – Providing victim-centered supportive services specific to the distinct circumstances and needs that individuals face in the aftermath of victimization. In victim advocacy, empowerment of the individual to achieve resiliency, recovery, and improved circumstances is a primary goal.

Supportive Direct Services – Crisis-intervention; empowerment of the individual through emotional, physical, and informational assistance; promoting, protecting and ensuring the constitutional and statutory rights of crime victims; advocacy and intervention with other systems a crime victim may encounter; inter-agency referral for additional or long-term support. Services must be provided directly to an identified crime victim or victim-chosen designated representative.

Advocate – One who recognizes the distinct circumstances and needs of those victimized by crime, maintains a working knowledge of the common legal, social, and psychological issues of crime victimization and offers a focused assistance within a victim-oriented professional and ethical framework.

REGISTERED ADVOCATE ELIGIBILITY REQUIREMENTS

An individual may apply for OAN Registered Advocate status through:

- Submission of a NEW Registered Advocate Application including all required supporting documents and the required application fee.
- Providing authorized documentation that supports direct services to victims of crime
- Providing documentation of completion of all required pre-registration training
- Professional work experience that may have been in a paid or volunteer capacity and would include direct advocacy to victims of crime including but not limited to sexual assault, intimate partner abuse and domestic violence, child abuse, homicide, general felony crime, general misdemeanor crime, and other related offenses

The amount of accumulated professional work and volunteer experience determines which level of Registered Advocate status may be sought.

REGISTERED ADVOCATE LEVELS

Registered Advocate (RA) – An applicant at the RA level has accumulated a minimum of 1,950 hours of professional work or volunteer experience providing direct services to crime victims.

Registered Advocate with Advanced Standing (RAAS) – An applicant at the RAAS level has accumulated a minimum of 7,800 hours of professional work or volunteer experience providing direct services to crime victims.

Registered Advocate with Senior Standing (RASS) – An applicant at the RASS level has accumulated a minimum of 11,700 hours of professional work or volunteer experience providing direct services to crime victims.



APPLICATION INFORMATION

REQUIRED PRE-REGISTRATION TRAINING

In addition to accrued professional work experience in a paid or volunteer capacity, an individual seeking Registered Advocate status must also complete pre-registration training. All pre-registration training must have been completed within the four-year period immediately preceding submission of the New Registered Advocate Application. While pre-registration training may be completed in a variety of formats, only 6 hours of training may be completed via an electronic format (webinar, on-line module, etc.)

To obtain Registered Advocate status at any level, an applicant must:

- Complete at least 24 hours of pre-registration training as outlined in the attached Training Area Guideline (TAG) List, Series A.
- The 24 hours of required training must encompass all 9 Core Topic Categories and 5 Specialized Core Topic Categories for the applicants chosen area of specialization.
- All applicants must identify a Specific Discipline for the current place of employment or volunteerism in the New Registered Advocate Application. It is permissible to select more than one.
- The remaining 6 hours of the required pre-registration training may come from any of the approved topics listed in the TAG List, Series A.

The OAN Review Committee has pre-approved several 40-hour Victim Advocacy Training Courses. Completion of any of these training courses fulfills the 24-hour pre-registration training requirement AND covers all required Core Topics and Specialized Core Topics.

- The Ohio Attorney General BASICS Course
- The Ohio Domestic Violence Network Domestic Violence Advocacy Fundamentals
- The Summit County Victim Assistance Academy Course
- The Ohio Alliance to End Sexual Violence Training Institute for Sexual Violence Advocates

Documentation of required pre-registration training must be submitted by new applicants to verify both the 24 hours of training and all required training topics. Acceptable documentation includes:

- Certificate of Completion or Attendance that reflects the training hours and all topics covered in the training
- Registration confirmation, Training Agenda and/or Course Overview if the certificate of completion or attendance does not contain sufficient detail

OAN understands that new applicants may have completed training in excess of the 24 required hours. Therefore, please limit submissions to the fewest number of documents necessary to verify both the 24 hour minimum requirement and all required training topics.



APPLICATION INSTRUCTIONS

SELECT the Registered Advocate status being requested.

SECTION 1: APPLICANT INFORMATION

- Type or print clearly in blue ink and provide all requested information.
- Select a preference for any correspondence.

SECTION 2: PROFESSIONAL/VOLUNTEER EXPERIENCE

- Ensure that experience involved direct services to crime victims
- Begin with your current position
- Identify all positions held with each organization for whom you are or have been employed, the month and year you began working for or volunteering with the organization and the date you ceased (use the phrase “currently employed” if applicable)
- Indicate your Specified Discipline. This will be the victim population you predominantly served at the organization. You may select more than one discipline.
- If you work for an agency that consistently serves victims of multiple different crimes, please select “General Crime/ Multi”.
- Indicate the total number of direct service hours, both paid and volunteer, you have accrued with each separate agency.
- If you are an allied professional (counselor, social worker, attorney, etc.), and are employed by an agency that does not serve crime victims as its primary mission, you may only include the direct service hours you have spent serving a crime victim.
- A separate Memorandum of Confirmation (MOC) must be completed by each organization listed in SECTION 2. The number of paid or volunteer hours in SECTION 2 should match the number of hours documented in the MOC.
- If you have provided direct services to crime victims at more than three organizations, please attach additional typed pages to your application
- At the end of SECTION 2, total the number of paid and/or volunteer hours accrued from all listed employers

SECTION 3: VERIFICATION OF APPLICANT EMPLOYMENT AND VOLUNTEER HISTORY

- A MOC is to be completed and signed by an authorized individual at each organization listed in SECTION 2. The authorized individual should currently hold the position of Agency Director, Board of Directors Member, Staff Supervisor, Volunteer Coordinator, Human Resources Director or similarly defined position for each named organization.
- The authorized individual does not need to be the person in direct supervision of the applicant during the applicant’s period of employment or volunteerism.
- Please list each position held within that agency, the number of direct service hours completed in that position, whether the position was full-time or part-time, and whether the position was paid or volunteer.



APPLICATION INSTRUCTIONS

SECTION 4: PRE-REGISTRATION TRAINING

- Initial each applicable statement to verify that you have complied with all pre-registration training requirements as outlined in the Training Area Guidelines (TAG), Series A.
- Submit accepted documentation for the required 24 hours of pre-registration training. Remember that a minimum of 9 hours of the 24 required hours must be completed in the Core Topic categories and a minimum of 5 of the 24 hours must be completed in the Specialized Core Topic categories (each training should be a minimum of one hour in each Core Topic and Specialized Core Topic categories).
- Attendance at one of the pre-approved 40-hour training courses is NOT required.
- If you have attended one of the pre-approved 40-hour training courses you must submit the Certificate of Completion for the 40-hour course. It is not necessary to submit additional training documentation.

CODE OF ETHICS

- All Registered Advocates are expected to maintain an ethical standard of practice that ensures quality service delivery and professionalism.
- OAN has adopted the National Organization for Victim Assistance (NOVA) Code of Ethics and is a required component of the Application for Registration.
- Read, sign, and date the Code of Ethics to acknowledge commitment to the standards.

REQUIRED NEW APPLICATION FEE

- ONLY money orders, organizational checks, or cashiers checks are acceptable forms of payment.
- PERSONAL CHECKS ARE NOT ACCEPTED AND WILL BE RETURNED
- Make checks payable to the OHIO ADVOCATE NETWORK
- The New Registration Application Fee is \$40.00.
- If you are a NACP Credentialed Advocate in good standing, the \$40.00 fee will be waived. You must submit a copy of your current NACP card or certificate with the application for the fee to be waived.

MAIL THE APPLICATION PACKET

- Ensure you have the following:
 - o Completed Application
 - o Memorandum(s) of Confirmation
 - o Documentation of Required Pre-Registration Training
 - o Signed Code of Ethics
 - o Registration Application Fee - \$40.00
 - o Copy of NACP Card or Certificate, if applicable
- Retain a copy of the completed application for your records.
- Mail the completed application packet to:

**Ohio Advocate Network for Training & Registration
c/o Ohio Victim Witness Association
90 Northwoods Blvd., Suite B6
Columbus, OH 43235**

OAN USE ONLY									
R	A			-			-		



OAN USE ONLY: DATE RECEIVED

APPLICATION FOR NEW REGISTERED ADVOCATE STATUS

PLEASE TYPE OR PRINT CLEARLY IN BLUE 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

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 (1,950 or 7,800 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 ORGANIZATION LISTED IN SECTION 2

This form must be completed by an individual authorized to verify the applicant's paid and/or volunteer history with the named organization. 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. Please list all positions held in each organization of employment.

APPLICANT _____

ORGANIZATION _____

AUTHORIZED INDIVIDUAL _____

AUTHORIZED INDIVIDUAL'S TITLE _____ BUSINESS PHONE (____) _____

I certify that the Applicant provided direct services to victims of crime while employed and while serving in the capacity of

_____ between _____ and _____
POSITION/TITLE START DATE END OR CURRENT DATE

Initial where appropriate:

_____ This position was: Paid Volunteer _____ This position was: Full-time Part-time

_____ The Applicant worked _____ hours per week during the employment period.

_____ The **total** number of _____ hours worked during the Applicant's employment period was _____.

I certify that the Applicant provided direct services to victims of crime while employed and while serving in the capacity of

_____ between _____ and _____
POSITION/TITLE START DATE END OR CURRENT DATE

Initial where appropriate:

_____ This position was: Paid Volunteer _____ This position was: Full-time Part-time

_____ The Applicant worked _____ hours per week during the employment period.

_____ The **total** number of _____ hours worked during the Applicant's employment period was _____.

I certify that the Applicant provided direct services to victims of crime while employed and while serving in the capacity of

_____ between _____ and _____
POSITION/TITLE START DATE END OR CURRENT DATE

Initial where appropriate:

_____ This position was: Paid Volunteer _____ This position was: Full-time Part-time

_____ The Applicant worked _____ hours per week during the employment period.

_____ The **total** number of _____ hours worked during the Applicant's 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 _____



APPLICATION FOR NEW REGISTERED ADVOCATE STATUS

SECTION 4. PRE-REGISTRATION TRAINING

Initial below if you have completed one of these **pre-approved training courses** within the last four years:

- _____ Ohio Attorney General’s Office—BASICS Academy
- _____ Ohio Domestic Violence Network—Domestic Violence Advocacy Fundamentals
- _____ Ohio Alliance to End Sexual Violence—Training Institute for Sexual Violence Advocates
- _____ Summit County—Summit Victim Assistance Academy

If you have not completed a pre-approved course, you must provide sufficient documentation to verify training has been completed to fulfill each of the required Advocacy Fundamentals and Specialized Core Topics for your discipline(s) in Series A of the TAG List. Indicate which specific training event covered each required topic.

REQUIRED TOPIC	TRAINING EVENT (FUNDAMENTALS REQUIRED)
<input type="checkbox"/> Crisis Intervention	_____
<input type="checkbox"/> Advocacy	_____
<input type="checkbox"/> Ethics/Confidentiality	_____
<input type="checkbox"/> Case Management	_____
<input type="checkbox"/> Criminal Justice System	_____
<input type="checkbox"/> Crime Victims Compensation	_____
<input type="checkbox"/> Cultural Competency	_____
<input type="checkbox"/> History of Victims’ Rights Movement	_____
<input type="checkbox"/> Victim Rights	_____
<input type="checkbox"/> Trauma Informed Care/Response	_____
<input type="checkbox"/> Systems Advocacy	_____
<input type="checkbox"/> Community Resource/Referral	_____
<input type="checkbox"/> Overview: Criminal Prosecution/ORC Statute	_____
<input type="checkbox"/> Trauma of Victimization	_____
<input type="checkbox"/> Lethality Assessment/Safety Planning	_____
<input type="checkbox"/> Sexual Assault Forensic Exam Protocol	_____
<input type="checkbox"/> Traumatic Grief/Stages	_____
<input type="checkbox"/> Death Notification	_____

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: _____

Signature of Applicant: _____

Date: _____



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: _____

OHIO ADVOCATE NETWORK DISCLAIMER FOR ALL RA 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.

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

The Ohio Advocate Network for Training & Registration
c/o Ohio Victim Witness Association
90 Northwoods Blvd, Suite B-6, Columbus Ohio 43235

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