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CVA # _____

Promoting Individual Certification and Ongoing Education

CERTIFIED VICTIM ADVOCATE Renewal

Applications are considered in **July (Postmarked by 6/30)** and **January (Postmarked by 12/31)**.

The Certified Victim Advocate program is a voluntary, professional designation acknowledging an individual's commitment to education, experience and ethical conduct in basic victim assistance. To be eligible for recertification, an applicant must:

- Be a salaried staff member, volunteer or intern who is currently affiliated with a victim service agency that has standards approved by PCCD, PCADV, PCAR and/or MADD.
- Provide direct services, including case management, as follows:
 - **Full-time** – 2,500 direct service hours over the past three (3) years.
 - **Part-time/Volunteer** – 1,500 direct service hours over the past three (3) years.
 - Complete 25 elective instructional hours by date of renewal, which is the third anniversary of original certification.

INSTRUCTIONS FOR SUBMITTING RENEWAL APPLICATIONS PLEASE TYPE OR PRINT

- Account for all training time – not just the required 25 hours. Detail your training sessions. A conference title (e.g., "Pathways") does not reflect the topics. The number of instructional hours indicated must be completed by the date of renewal.
- Attach a letter from the director of your current program endorsing your qualifications.
- Attach renewal fee of \$10 in the form of a check or money order payable to COPCVO.
- Retain a copy for your records.
- Send the original application and three (3) copies along with four (4) copies of your job description, payment and a letter of endorsement to:

COPCVO - Certification
2120 Market Street, 1st Floor
Camp Hill, PA 17011

If you have any questions, please contact Mary Walsh at **maryw@copcvo.org** or (888) 378-0188.

Certified Victim Advocate Renewal Application

APPLICANT INFORMATION

Name: _____

Home Phone: (____) _____

E-mail Address: _____

Home Address: _____

City: _____ ZIP Code: _____

STATUS (Please check one. Only part-time employees or volunteers may check part-time; full-time employees are required to meet 2,500 minimum hours.)

- Full-time (minimum direct service hours = 2,500 over three-year period)
- Part-time/Volunteer (minimum direct service hours = 1,500 over three-year period.)

Date of Initial Certification: _____ (month/year)

CVA #: ____-____-____-____-____-____

EMPLOYMENT

CURRENT PROGRAM AFFILIATION: (please check only one program):

- Sexual Assault (SA)
- Domestic Violence (DV)
- Dual Program
- Comprehensive Program
- Victim Witness Program (Juvenile or Adult System)
- Children's Advocacy Center
- Survivors of Homicide Program
- MADD/Driving Under the Influence (DUI)
- Other (describe) _____

County: _____

Current Position(s)/Title: _____

Agency/Organization: _____

Agency Address: _____

City: _____ ZIP Code: _____

County(ies) served: _____

Starting date: _____ (month/year)

Number of hours worked weekly: _____

Estimate the average percentage of time you spend in direct service: ____%

ADDITIONAL EXPERIENCE

If you have other victim services employment during the past three years, please insert this page and provide the information requested. Discard this page if it is not needed.

AGENCY #1

Agency name: _____

Position(s) held: _____

Program Affiliation: (please check only one)

- Sexual Assault (SA) Domestic Violence (DV) Dual Program
- Comprehensive Program Victim Witness Program (Juvenile or Adult System)
- Children’s Advocacy Center Survivors of Homicide Program
- MADD/Driving Under the Influence (DUI) Other (describe) _____

Dates worked: From _____ (month/year) To _____ (month/year)

Number of hours worked weekly: _____

Estimate the average percentage of time you spent in direct service: ____%

AGENCY #2

Agency name: _____

Position(s) held: _____

Program Affiliation: (please check only one)

- Sexual Assault (SA) Domestic Violence (DV) Dual Program
- Comprehensive Program Victim Witness Program (Juvenile or Adult System)
- Children’s Advocacy Center Survivors of Homicide Program
- MADD/Driving Under the Influence (DUI) Other (describe) _____

Dates worked: From _____ (month/year) To _____ (month/year)

Number of hours worked weekly: _____

Estimate the average percentage of time you spent in direct service: ____%

TRAINING RECEIVED

Proof of Training (a certificate or letter of attendance) should be available for random verification as requested by the Independent Review Committee.

Certification Renewal requires 25 elective instructional hours which can be selected from trainings provided or approved by a victim service agency; state and national conferences; workshops and seminars; professional organizations; colleges and universities; other appropriate training models; or other recognized Pennsylvania victim service programs.

Electives must be related to victim assistance and direct services. Electives must be earned within the current three-year period between initial certification and application for recertification.

_____ Total Elective Instructional Hours

Please indicate the title or topic and hours for each training. Detail your training sessions. A conference title (e.g., "Pathways") does not reflect the topics.

Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____
Date: _____	Topic: _____	No. of Hours _____

CERTIFICATIONS

I, the undersigned applicant, hereby certify that the information submitted on this application is true and accurate. I further agree to follow the Pennsylvania Victims Services Advisory Committee Code of Ethics. I give permission to the certifying body to verify information enclosed in this application.

Signature of Applicant _____
Date _____

