



National Advocate Credentialing Program

NEW PROVISIONAL NACP APPLICANT

SUBMISSION INSTRUCTIONS & REQUIREMENTS **FOR NEW PROVISIONAL NACP APPLICATION**

This page is for your reference only. Do not submit it with your NACP Application Packet.

To complete the NACP Application and the required additional forms, please follow these instructions and use this as a checklist to ensure that all required information is provided.

1. Provide the following completed documents:
 - a. **NACP Application** (found on the following pages);
 - b. **The Code of Professional Ethics** for Victim Assistance Providers, signed by the applicant.
 - c. **Notarized Certification page** signed by the applicant.
 - d. **Copy of Certificate** of Completion from **NACP pre-approved** training.
(See a current list of NACP pre-approved trainings at <http://www.trynova.org/help-crime-victim/nacp/nacp-pre-approved-training/>)
2. Include the non-refundable application fee (see page 2 for additional information).
3. Make sure all documents are dated, signed and notarized where appropriate; dates must be current. Also, please ensure the Notary Public stamp is clearly visible and legible. A raised seal is not required.
4. When completed, please email, fax, or mail your application and supporting pages to:

Email address: nacp@trynova.org

Fax number: (703) 535-5500

Mailing address:
NACP Applications
National Organization for Victim Assistance
510 King Street • Suite 424
Alexandria, VA 22314
5. **NOTE:** If you are D-SAACP-credentialed and are applying to NACP for the first time, you should use the D-SAACP – NACP Bridge Application found at <http://trynova.org/help-crime-victim/nacp>
6. Ensure that your email address is correct and legible on Page 1 of your application. You will receive confirmation of receipt and updates on the status of your NACP application via email.



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Applications are accepted on a rolling basis, with the following deadlines: **January 31, April 30, July 31, and October 31**. Approved applicants will receive their certificates by mail within 8-10 weeks *after* the end of each deadline period.

NACP Use Only

Contact Information	LAST NAME:	
	FIRST NAME, MI:	
	HOME/CELL PHONE:	
	WORK PHONE:	
	EMAIL ADDRESS:	
	PRIMARY MAILING ADDRESS:	
	CURRENT TITLE:	
	AGENCY/ORG. NAME:	
Status	Requested Status: This application is for PROVISIONAL ADVOCATE CREDENTIAL ONLY	
	REQUIRED MINIMUM STANDARD OF INTRODUCTORY EDUCATION	Successful completion of 40 hours of NACP pre-approved training obtained through local, state, national trainings such as a State Victim Assistance Academy; No experience in the field required.
	Please attach the required copy of your certificate of completion for the NACP pre-approved 40-hour victim assistance training. See a current list of trainings at: http://www.trynova.org/help-crime-victim/nacp/nacp-pre-approved-training/ .	
DISCLAIMER	NACP DISCLAIMER FOR <u>ALL</u> LEVELS OF CREDENTIALING	
	<ul style="list-style-type: none"> NACP, as a voluntary, national credentialing body for advocates and providers of crime victim services, makes every effort to ensure that advocates meet the minimum standards for experience, whether paid or volunteer, as well as required introductory training and continuing education to attain the Basic, Intermediate or Advanced advocate credential. Applicants for the Provisional credential must meet the required minimum standards of introductory education. NACP makes every effort to ensure that applicants for Basic, Intermediate or Advanced credential offer a good faith representation of victim service experience and advocacy through the application questionnaire, observation evaluations from colleagues, letters of support and follow-up contact. NACP has no educational, legal, statutory, regulatory or investigative authority to ensure that applicants are qualified or competent to provide services to crime victims. NACP cannot ensure the accuracy of the information provided by the applicant. NACP reserves the right to make changes in the application requirements and process at any time and without notice. NACP reserves the right to review, suspend or revoke any credential based upon alleged and/or confirmed violations of the Code of Professional Ethics for Victim Assistance Providers. 	



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PAYMENT INFORMATION

Include the application fee of \$70.00*.

Payment may be made by submitting a **check payable to NOVA** (included with your application) or by completing the credit card section below.

***Military Exception: Fee = \$55.00** In *honor* of your service to the United States Military, NACP provides an application fee discount to all Active Duty members, Reserves, Veterans, Retirees or DOD Contract/Civilian Employees. [Please Note: If you are a D-SAACP-credentialed advocate seeking an NACP credential, please use the Bridge Application. Questions? Contact dsaacp@trynova.org].

Payment and Fee Information	Credentialing Fee (non-refundable): \$70.00 <input type="checkbox"/> Check this box if Military Discount applies (\$55.00) <i>PAYMENT TERMS: Returned checks, declined money orders, or declined credit card transactions are subject to an additional \$25.00 fee. If you are submitting credit card information, please be sure the billing address indicated below is the correct billing address on file with the card issuing bank. An incorrect billing address will result in an additional \$5.00 fee being applied per submission attempt.</i>		For NACP Use Only
	PAYMENT FORM:	<i>Check One:</i> <input type="checkbox"/> Check Payable to "NOVA" <input type="checkbox"/> Money Order Payable to "NOVA" <input type="checkbox"/> Visa/MasterCard/American Express (complete section below)	
Credit Card	NAME ON CREDIT CARD		
	CREDIT CARD NUMBER		
	EXPIRATION DATE:		
	BILLING ADDRESS ON FILE WITH ISSUING BANK:		

Credit Card information will be shredded after processing.



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NEW PROVISIONAL NACP APPLICATION

National Organization for Victim Assistance

CODE of PROFESSIONAL ETHICS for VICTIM ASSISTANCE PROVIDERS

Victims of crime and the criminal justice system expect every Victim Assistance Provider, paid or volunteer to act with integrity, to treat all victims and survivors of crime—their clients—with dignity and compassion, and to uphold principles of justice for accused and accuser alike. To these ends, this Code will govern the conduct of Victim Assistance Providers:

I. *In relationships with every client*, the Victim Assistance Provider shall:

1. Recognize the interests of the client as a primary responsibility.
2. Respect and protect the client's civil and legal rights.
3. Respect the client's rights to privacy and confidentiality, subject only to laws or regulations requiring disclosure of information to appropriate other sources.
4. Respond compassionately to each client with personalized services.
5. Accept the client's statement of events as it is told, withholding opinion or judgment, whether or not a suspected offender has been identified, arrested, convicted, or acquitted.
6. Provide services to every client without attributing blame, no matter what the client's conduct was at the time of the victimization or at another stage of the client's life.
7. Foster maximum self-determination on the part of the client.
8. Serve as a victim advocate when requested and, in that capacity, act on behalf of the client's stated needs without regard to personal convictions and within the rules of the advocate's host agency.
9. Should one client's needs conflict with another's, act with regard to one client only after promptly referring the other to another qualified Victim Assistance Provider.
10. Observe the ethical imperative to have no sexual relations with clients, current or past, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
11. Make client referrals to other resources or services only in the client's best interest, avoiding any conflict of interest in the process.
12. Provide opportunities for colleague Victim Assistance Providers to seek appropriate services when traumatized by a criminal event or a client.

II. *In relationships with colleagues, other professionals, and the public*, the Victim Assistance Provider shall:

1. Conduct relationships with colleagues in such a way as to promote mutual respect, public respect, and improvement of service.
2. Make statements that are critical of colleagues only if they are verifiable and constructive in purpose.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance field.
4. Take steps to quell negative, insubstantial rumors about colleagues and allied professionals.



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NEW PROVISIONAL NACP APPLICATION

(Code of Professional Ethics for Victim Assistance Providers – Continued)

5. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer
6. Provide professional support, guidance, and assistance to Victim Assistance Providers who are new to the field in order to promote consistent quality and professionalism in victim assistance.
7. Seek to ensure that volunteers in victim assistance have access to the training, supervision, resources, and support required in their efforts to assist clients.
8. Act to promote crime and violence prevention as a public service and an adjunct to victim assistance.
9. Respect laws of one’s state and country while working to change those that may be unjust or discriminatory.

III. *In her or his professional conduct*, the Victim Assistance Provider shall:

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for clients.
2. Seek and maintain a proficiency in the delivery of services to clients.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, gender, disability, ethnicity, race, national origin, religious belief, or sexual orientation.
4. Not reveal the name or other identifying information about a client to the public without clear permission or legal requirements to do so.
5. Clearly distinguish in public statements representing one’s personal views from positions adopted by organizations for which she or he works or is a member.
6. Not use her or his official position to secure gifts, monetary rewards, or special privileges or advantages.
7. Report to competent authorities the conduct of any colleague or allied professional that constitutes mistreatment of a client or that brings the profession into disrepute.
8. Report to competent authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a client, or to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any client.

IV. *In her or his responsibility to any other profession*, the Victim Assistance Provider will be bound by the ethical standards of the allied profession of which she or he is a member.

I, the undersigned applicant, hereby certify that I have read and agree to follow the *Code of Professional Ethics for Victim Assistance Providers*.

Print Name of Applicant: _____

Signature of Applicant: _____ Date: _____, _____



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NOTARIZED CERTIFICATIONS:

Read each of the following statements and initial where appropriate:

_____ 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 with respect to a child.

(Attach explanation for any convictions)

_____ I, the undersigned applicant, hereby certify that I have read and agree to follow the attached *Code of Professional Ethics for Victim Assistance Providers*.

_____ I, the undersigned applicant, hereby certify that I have never been terminated from a volunteer or paid position due to conduct that is in violation of the *Code of Professional Ethics for Victim Assistance Providers*.

_____ **[Military Exception Only]** I, the undersigned applicant, hereby certify that I qualify for the Military Discount.

_____ I, the undersigned applicant, hereby certify that I agree to the nonrefundable NACP payment terms and fees listed in the "Payment and Fee Information" section of this document.

_____ I, the undersigned applicant, hereby certify that I have read and understand the NACP Disclaimer.

_____ I, the undersigned applicant, hereby certify that I understand, if approved, my credential is valid until the expiration date listed on my certificate/card; and, during the next two years I must seek 32 hours of continuing education relevant to victim assistance and my specialty area(s), which will be required when I choose to upgrade my credential.

Please ensure this section is signed and dated in the presence of a Notary Public

I, the undersigned applicant, hereby certify that the information submitted on this application is true and accurate. I further certify that the information reported on any enclosures is true and accurate.

PRINT APPLICANT'S NAME: _____

Applicant's signature _____ Date _____.

Notarization:

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public _____ Notary Public Stamp: