

FORM K: Evaluation from a Local Community Agency

Name of applicant: _____

Type of certification: Direct Service/Systems Advocacy Prevention Dual

The person named above is applying for certification as a Domestic Violence Specialist. Please complete the answers as fully as possible. Please return completed form directly to the Delaware Coalition Against Domestic Violence. Please attach additional pages if necessary.

How long have you known the applicant? _____

Please describe the capacity in which you became familiar with the applicant.

Please describe the applicant's ability to either a) provide direct services to victims, perpetrators, and/or family members affected by domestic violence; or b) provide prevention services/programming to the community. If the applicant, to your knowledge, has not had the opportunity to work in areas directly related to domestic violence, please comment on your perception about the applicant's potential for being able to work in a positive and empathetic manner.

Print Name

Signature

Date

**PLEASE RETURN THIS FORM VIA MAIL,
FAX OR EMAIL DIRECTLY TO:**
Delaware Coalition Against Domestic Violence
Attn: DVS Certification
100 W. 10th St., Suite 903
Wilmington, DE 19801

Fax: 302-658-5049
Email: training@dcadv.org