



## RENEWING 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 Outdated applications will not be reviewed and applications will be non-refundable.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](http://www.ovwa.org). Questions about the OAN registration process may be submitted by email to [janet@ovwa.org](mailto: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



# RENEWAL APPLICATION INFORMATION

## REGISTERED ADVOCATE ELIGIBILITY REQUIREMENTS

OAN registered advocates at all levels must renew their registration every two years. Renewal is accomplished by:

- Submission of a Registered Advocate Renewal Application including all required supporting documents, documentation of required continuing education and the required application fee.

## REACTIVATION OF ADVOCATE STATUS

If OAN registration status has lapsed by more than four years since the last approval date, the applicant must request reactivation of their RA status and pay an additional fee. For any Registered Advocate who is seeking to reactivate their status, they must complete 24 hours of required continuing education training within the four year period prior to submission of the renewal application.

If a renewing applicant is also a National Credentialed Advocate in good standing with the National Advocate Credential Program (NACP) then the OAN renewal fee of \$20.00 will be waived. The reactivation fee of \$20.00 will not be waived.

## 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.

## CONTINUING EDUCATION TRAINING

To maintain your registered advocate status, a minimum of 24 hours of continuing education training must be completed every two years from the approval date of your advocate status. The approved continuing education topics are listed in General Topic Categories and Specialized Topic Categories of the Training Area Guidelines (TAG) List Series B. Applicants are allowed to have completed some amount of continuing education training listed in the TAG List Series A Allowable topics from Series A include crime victims compensation, cultural humility/competency, trauma informed care, and systems advocacy as these topics are being routinely updated and/or expanded. Only 6 hours of the required 24 hours can be completed via an electronic format.

Renewal applicants can document their continued education training in section 2 of the application. It is not necessary for a renewing applicant to submit certificates of completion for these trainings. OAN understands that a registered advocate may have completed continuing education training well in excess of the minimum requirement however it is not necessary to list every training attended. Documentation should be limited to the required 24 hours of continuing education.



# RENEWAL APPLICATION INSTRUCTIONS

## SECTION 1: APPLICANT INFORMATION

- Type or print clearly in blue ink and provide all requested information
- Include your registered advocate (RA) number located on your renewal card and OAN certificate
- Choose your current registered advocate level
- Select a preference for any correspondence

## SECTION 2: DOCUMENTING CONTINUING EDUCATION TRAINING

- Refer to the Training Area Guidelines (TAG) List for approved training topics
- Training should be completed in both the General and Specific topic categories from Series B of the TAG List with an emphasis on training listed for your specified discipline
- List the 24 hours of completed training including the date, topic/title, sponsor/location and number of hours for each individual training event
- DO NOT submit additional documentation to verify attendance. However, you should retain all attendance documentation and certificates for future reference. If your application is selected for an audit, you will be required to provide proof of attendance at the trainings listed on your application.

## SECTION 3: CERTIFICATIONS

- Carefully read and initial each separate Certification
- Sign and Date the application

## 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.



# RENEWAL APPLICATION INSTRUCTIONS

## 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 Renewal Application Fee is \$20.00
- If you are a NACP Credentialed Advocate in good standing, the \$20.00 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.
- If you are seeking to reactivate your advocate registration, you must also submit a \$20.00 fee. This fee cannot be waived.
- Upon approval of your renewal application you will receive a renewal card. You may request a replacement certificate for an additional fee of \$15.00.

## MAIL THE APPLICATION PACKET

- Ensure you have the following:
  - Completed Application
  - Documentation of Required Continuing Education Training
  - Signed Code of Ethics
  - Registration Application Fee—\$20.00 (if not to be waived)
  - Copy of NACP Card or Certificate, if applicable
  - Reactivation fee of \$20.00, 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**

**YOU MUST RENEW YOUR OAN REGISTERED ADVOCATE STATUS EVERY TWO YEARS. APPLICATIONS ARE ACCEPTED IN THE MONTHS OF JUNE AND DECEMBER. REGISTRATIONS WILL EXPIRE TWO YEARS AFTER THE DATE OF APPROVAL. PLEASE NOTIFY OAN OF ANY CHANGES TO YOUR ADDRESS, EMAIL ADDRESS, OR AGENCY IN WRITING.**



# APPLICATION TO RENEW REGISTERED ADVOCATE STATUS

PLEASE TYPE OR PRINT CLEARLY IN BLUE INK

## SECTION 1. APPLICANT INFORMATION

RA# RA- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current registration level (check one):  RA  RAAS  RASS

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ (fax) \_\_\_\_\_

PREFERRED E-MAIL ADDRESS \_\_\_\_\_

AGENCY/ORGANIZATION \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_

Please send all USPS correspondence to my:  Home address  Work address

Has any of the information noted above changed since your last RENEWAL?  No  Yes

## SECTION 2. CONTINUING EDUCATION TRAINING (24 hours required at each RENEWAL)

| DATE  | TOPIC | SPONSOR/LOCATION | # OF HOURS |
|---|-------|------------------|------------|
|   |       |                  |            |
|   |       |                  |            |
|   |       |                  |            |
|   |       |                  |            |
|   |       |                  |            |
|   |       |                  |            |
|   |       |                  |            |
|   |       |                  |            |
|   |       |                  |            |
| <b>TOTAL CONTINUING EDUCATION TRAINING HOURS:</b> |       |                  |            |

Please use the back of this page if additional space is needed to document training information.



# CERTIFICATIONS

## SECTION 3. CERTIFICATIONS—READ AND INITIAL EACH OF THE FOLLOWING

- \_\_\_\_\_ 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.

|   |  |
|---|--|
| <p><b>1. SUBMIT THE COMPLETE APPLICATION TO RENEW OAN REGISTRATION TO:</b><br/>The Ohio Advocate Network for Training &amp; Registration<br/>c/o Ohio Victim Witness Association<br/>90 Northwoods Blvd, Suite B-6, Columbus Ohio 43235</p> <p><b>2. RETAIN A COPY OF THE COMPLETE APPLICATION FOR YOUR RECORDS.</b></p> <p><b>3. ENCLOSE PAYMENT</b>—A nonrefundable fee of \$20.00 is required for all Renewal Applications. <b>Payment will only be accepted in the form of an Agency Check, Money Order, or Cashier Check, made payable to Ohio Advocate Network.</b></p> | <p>If you are an NACP Credentialed Advocate in good standing, the \$20 fee will be waived if you submit a copy of your current NACP card or certificate.</p> <p><b>4. YOUR OAN REGISTRATION MUST BE RENEWED EVERY TWO YEARS</b>—Registration expires two years from the date of approval (January or July). You <b>may</b> receive an email reminder prior to the renewal deadline, however it is your responsibility to maintain this credential.</p> <p><b>You must notify OAN of any change in postal address, email address or agency.</b></p> |
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## ***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: \_\_\_\_\_