

OHIO ADVOCATE NETWORK for TRAINING & REGISTRATION

Application to UPGRADE AND RENEW Registered Advocate Status

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

SECTION 1. APPLICANT INFORMATION

RA#: RA-____ - ____ - ____ - ____ - ____

REGISTERED ADVOCATE (RA) STATUS – UPGRADE LEVEL REQUESTED:

RA with Advanced Standing (7,800 hours)

RA with Senior Standing (11,700 hours)

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
Has any of the information noted above changed since your last RENEWAL? NO _____ YES _____

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 agency/position and include the applicable hours for each additional agency/organization.

Submit an updated Memorandum of Confirmation for your current agency

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: _____

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 AGENCY

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

PLEASE NOTE THE FOLLOWING:

1. This form should be filled out 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 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 to UPGRADE & 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 \$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. ***Notify OAN of any change in postal address, email address or agency.***