

OHIO ADVOCATE NETWORK for TRAINING & REGISTRATION

Application to RENEW Registered Advocate Status

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

SECTION 1. APPLICANT INFORMATION

RA#: RA- _____ - _____ - _____ - _____

CURRENT REGISTRATION LEVEL: (Check one) RA: _____ RAAS: _____ RASS: _____

APPLICANT NAME: _____

HOME ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

AGENCY/ORGANIZATION: _____

AGENCY ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

CURRENT POSITION/TITLE: _____

PREFERRED E-MAIL: _____

PHONE: (home) _____ (work) _____

(cell) _____ (fax) _____

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	#HRS
TOTAL CONTINUING EDUCATION TRAINING HOURS:			

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

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.

SECTION 3. 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 to RENEW OAN REGISTRATION:

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 \$20.00 is required for all Renewal 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 \$20 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. ***Notify OAN of any change in postal address, email address or agency.***