



UPGRADING & 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 Outdated applications will not be reviewed and applications will be non-refundable.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. 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



UPGRADE & RENEWAL APPLICATION INFORMATION

REGISTERED ADVOCATE ELIGIBILITY REQUIREMENTS

Every two years from their approval date, all OAN registered advocates MUST apply to renew their registration status. At the same time, Registered Advocates (RA) and Registered Advocates with Advanced Standing (RAAS) may also apply to upgrade their status to a higher level. This is accomplished by submitting the Upgrade & Renew Application, all required supporting documents according to the application instructions, and the application fee. If you are a Nationally Credentialed Advocate through the National Advocate Credential Program (NACP), the fee to upgrade and renew will be waived.

To upgrade and renew your registration status, you must show that you have accrued the required hours of experience providing services to crime victims AND have completed the required hours of continuing education training.

REACTIVATION OF ADVOCATE STATUS

If your OAN registration status has lapsed by more than four years since the last approval date, the applicant must request reactivation of their registered advocate status and pay an additional fee. The fee to reactivate your advocate registration will not be waived. The 24 hours of required continuing education training must be completed within the four year period prior to submission of the renewal application. Applicants must submit the renewal application, supporting documents, a signed ethics form, and the appropriate fees to be considered for reactivation.

REGISTERED ADVOCATE LEVELS

Registered Advocate with Advanced Standing (RAAS) – An applicant must have accumulated a minimum of 7,800 hours of professional work experience in a paid and/or volunteer capacity providing direct services to victims of crime.

Registered Advocate with Senior Standing (RASS) – An applicant must have accumulated a minimum of 11,700 hours of professional work experience in a paid and/or volunteer capacity providing direct services to victims of crime.

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.

Upgrade and Renewal applicants can document their continued education training in Section 4 of the application. It is not necessary for an upgrade & renew 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.



UPGRADE & RENEWAL APPLICATION INSTRUCTIONS

Select the upgraded level of advocate status being requested: RAAS RASS

SECTION 1: APPLICANT INFORMATION

- Please type or print clearly in blue ink
- Include your registered advocate number located on your renewal card and OAN certificate
- Provide your personal and professional information
- Select a preference for correspondence
- Please note if any information has changed since the last application

SECTION 2: PROFESSIONAL/VOLUNTEER EXPERIENCE

- 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
- If you need to update the information for more than three agencies, please include additional typed pages with the application
- At the end of SECTION 2, total the number of paid and/or volunteer hours accrued from all listed employers
- The sum total of hours must equal or exceed the minimum required hours for the upgrade level you are requesting

SECTION 3: VERIFICATION OF APPLICANT EMPLOYMENT AND VOLUNTEER HISTORY

- A Memorandum of Confirmation (MOC) must be completed by each employer reflecting the total number of accrued hours of service since your last OAN application. If you have not changed employers, please only complete one MOC for your current employer showing the increase in hours. The MOCs should reflect the increase in hours to justify the upgrade request to RAAS or RASS status.
- The signing 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 signing authorized individual does not need to be the person in direct supervision of the applicant during the applicant’s period of employment or volunteerism.



UPGRADE & RENEWAL APPLICATION INSTRUCTIONS

- 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
 - Each organization/agency requires its own MOU

SECTION 4: DOCUMENTING CONTINUING EDUCATION TRAINING

- Refer to the Training Area Guidelines (TAG) List Series B for approved training topics
- Training should be completed in both the General and Specific topic categories from Series B
- Completed continuing education should have an emphasis on your specialized discipline(s)
- 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 5: 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

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 Upgrade & Renewal 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.
- If you are seeking to reactivate your advocate registration, you must also submit a \$20.00 fee. This fee cannot be waived.



UPGRADE & RENEWAL APPLICATION INSTRUCTIONS

MAIL THE APPLICATION PACKET

- Ensure you have the following:
 - Completed Application
 - Documentation of Required Continuing Education Training
 - Signed Code of Ethics
 - Registration Application Fee—\$40.00 (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 UPGRADE & RENEW REGISTERED ADVOCATE STATUS

PLEASE TYPE OR PRINT CLEARLY IN BLUE INK

REGISTERED ADVOCATE (RA) STATUS REQUESTED: RA with Advanced Standing (direct service hours: 7,800)
 RA with Senior Standing (direct service hours: 11,700)

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. 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

Updated total # of paid hours accrued: _____ Updated total # of volunteer hours accrued: _____

Submit an updated Memorandum of Confirmation for previous agency ONLY IF YOU ARE UPDATING the # of accrued hours

AGENCY NAME: _____

Position(s) held: _____

Dates employed: FROM: _____ TO: _____

Updated total # of paid hours accrued: _____ Updated total # of volunteer hours accrued: _____

AGENCY NAME: _____

Position(s) held: _____

Dates employed: FROM: _____ TO: _____

Specified discipline: General/Multi-crime DV SA HOM/OMVI

Updated total # of paid hours accrued: _____ Updated 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 (7,800 or 11,700) for the RA status being requested.

SECTION 3. UPDATED VERIFICATION OF APPLICANT EMPLOYMENT HISTORY



MEMORANDUM OF CONFIRMATION (MOC)

**AN UPDATED MOC MUST BE COMPLETED FOR CURRENT ORGANIZATION
AN UPDATED MOC MUST BE COMPLETED FOR A PREVIOUS ORGANIZATION IF # OF ACCRUED HOURS HAS CHANGED**

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 _____



CERTIFICATIONS

SECTION 5. 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.

1. SUBMIT THE COMPLETE APPLICATION TO UPGRADE & RENEW OAN REGISTRATION TO:

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 Upgrade & Renew 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.

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: _____