



DELAWARE COALITION  
AGAINST DOMESTIC VIOLENCE

# INITIAL APPLICATION FOR CERTIFICATION AS A DCADV DOMESTIC VIOLENCE SPECIALIST/ DOMESTIC VIOLENCE PREVENTION SPECIALIST

**Direct Service Certification**      **Prevention Certification**      **Dual Certification**

**General Information- Please print or type.**

Applicant Name: \_\_\_\_\_  
Last First MI

Please list any previously used names (maiden, married, etc.): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Home

Email: \_\_\_\_\_

**Employment Information**

Agency: \_\_\_\_\_

Your position/ job title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Correspondence Preferences**

Do you prefer that we contact you through:

- Home address      OR      Business address
- Personal phone      OR      Business phone
- Personal email      OR      Business email

**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 for application for Initial Certification. I understand that all information shall remain confidential.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## SECTION I

### Criminal Background Check

If you have had a Criminal History Background Check upon employment in your current agency/organization, you may use the verification form on page 5 of this packet. Otherwise, please include copies of the appropriate background checks. Refer to pages 8-9 of the Initial Application Information Booklet for more information about obtaining background checks in the State of Delaware.

*Applicants must submit to a Criminal Background Check(s) and are responsible for the costs incurred. The applicant must submit a Criminal Background Check from the State of Delaware, from the state where the applicant resides, and from the state where the applicant works. DCADV reserves the right to report any unreported crimes or criminal acts 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 included all appropriate Criminal Background Checks? Yes No

**Please mark the appropriate answer.**

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

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

Applicants shall have no history or evidence of violent behavior for a minimum of five (5) years immediately prior to the date of application. In addition, DCADV will 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.

The Delaware Coalition Against Domestic Violence is an equal opportunity agency. DCADV does not discriminate based on race, creed, color, sex, gender, gender identity, religion, marital status, ethnic origin, disability, age, or sexual orientation.

The Certification Review Panel will review all applications for Domestic Violence Specialist Certification. The Certification Review Panel will make a recommendation to the DCADV Board of Directors regarding whether or not applicants meet the criteria for Domestic Violence Specialist. The Board of Directors will review the recommendation of the Certification Review Panel and will either approve or deny Certification. Applicants will be notified in writing regarding the decision of the Board of Directors.

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

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**Print Name**

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**Signature**

---

**Date**

## Verification of Criminal Background Check

This form is to be completed by a supervisor who is knowledgeable regarding the applicant's Criminal Background Check. Please return completed form directly to the Delaware Coalition Against Domestic Violence.

Name of Applicant: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Criminal Background Check: \_\_\_\_\_

**Please give the outcome of the Criminal Background Check of the applicant.**

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**MAIL/FAX DIRECTLY TO:**  
Delaware Coalition Against Domestic Violence  
Training & Prevention Department  
100 W. 10<sup>th</sup> St., Suite 903  
Wilmington, DE 19801

FAX: 302-658-5049

You may also scan/email the form to  
[training@dcadv.org](mailto:training@dcadv.org).

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# 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.

## 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 or 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 SPECIALIST.**

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**Print Name**

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**Signature**

---

**Date**



## SECTION II

### A. 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**. You will need to make additional copies of the *Verification of Domestic Violence Services* form for each entry below.

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 Supervisor 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 Supervisor 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 Supervisor 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 Supervisor who provided verification: \_\_\_\_\_

**Service Experience #5**                      **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 Supervisor who provided verification: \_\_\_\_\_

## Verification of Domestic Violence Service Experience

Please list verifiable direct service/systems advocacy or prevention experience below. Please note under "Position" whether the applicant worked as an Employee, Volunteer, or Student Intern. If the applicant has more than one service experience to list, please make copies of this form for each. The supervisor providing verification should sign and send this form directly to DCADV.

### Applicant completes this section:

Name of Applicant: \_\_\_\_\_

Service Experience Type: \_\_\_\_\_ Direct Service/Systems Advocacy \_\_\_\_\_ Prevention \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Intern \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Total Hours of Service: \_\_\_\_\_

Description of how this work fulfills domestic violence service requirements as defined in the Initial Application Information Booklet. (please attach additional sheets if necessary).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Supervisor completes this section:

The individual above is applying for certification as a Domestic Violence Specialist or Domestic Violence Prevention Specialist. Please review the information they have provided related to their domestic violence direct service or prevention experience. **Please return completed form directly to the Delaware Coalition Against Domestic Violence.**

Comments:

I VERIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE.

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**MAIL/FAX DIRECTLY TO:**  
Delaware Coalition Against Domestic Violence  
Training & Prevention Department  
100 W. 10<sup>th</sup> St., Suite 903  
Wilmington, DE 19801

FAX: 302-658-5049

You may also scan/email the form to [training@dcadv.org](mailto:training@dcadv.org).

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## Verification of Domestic Violence Systems Advocacy Experience

Systems advocacy may also be part of an applicant's role in providing direct services to victims. Systems advocacy is the tool that advocates and other professionals use to ensure the rights and needs of victims of domestic/intimate partner violence as they negotiate systems on their journey toward healing and also to ensure that systems are working to address the prevention of domestic/intimate partner violence.<sup>1</sup> Examples of systems advocacy may include attending meetings of task forces/committees or advocating for policy or procedure changes to improve services to victims as whole.

Applicants may count up to 500 hours of systems advocacy toward the 2,000 direct service hours required for initial certification. A supervisor must verify all direct service/systems advocacy hours. Systems advocacy hours are not required, but simply an alternative to a portion of the required direct service hours.

**If systems advocacy hours are completed as an intern or volunteer and not as part of the individual's job responsibilities, this log sheet must be completed for verification. Verification of participation and service must be provided from demonstrated leadership of a committee, task force, coalition, RSO, etc. If you are employed by an agency or organization where systems advocacy is part of your job, you do not need to complete this section.**

<sup>1</sup>Sexual Violence: Policy & Systems Advocacy. (n.d.). [http://www.vawnet.org/sexual-violence/policy.php?type=web\\_desc\\_TT](http://www.vawnet.org/sexual-violence/policy.php?type=web_desc_TT) Retrieved November 4, 2015.

**Applicant: Please make additional copies of this log as needed.**

Name of Applicant: \_\_\_\_\_

Date	Name of Committee, Task Force, Coalition, or RSO	Number of Hours	Signature from Committee Leadership

## Verification of Domestic Violence Systems Advocacy Experience

If systems advocacy hours are completed as an intern or volunteer and not as part of the individual's job responsibilities, this log sheet must be completed for verification. Verification of participation and service must be provided from demonstrated leadership of a committee, task force, coalition, RSO, etc. If you are employed by an agency or organization where systems advocacy is part of your job, you do not need to complete this section.

### Systems Advocacy Experience #1

Name of Committee/Group: \_\_\_\_\_  
Description of how this Systems Advocacy work fulfills Domestic Violence Direct Service/Systems Advocacy requirements (please attach additional sheets if necessary).

### Systems Advocacy Experience #2

Name of Committee/Group: \_\_\_\_\_  
Description of how this Systems Advocacy work fulfills Domestic Violence Direct Service/Systems Advocacy requirements (please attach additional sheets if necessary).

### Systems Advocacy Experience #3

Name of Committee/Group: \_\_\_\_\_  
Description of how this Systems Advocacy work fulfills Domestic Violence Direct Service/Systems Advocacy requirements (please attach additional sheets if necessary).

## SECTION III

### 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 10-12 of the Initial Application Information Booklet. 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) Applicants seeking Dual Certification must complete all three Training and Education areas listed above (Core Requirements, Direct Service/Systems Advocacy, Prevention) for a total of 110 clock hours.
- b) List **no more than 15 hours** of in-service training. In-service training is defined as professional training or staff development effort where professionals are trained and discuss their work with others in their peer group. All in-service training must be presented by an individual with an expertise in one of the specified topic areas.
- c) List no more than **3 hours** for those topics in which the applicant was the trainer or facilitator for the training.
- d) **Core Training Requirements for All Certifications:** List **no more than 6 hours** of e-learning modules, live webinars, web conference, or teleconference trainings. E-learning modules are often more engaging than live or recorded webinars, and require participants to complete quizzes and answer questions about content to finish the module. Most offer certificates of completion that indicate the number of hours and content. Participants are encouraged to seek engaging and in-person training opportunities wherever possible. Recorded or audio-archived presentations such as podcasts or DVDs of trainings are not accepted towards fulfilling training and education requirements. Documentation of content (i.e. agenda, handouts) and attendance (i.e. email notice of registration or certificate) is required.
- e) **Direct Service/Systems Advocacy Applicants:** List **no more than 15 hours** of e-learning modules, live webinars, web conference, or teleconference trainings. Recorded or audio-archived presentations such as podcasts or DVDs of trainings are not accepted towards fulfilling training and education requirements. Documentation of content (i.e. agenda, handouts) and attendance (i.e. email notice of registration or certificate) is required.
- f) **Prevention Applicants:** List **at least 15 hours** of in-person training. The remaining hours may consist of e-learning modules, live webinars, web conference, or teleconference trainings. Recorded or audio-archived presentations such as podcasts or DVDs of trainings are not accepted towards fulfilling training and education requirements. Documentation of content (i.e. agenda, handouts) and attendance (i.e. email notice of registration or certificate) is required.
- g) At least 50% of all Training and Education hours must have occurred within the **last five years**.
- h) Training does not have to be presented by DCADV. DCADV strives to present training that meets certification training requirements, however, applicants are allowed and expected to document training from outside organizations.
- i) Training information must be tracked on the Training and Education Log on page 17 of the Initial Application. Documentation for all training and education events listed on the Training Log must be included. This can include

copies of certificates, training agendas, workshop descriptions, etc. 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. (*For example, a three-hour training on the impact of domestic violence on children may fulfill 2 hours under category VI- Children and 1 hour under category III- Psychosocial Issues.*) The Review Panel may request additional information as needed to clarify the relevance of training.

- j) Applicants who have completed University of Delaware's Concentration in Domestic Violence Prevention and Services may include a copy of their transcripts in lieu of the Training Log. Please highlight or otherwise indicate the relevant courses. The DVPS Concentration meets all training requirements for certification.

<b>CORE REQUIREMENTS FOR ALL CERTIFICATIONS (DIRECT SERVICE/SYSTEMS ADVOCACY, PREVENTION, OR DUAL)</b>	
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
<b>TOTAL</b>	<b>30 hours</b>

<b>REQUIREMENTS FOR DIRECT SERVICE/SYSTEMS ADVOCACY CERTIFICATION</b>	
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
<b>TOTAL</b>	<b>40 hours</b>

<b>REQUIREMENTS FOR PREVENTION CERTIFICATION</b>	
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
<b>TOTAL</b>	<b>40 hours</b>



## TRAINING AND EDUCATION LOG FOR INITIAL APPLICANTS FOR DOMESTIC VIOLENCE SPECIALIST CERTIFICATION

Please list hours of Domestic Violence Training and Education. At least 50% of training and education hours must have taken place within the last five years. This includes workshops, conferences, agency in-service training, and formal coursework towards a degree. Please refer to the Domestic Violence Specialist Initial Application Information Booklet for a complete list of categories and descriptions. Documentation (copies of certificates, training agendas, CEU credits, workshop descriptions, etc.) must be attached and labeled for each training and education event. Please make additional copies of this log as needed. You may use your own tracking system (i.e. Excel spreadsheet) in lieu of this log as long as the required information is included.

Name of Applicant: \_\_\_\_\_

Date	Topic/Title	Sponsor Agency	Presenter/Trainer	Clock Hours	Category (I through XIII)	Type of Training	Documentation Provided
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I CERTIFY THAT ALL INFORMATION PROVIDED IS ACCURATE AND THAT I HAVE ATTENDED THESE EVENTS FOR THE INDICATED HOURS.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Total Hours Submitted

TOTAL HOURS THIS PAGE \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_

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## SECTION IV

### Mentoring Evaluation Form

The individual named below was mentored by you as part of the requirements for certification as a Domestic Violence Specialist or Domestic Violence Prevention Specialist. Please evaluate the applicant's ability to follow the Professional Code of Ethics below:

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.

#### I. Non-Discrimination

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- 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.

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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 THE ABOVE PROFESSIONAL CODE OF ETHICS AND TO THE BEST OF MY KNOWLEDGE BELIEVE THAT THE ABOVE APPLICANT FOR DOMESTIC VIOLENCE SPECIALIST OR DOMESTIC VIOLENCE PREVENTION SPECIALIST FOLLOWS THE CODE OF ETHICS IN THEIR WORK AND TRAINING.**

Additional comments or observations of applicant (please attach additional sheets if necessary):

\_\_\_\_\_  
Mentor Name (print)

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

**MAIL/FAX DIRECTLY TO:**

Delaware Coalition Against Domestic Violence  
Training & Prevention Department  
100 W. 10<sup>th</sup> St., Suite 903  
Wilmington, DE 19801

FAX: 302-658-5049

You may also scan/email the form to  
[training@dcadv.org](mailto:training@dcadv.org).

## Mentoring Log: Core and Elective Topics

The Applicant must meet, either in person or by phone, with the Certified Specialist who is assigned as their mentor for a total of 12 hours of mentoring sessions to discuss the Core and Elective Topics (see Initial Application Information Booklet for a complete list of topics). This form must be signed by both the Applicant and the Mentor at the completion of the mentoring process.

Date of Mentoring Session	Length of Session	Core Areas of Training Discussed
Date of Mentoring Session	Length of Session	Elective Topics Discussed

I VERIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE.

\_\_\_\_\_  
Mentor Name (print)

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Mentoring Log: Elective Topics Explanation

Please attach additional sheets as necessary.

1. Elective Topic: \_\_\_\_\_

Please explain why you chose this Elective Topic and how you believe it applies to your work.

2. Elective Topic: \_\_\_\_\_

Please explain why you chose this Elective Topic and how you believe it applies to your work.

3. Elective Topic: \_\_\_\_\_

Please explain why you chose this Elective Topic and how you believe it applies to your work.

4. Elective Topic: \_\_\_\_\_

Please explain why you chose this Elective Topic and how you believe it applies to your work.

5. Elective Topic: \_\_\_\_\_

Please explain why you chose this Elective Topic and how you believe it applies to your work.

## SECTION V

### 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.

The applicant must also complete a self-evaluation. Please follow the attached instructions and include with your completed application.

#### EVALUATOR #1

Evaluator Name: \_\_\_\_\_

This evaluator's relationship to you:      Supervisor      Coworker/colleague      Community Agency      DV Agency

Agency: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### EVALUATOR #2

Evaluator Name: \_\_\_\_\_

This evaluator's relationship to you:      Supervisor      Coworker/colleague      Community Agency      DV Agency

Agency: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### EVALUATOR #3

Evaluator Name: \_\_\_\_\_

This evaluator's relationship to you:      Supervisor      Coworker/colleague      Community Agency      DV Agency

Agency: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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 professional entities in your work?
6. How would you describe both your personal and professional support systems, as well as your self-care strategies to prevent burnout and address secondary trauma? What role do organizations play in ensuring the wellness of their staff/team?



## Evaluation from a Coworker or Colleague

Name of Applicant: \_\_\_\_\_

Type of Certification:      Direct Service/Systems Advocacy      Prevention      Dual (Direct Service and Prevention)

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.

1. How long have you known the applicant? \_\_\_\_\_

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

3. 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**

**MAIL/FAX DIRECTLY TO:**

Delaware Coalition Against Domestic Violence  
Training & Prevention Department  
100 W. 10<sup>th</sup> St., Suite 903  
Wilmington, DE 19801

FAX: 302-658-5049

You may also scan/email the form to  
[training@dcadv.org](mailto:training@dcadv.org).

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## Evaluation from a Local Community Agency

Name of Applicant: \_\_\_\_\_

Type of Certification:      Direct Service/Systems Advocacy      Prevention      Dual (Direct Service and Prevention)

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.

1. How long have you known the applicant? \_\_\_\_\_

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

3. 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**

**MAIL/FAX DIRECTLY TO:**

Delaware Coalition Against Domestic Violence  
Training & Prevention Department  
100 W. 10<sup>th</sup> St., Suite 903  
Wilmington, DE 19801

FAX: 302-658-5049

You may also scan/email the form to  
[training@dcadv.org](mailto:training@dcadv.org).

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## Evaluation from a Supervisor

Name of Applicant: \_\_\_\_\_

Type of Certification:      Direct Service/Systems Advocacy      Prevention      Dual (Direct Service and Prevention)

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.

1. How long have you known the applicant? \_\_\_\_\_

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

3. 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**

**MAIL/FAX DIRECTLY TO:**

Delaware Coalition Against Domestic Violence  
Training & Prevention Department  
100 W. 10<sup>th</sup> St., Suite 903  
Wilmington, DE 19801

FAX: 302-658-5049

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## 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 Committee. 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 3 of the application for more information.

Please make checks payable to **Delaware Coalition Against Domestic Violence.**

## Questions or Additional Information

For any questions or concerns regarding the application process, contact:

Delaware Coalition Against Domestic Violence  
Training & Prevention Department  
100 W. 10<sup>th</sup> Street, Suite 903  
Wilmington, DE 19801

Phone: 302-658-2958

Fax: 302-658-5049

[training@dcadv.org](mailto:training@dcadv.org)

[www.dcadv.org](http://www.dcadv.org)