**FORM K: Evaluation from a Local Community Agency**

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| **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.*

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| **How long have you known the applicant?** |  | |
| **Please describe the capacity in which you became familiar with the applicant.** | | |
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| **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.** | | |
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| **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](mailto:training@dcadv.org) | | |
|  | |
| **Print Name** | |
|  | |
| **Signature** | |
|  | |
| **Date** | |