

Education- *Please list all education, degrees, or certifications since high school.*

Educational Institution	Years Attended	Field of Study	Degree Type

Consent for Release of Information

I hereby give permission to the Delaware Coalition Against Domestic Violence (DCADV) and/or the DCADV Certification Review Panel to obtain required information regarding my criminal background verification, service experience, training hours, and references as it pertains to my application for Initial Certification as a Domestic Violence Specialist. I understand that all information shall remain confidential.

Print Name

Signature

Date

Professional Code of Ethics of the DCADV Certified Specialist

*The principles of ethics are models of exemplary professional behavior and express professionals' recognition of responsibilities to the public, victims/survivors, program participants, and to colleagues within and outside the field of domestic violence services. They guide Certified Specialists in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. They are guided by core values and competencies that have emerged from domestic violence advocacy and the philosophical principles outlined in this document. **Please read and sign your agreement to abide by this code of ethics.***

I. Non-Discrimination

Domestic Violence Specialists shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, gender, gender identity, gender expression, age, sexual orientation, education level, socioeconomic status, medical condition, or physical, cognitive or intellectual ability. Domestic Violence Specialists should broaden their understanding and acceptance of cultural and individual differences and, in doing so, render services, deliver programming, and provide information sensitive to those differences.

II. Competence

Domestic Violence Specialists shall master their specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the context within which the application of service occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

- a) Domestic Violence Specialists should recognize limitations and boundaries of their own competence and not use technique or offer services outside those boundaries. Domestic Violence Specialists are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.
- b) Domestic Violence Specialists should seek supervision from their supervisors on competency and ethical issues. Additional supervision or guidance can be/should be sought from peers, other domestic violence service providers, and other Domestic Violence Specialists.
- c) When Domestic Violence Specialists have knowledge of unethical conduct or practice on the part of another professional, they have an ethical responsibility to report the conduct or practice to funding, regulatory, or other appropriate bodies.

III. Integrity

To maintain and broaden public confidence, Domestic Violence Specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Due to the nature of domestic violence, Certified Specialists should pay particular attention to power and control dynamics in all professional capacities.

- a) All information should be presented fairly and accurately. Certified Specialists should document and assign credit to all contributing sources used in published material or public statements.
- b) Certified Specialists should not misrepresent either directly or by implication professional qualifications or affiliations.
- c) Certified Specialists should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.

IV. Nature of Services

Practices or programming shall do no harm to clients or the community in which they take place. Services provided by Certified Specialists shall be respectful and non-exploitive. Planning, implementation, and evaluation of services or programming should be evidence-informed or guided by best practices.

- a) Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.
- b) Domestic Violence Specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention and intervention services.
- c) Services and programming should facilitate shared power between the service provider and the service recipient.

V. Confidentiality

Domestic Violence Specialists are responsible for knowing and adhering to the federal, state, and individual agency/employer confidentiality regulations and policies relevant to their specialty or role.

VI. Ethical Obligations for Community and Society

Certified Specialists are expected to respect the laws of the United States and the State of Delaware while working to change those that may be unjust or discriminatory. Certified Specialists are expected to seek opportunities to champion processes that aim to transform organizations, communities and systems from those perpetrating, tolerating or condoning oppression, abuse and violence to those upholding equity and respect. Individually, Certified Specialists should adopt a personal and professional stance that promotes health and safety of all individuals and alternatives to violence and abuse.

I HAVE READ AND AGREE TO ABIDE BY THE PROFESSIONAL CODE OF ETHICS OF THE CERTIFIED DOMESTIC VIOLENCE SPECIALIST.

Print Name

Date

Signature

Adapted from Prevention Think Tank Code of Ethical Conduct. (2003, September). Retrieved from <http://www.internationalcredentialing.org/Resources/Documents/Prevention%20Think%20Tank%20Code%20of%20Ethical%20Conduct.pdf>

Criminal Background Check

Applicants shall have no history or evidence of violent behavior for a minimum of five years immediately prior to the date of application. In addition, DCADV may consider the complete criminal history of an applicant and any history of substance abuse. DCADV reserves the right to report any unreported crimes or criminal acts that are disclosed by the applicant during the application review process. All applicants with a past criminal history may have said history reviewed by a DCADV attorney.

Have you completed a Criminal History/Background Check at your current agency/organization? Yes No

If you answered Yes, please use **Form A: Verification of Criminal Background Check.**
If you answered No, move on to the next question.

Have you completed a Criminal History/Background Check on your own within the last five years? Yes No

If you answered Yes, please attach a copy of your completed background check.

If you have not had a Criminal History/Background Check completed (either by your agency or on your own), please make the necessary arrangements to obtain a Criminal Background Check from the State of Delaware, from the state where you (the applicant) resides, and from the state where you (the applicant) work. Attach the appropriate copies to your application.

Applicants must submit to a Criminal Background Check(s) and are responsible for the costs incurred. Please see page 8-9 of the Application Guide for more information on the purpose of including background checks and how to obtain them.

Please answer the following questions.

Have you ever been charged with a felony as an adult? Yes No

Have you ever been convicted of a felony as an adult? Yes No

Have you ever had contact with the police due to domestic violence? Yes No

Have you ever been charged with a misdemeanor related to domestic violence? Yes No

Have you ever been convicted of a misdemeanor related to domestic violence? Yes No

Have you ever had an Order of Protection From Abuse entered against you? Yes No

If you answered Yes to any of the above questions, please provide the date, type of violation, offense, or incident, the state or county where it occurred, and the outcome.

Date of Offense	Type of violation, offense or incident	State/County	Outcome

Domestic Violence Service Experience

Please list **domestic violence service experience** below. Indicate the type of service provided: direct service or prevention. If you provided both types of service through one agency/organization, please log separate entries for direct service and prevention. Please note next to "Position" whether you worked as an **Employee**, **Volunteer**, or **Student Intern**. For each service experience listed, you must submit **Form B: Verification of Domestic Violence Services**. If you have more than four service experiences to include, please list those on a separate sheet.

Service Experience #1	Direct Service/Systems Advocacy	Prevention
Agency: _____		
Address: _____		
Phone number: _____		
Position: _____	Employee	Volunteer Intern
Dates worked: _____	Hours per week in this service type: _____	
Total hours of Service: _____	Name of person who provided verification: _____	

Service Experience #2	Direct Service/Systems Advocacy	Prevention
Agency: _____		
Address: _____		
Phone number: _____		
Position: _____	Employee	Volunteer Intern
Dates worked: _____	Hours per week in this service type: _____	
Total hours of Service: _____	Name of person who provided verification: _____	

Service Experience #3**Direct Service/Systems Advocacy****Prevention**

Agency: _____

Address: _____

Phone number: _____

Position: _____ Employee Volunteer Intern

Dates worked: _____ Hours per week in this service type: _____

Total hours of Service: _____ Name of person who provided verification: _____

Service Experience #4**Direct Service/Systems Advocacy****Prevention**

Agency: _____

Address: _____

Phone number: _____

Position: _____ Employee Volunteer Intern

Dates worked: _____ Hours per week in this service type: _____

Total hours of Service: _____ Name of person who provided verification: _____

Training and Education

Individuals applying for a single certification (Direct Service/Systems Advocacy **or** Prevention) are required to complete a total of **70 clock hours** of Training and Education in the categories and subcategories outlined on pages 16-18 of the Application Guide. Those applying for Dual Certification (Direct Service/Systems Advocacy **and** Prevention) are required to complete a total of **110 clock hours** of Training and Education. Please note the following requirements:

- a) Training information must be tracked on one of the two provided Training and Education Logs (**Form D- Training and Education Log (PDF) OR Form E- Training and Education Spreadsheet (Excel)**). Applicants may use their own tracking system in lieu of either of these logs, as long as the required fields are included:
 - Date of training event;
 - Topic/title of training;
 - Sponsoring agency;
 - Number of clock hours;
 - Training category/categories covered by the training;
 - Type of training (online, in-person, etc.);
 - Whether documentation has been included.
- b) At least 50% of all Training and Education hours must have occurred within the **last five years**.
- c) Documentation for **all** training and education events listed on the Training and Education Log must be included. **Each document should be labeled in the upper right hand corner with the applicable training category/categories (I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII, XIII), as well as the number of hours of training in each category.** The Review Panel may request additional information as needed to clarify the relevance of training. **Please see pages 19-22 of the Application Guide for more information about documentation.**
- d) Applicants who have completed University of Delaware's Concentration or Minor in Domestic Violence Prevention and Services may include an unofficial copy of their transcript in lieu of the Training Log. Please highlight or otherwise indicate the relevant courses. The DVPS Concentration and Minor meet all training requirements for all three types of certification.
- e) List **no more than 15 hours of in-service training**. *In-service training* is defined as an internal training or staff development effort where professionals are trained and discuss their work with others in their peer group. In-service training is often facilitated by someone who is a colleague/coworker at the same agency.
- f) List **no more than three hours** for those topics in which the applicant was the trainer or facilitator for the training.

- g) **At least 25%** of training hours for Initial Applicants (18 hours for Direct Service/Systems Advocacy OR Prevention Applicants; 28 hours for Dual Applicants) must come from **live, in-person training** events. The remainder of training hours may come from web-based trainings.

Core Training Requirements for All Certifications	
I. Basic Domestic Violence Knowledge	Minimum of 11 hours
II. Underserved/Culturally-Specific Populations	Minimum of 11 hours
III. Emerging Issues and Practices in Domestic Violence	Minimum of 5 hours
IV. Elective Topics	Minimum of 3 hours
TOTAL	30 hours

Training Requirements for Direct Service/Systems Advocacy Certification	
V. Intervention Services	Minimum of 10 hours
VI. Psychosocial Issues	Minimum of 10 hours
VII. Legal Issues	Minimum of 10 hours
VIII. Children	Minimum of 5 hours
IX. Challenges in Victim Advocacy	Minimum of 5 hours
TOTAL	40 hours

Training Requirements for Prevention Certification	
X. Foundations of Prevention	Minimum of 16 hours
XI. Planning and Evaluation	Minimum of 8 hours
XII. Privilege and Oppression	Minimum of 8 hours
XIII. Evidence-Based Models And Prevention Strategies	Minimum of 8 hours
TOTAL	40 hours

Mentoring

*Applicants are required to participate in 12 hours of mentoring sessions with a DCADV Certified Domestic Violence Specialist. The main role of the mentor is not to directly or physically supervise the applicant. Instead, the mentor and the applicant meet for 12 one-hour sessions (in-person or virtually) to engage in shared learning, discuss best practices, expand viewpoints, and develop themselves personally and professionally. **Please provide contact information for your DVS mentor(s) in the space below.** Attach additional pages if necessary.*

Please include the following forms with your application:

Form F: Mentoring Log [requires signature from applicant and mentor(s)]

Form G: Mentoring Elective Topics Description

The Mentor(s) must complete **Form H: Mentoring Evaluation Form** and return it directly to DCADV.

MENTOR #1

Mentor name: _____

Agency: _____

Title/Position: _____

Address: _____

Phone Number: _____

Email: _____

MENTOR #2

Mentor name: _____

Agency: _____

Title/Position: _____

Address: _____

Phone Number: _____

Email: _____

Evaluations

*Initial applicants must request evaluations from three individuals. These individuals should be knowledgeable about your work and in a position to evaluate your current competence in the field of domestic violence services. Your application should include evaluations from an immediate or prior supervisor, a coworker or colleague, and a representative from a community agency with whom you interact. **At least one of the evaluators must be from a domestic violence program.** Please provide the information requested below about the individuals who will be providing evaluations. The applicant is responsible for distributing evaluation forms, and the evaluators should return the completed forms directly to DCADV.*

EVALUATION FROM A COWORKER/COLLEAGUE

Evaluator Name: _____

Agency: _____

DV agency? Yes No

Title/Position: _____

Address: _____

Phone Number: _____

Email: _____

EVALUATION FROM A SUPERVISOR

Evaluator Name: _____

Agency: _____

DV agency? Yes No

Title/Position: _____

Address: _____

Phone Number: _____

Email: _____

EVALUATION FROM A LOCAL COMMUNITY AGENCY REPRESENTATIVE

Evaluator Name: _____

Agency: _____

Title/Position: _____

DV agency? Yes No

Address: _____

Phone Number: _____

Email: _____

Self-Evaluation

To be completed by **APPLICANT** and included with the completed application.

On a separate sheet of paper, submit a self-evaluation that addresses each of the points below. Each point must be addressed separately in the order listed. Please number your responses. Do not answer the questions in narrative form.

1. What is your personal philosophy about domestic violence? Be sure to touch on its definition, root cause(s), preventability, and your views of victims and perpetrators.
2. Part of being an effective service provider or preventionist includes looking inward at our values, biases, and belief systems. How do your personal values and beliefs affect the services you provide?
3. The field of domestic violence is growing and changing. How do you go about learning new information and practices? How do you effectively apply newly-learned training concepts to your work?
4. Due to the nature of domestic violence, Certified Specialists should pay particular attention to power and control dynamics in all professional capacities. What methods do you use to create/facilitate shared power in your professional role with service recipients?
5. Collaboration is essential in the field of domestic violence prevention and services. How do you collaboratively engage with other professionals in your work?
6. How would you describe both your personal and professional support systems? What are your self-care strategies to prevent burnout and address secondary trauma? What role do organizations play in ensuring the wellness of their staff/team?

Applicant Signature

The Delaware Coalition Against Domestic Violence (DCADV) may, at its discretion, require an interview and/or additional references.

The Delaware Coalition Against Domestic Violence is an equal opportunity agency. DCADV values a diverse workforce and an inclusive culture. DCADV encourages applications from all qualified individuals without regard to race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identity or expression, religion, creed, disability, veteran's status, being victims of domestic violence, sexual assault and/or stalking, family responsibility, or any other category protected by state and/or federal civil rights laws.

The Certification Review Panel will review and assess all applications for Domestic Violence Specialist Certification, and will either approve or deny Certification. Applicants will be notified in writing regarding the decision of the Certification Review Panel. The Certification Review Panel will present their decisions to the DCADV Executive Director, who will share the results at the next regularly scheduled meetings of the DCADV Board of Directors. Applicants who are denied certification by the Certification Review Panel may appeal that decision following the Appeal Process outlined on page 30 of the Application Guide.

I AFFIRM THAT ALL OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND ACCURATE.

Print Name

Signature

Date

Fee Schedule

Initial Certification Fee

\$75.00

*Fee must be submitted with the application.

Recertification Fee

\$25.00

*Fee must be submitted with the application.

Approved Extension/Late Fee

\$20.00

*This applies to Recertification applicants only. Any extension requests must be received in writing prior to certification expiration, and must be approved by the Certification Review Panel. If requesting an extension or submitting an application in after the deadline, you must include the extension/late fee with your Recertification fee.

Appeal Processing Fee

\$125.00

*The Appeal Processing Fee is only applicable to those applicants whose certification has been denied by the DCADV Board of Directors and who then wish to appeal that decision.

Note: All fees are non-refundable.

Cost of Criminal Background Check(s) are the responsibility of the applicant. Please refer to page 5 of the application for more information.

Application fees may be paid online at www.dcadv.org/dvs-payment; or by check (made payable to Delaware Coalition Against Domestic Violence).

Questions or Additional Information

For any questions or additional information about the application process, contact:

Delaware Coalition Against Domestic Violence

Attn: DVS Certification

100 W. 10th Street, Suite 903

Wilmington, DE 19801

Phone: 302-658-2958

Fax: 302-658-5049

training@dcadv.org

www.dcadv.org

**Visit www.dcadv.org/DVS
for the most up-to-date
information about the
Domestic Violence
Specialist Certification
Program.**