



# National Advocate Credentialing Program

*RENEWAL* (At the Current Credential Level only) NACP APPLICANT

## SUBMISSION INSTRUCTIONS & REQUIREMENTS

Please follow these instructions and use this as a checklist (do not submit it with your NACP Application Packet) to ensure that all required information is provided.

1. Provide the following completed documents:
  - a. **NACP Application** (found on the following pages)
  - b. **Completion of 32 hour of Continuing Education** in Victim Assistance-related topics. Documentation must include Title of Training, Dates and Number of Hours Received. (see page 6 for additional instructions and requirements).
  - c. **Certification Page** signed by the applicant
  
2. Include the non-refundable application fee (see Page 2 for additional information)
  
3. All documents must be dated, signed and notarized where appropriate and 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](mailto: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. 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 renewal cards by mail within 8-10 weeks *after* the end of each deadline period.

**For NACP Use Only**

**Please type or print in black ink.**  **Check here if any of this information has changed since your last application.**

**Contact Information**

LAST NAME:	
FIRST NAME, MI:	
HOME/CELL PHONE:	
WORK PHONE:	
EMAIL ADDRESS:	
PRIMARY MAILING ADDRESS:	Street 1: Street 2: City, State Zip:
CURRENT TITLE:	
AGENCY/ORG. NAME:	

**General Information**

**Status you are requesting to RENEW:** (check one)

<input type="checkbox"/>	<b>PROVISIONAL ADVOCATE CREDENTIAL</b>	Completion of 32 hours of Continuing Education in Victim Assistance-related topics.
<input type="checkbox"/>	<b>BASIC ADVOCATE CREDENTIAL</b>	Completion of 32 hours of Continuing Education in Victim Assistance-related topics. If you have changed your Specialty Area(s), 20 of your 32 hours of Continuing Education must include documented training in that or those Specialty area(s).
<input type="checkbox"/>	<b>INTERMEDIATE ADVOCATE CREDENTIAL</b>	Completion of 32 hours of Continuing Education in Victim Assistance-related topics. If you have changed your Specialty Area(s), 20 of your 32 hours of Continuing Education must include documented training in that or those Specialty area(s).
<input type="checkbox"/>	<b>ADVANCED ADVOCATE CREDENTIAL</b>	Completion of 32 hours of Continuing Education in Victim Assistance-related topics. If you have changed your Specialty Area(s), 20 of your 32 hours of Continuing Education must include documented training in that or those Specialty area(s).

*If your Specialty Area has changed, please check this box*   
*Reminder: If you serve 3 or more of the crime victim populations listed below are served, select Master Service Specialist ONLY; otherwise, select one or two of the below-listed populations.*

<input type="checkbox"/>	<b>COMPREHENSIVE SERVICE SPECIALIST</b> (i.e. service providers working in criminal justice system-based programs or full-service community-based agencies serving 3 OR MORE of the below-listed target populations)
<input type="checkbox"/>	<b>CHILD ABUSE SPECIALIST</b>
<input type="checkbox"/>	<b>DOMESTIC VIOLENCE SPECIALIST</b>
<input type="checkbox"/>	<b>DRUNK DRIVING SPECIALIST</b>
<input type="checkbox"/>	<b>HOMICIDE SPECIALIST</b>
<input type="checkbox"/>	<b>SEXUAL ASSAULT SPECIALIST</b>
<input type="checkbox"/>	<b>PROGRAM MANAGEMENT SPECIALIST</b> (i.e. for program managers, directors or administrators whose primary responsibility is the administration of a victim assistance program)



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## PAYMENT INFORMATION

Include the application fee of \$100.00. 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:** In honor of your service to the United States Military, NACP provides a 20% application fee discount to all Active Duty members, Reserves, Veterans and Retirees. **Fee = \$80.00** [SARCs and SAPR-VAs must be certified under D-SAACP. Questions? Contact [dsaacp@trynova.org](mailto:dsaacp@trynova.org)].

Payment and Fee Information	<p><b>Credentialing Fee (non-refundable): \$100.00</b></p> <p><input type="checkbox"/> Please check box if military discount applies: (\$80.00)</p> <p><i><b>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 that 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.</b></i></p>	For NACP Use Only
	<p>PAYMENT FORM:</p> <p style="text-align: center;"><i>Check One:</i></p> <p><input type="checkbox"/> Check Payable to “NOVA”</p> <p><input type="checkbox"/> Money Order Payable to “NOVA”</p> <p><input type="checkbox"/> Visa/MasterCard/American Express (complete section below)</p>	
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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## APPLICANT CONTINUING EDUCATION/TRAINING INFORMATION

A minimum of 32 hours of continuing education is required every 2 years and must be completed **after** the credentialing application/renewal submission month and before the end of deadline month.

Use this page to summarize the training you received, in each of the areas below, from the date of your last credential. All continuing education training must be documented by a certificate of completion (reflecting the training title, date and total number of hours) **OR** by using the CED Forms as proof of attendance and course completion. CED forms may be downloaded at [www.trynova.org/help-crime-victim/nacp/](http://www.trynova.org/help-crime-victim/nacp/).

**Reminder:** If you have changed your Specialty Area(s), 20 of your 32 hours of Continuing Education must include documented training in that or those Specialty area(s).

Category	Hours Completed	Training Date(s)
<b>Introductory</b> Specialty Training Topic(s): _____ _____ _____ _____		
<b>Basic</b> Specialty Training Topic(s): _____ _____ _____ _____		
<b>Advanced</b> Specialty Training Topic(s): _____ _____ _____ _____		
Sum Total Number of Training Hours:		



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**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*.

\_\_\_\_\_ I, the undersigned applicant, hereby certify that I agree to the 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, if approved, I understand that my credential is valid until the expiration date listed on my certificate/card; and, during the next two years must seek 32 hours of continuing education relevant to victim assistance.

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.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_.

**Notarization:**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_ Notary Public Stamp: