

**APPLICATION FOR  
PLACEMENT ON THE  
APPROVED PROVIDER LIST**

**SPECIFIC OFFENDER POPULATION  
APPLICATION**



**COLORADO DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD**

**COLORADO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF CRIMINAL JUSTICE**

700 Kipling Street, Suite 3000  
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January 2020

COLORADO DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD  
Move Up Application for Provisional Level, Entry Level, or Full Operating Level

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# **INSTRUCTIONS**

## ***Who should fill out this application?***

This application is for individuals seeking placement on the Approved Provider List (hereafter called the Approved Provider List) to work with Specific Offending Populations (SOP). At a minimum, applicants must have previously completed and received approval by the Application Review Committee (ARC) with the Intent to Apply application. Applicants must demonstrate that they meet the qualifications of, and compliance with the *Standards for Treatment with Court Ordered Domestic Violence Offenders* published by the Domestic Violence Offender Management Board (hereafter referred to as the *Standards*). Please note the *Standards* are updated regularly by the DVOMB. **The applicant is responsible for obtaining the most current version of the *Standards and application*.** Applicants apply as individuals, not partnerships, agencies, or programs.

The scope of this application is limited to domestic violence offender services for **female or LGBT+ domestic violence offenders**, per *Standard 9.07*. If an applicant is seeking approval to provide services to **male offenders**, please complete Application 2, and submit it with this application. All items and materials listed are required as part of your application unless noted otherwise.

All applicants must have ongoing supervision in accordance with the *Standards*. All applicants must have entered into a contractual agreement with a Domestic Violence Clinical Supervisor (DVCS) who is also approved with the SOP being sought in good standing with the Department of Regulatory Agencies (DORA) and the DVOMB.

All applicants involved in domestic violence offender services must also have a Full Operating Level or DVCS as a co-facilitator who is also approved with the SOP being sought until approval from the Board is granted. It is the responsibility of the applicant to ensure the most current version of the application is being utilized.

Upon completing this application, please:

1. Submit **ONLY** the required information and **DO NOT** included any unrequested, supplemental information;
2. **DO NOT** alter any part of this application;
3. Ensure that all training hours were obtained within the last five calendar years since the submission date of this application;
4. Submit this application by email to [carolina.thomasson@state.co.us](mailto:carolina.thomasson@state.co.us) or submit a hardcopy by mail to: Domestic Violence Offender Management Board, Division of Criminal Justice, 700 Kipling Street, Suite 3000, Lakewood, CO 80215. Applications submitted by mail must be printed **SINGLE-SIDED**. **DO NOT** use staples, paper clips, binders, sheet protectors, or other materials;
5. Submit payment by money order or cashier's check made payable to Colorado Department of Public Safety. No personal or company checks will be accepted. Payments must be mailed to: Domestic Violence Offender Management Board, Division of Criminal Justice, 700 Kipling Street, Suite 3000, Lakewood, CO 80215.
6. Keep a copy of your completed application for your records.

# FREQUENTLY ASKED QUESTIONS

## ***How can an applicant prepare for completing this application?***

Applicants should first read and understand the *Standards* before completing this application. Applicant may follow along using the *Standards* to clarify application requirements. Applicants will need to have been approved through the Intent to Apply application first prior to completing this SOP Application.

## ***How long will the entire application review process take?***

The ARC reviews applications generally each month and can expect the initial review of your application to be done within one to two months of receipt. You can expedite the process by submitting all of your application materials at one time and in the required order. Any missing information or incorrect parts to the application will delay the application process.

## ***What should I expect after submitting my application?***

The ARC will review your application at its next regularly scheduled meeting. After the ARC reviews your application, the DVOMB staff will notify you of the decision and any next steps.

## ***Where can I obtain a copy of the Standards?***

A copy of the current *Standards* may be obtained online [here](#).

## ***Where can I obtain the Standards pertaining Provider qualifications?***

A copy of Section 9.0 of the *Standards* which apply to this application, are available [here](#).

## ***Where can I obtain a copy of application forms?***

A copy of this application can be found on the DVOMB website under Provider Applications.

## ***What happens if I do not receive approval after the first review?***

If you do not initially receive approval by the ARC, do not be concerned as this is common with the initial review. The ARC will identify any corrections through a letter and you will have an opportunity to make corrections for resubmission. While the goal is to approve applicants within the first or second reviews, please note that applicants have eight months from the submission date to become Approved.

## ***What happens if I receive approval?***

If you are approved, you will receive notice by the DVOMB Staff with an approval letter and may begin immediately providing services to the SOP population for which you were approved. Your name will appear on the Approved Providers List within one or two weeks.

## ***What if an applicant has questions or needs more information?***

The DVOMB Staff understand that this can be a complex process. If you have any questions, please contact the Domestic Violence Offender Management Board Staff at (303) 239-4528 for assistance.

## Reference Guided for Specific Offender Population Requirements

Minimum Hours Required by Category	Female Offenders Section 9.07	LGBT+ Section 9.07								
SOP Experiential Hours	50 Hours	50 Hours								
SOP Training Hours	14 Hours	14 Hours								
Clinical Supervision Hours	Tiered based on the number of direct clinical contact hours. <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center;"><b>Direct Clinical Contact Hours per Month</b></td> <td style="text-align: center;"><b>Minimum Supervision Hours per Month</b></td> </tr> <tr> <td style="text-align: center;">0-59</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">60-79</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">80 or more</td> <td style="text-align: center;">4</td> </tr> </table>		<b>Direct Clinical Contact Hours per Month</b>	<b>Minimum Supervision Hours per Month</b>	0-59	2	60-79	3	80 or more	4
<b>Direct Clinical Contact Hours per Month</b>	<b>Minimum Supervision Hours per Month</b>									
0-59	2									
60-79	3									
80 or more	4									
Maximum Number of Renewal Periods	Unlimited	Unlimited								

# APPLICATION CHECKLIST

## Applicant Materials to Submit

- PART 1: Applicant Materials (Sections A – G)**
    - Initial and Signed Application
    - Letter Verifying Client Contact Hours
    - Training Certificates
    - Applicant Work Product for Each Specific Offender Population (SOP)
  
  - PART 2: Supervisor Materials (Sections H – N)**
    - Initial and Signed Sections: H - N
    - Reference Letter from the DVCS
    - Signed Competency Assessment Form
  
  - PART 3: Money Order in the amount of \$50 made payable to Colorado Department of Public Safety. This fee of \$50 is waived if submitted in conjunction with an APPLICATION 2 for placement on the Approved Provider List.**
- PLEASE INCLUDE YOUR NAME ON YOUR FORM OF PAYMENT.**
- Variance Request (if applicable)**

# PART 1 – APPLICANT MATERIALS

## A. Verification of Applicant Contact Information

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate your current status:

- Approved – Intent to Apply
- Approved – Entry Level
- Approved – Provisional Level
- Approved – Full Operating Level
- Approved – DVCS

Has your mailing address, employment address, or contact information changed since the submission of your last application?  YES  NO

If NO, please skip to Section B.

New Mailing Address: \_\_\_\_\_  N/A  
 New Practicing Address: \_\_\_\_\_  N/A  
 New Phone Number: \_\_\_\_\_  N/A New Email Address: \_\_\_\_\_  N/A  
 New Degree and Transcripts: \_\_\_\_\_  N/A

## B. Verification of Co-Facilitated Experiential Hours

- Female Offender Hours** – Applicant has obtained 50 hours of face-to-face client contact hours working with female populations as defined in *Section 9.07* of the *Standards*. All applicants are required to have clinical supervision at the minimum rate identified in *Section 9.0* of the *Standards*, or additional supervision as determined by the DVCS.
- LGBT+ Offender Hours** – Applicant has obtained 50 hours of face-to-face client contact hours working with LGBT+ populations as defined in *Section 9.07* of the *Standards*. All applicants are required to have clinical supervision at the minimum rate identified in *Section 9.0* of the *Standards*, or additional supervision as determined by the DVCS.

## C. Verification of Training Hours

Please list the trainings you attended using the title printed on the certificate and indicate the date and the number of hours. You must submit a **copy** of your certificate of attendance for each training you attended. Please note all trainings must have been completed within the last five calendar years.

- Female Offender Hours** – Applicant has obtained a minimum of 14 hours of documented training specifically related to female domestic violence offenders.
- LGBT+ Offender Hours** – Applicant has obtained a minimum of 14 hours of documented training specifically related to LGBT+ domestic violence offenders.

<u>Training Title</u>	<u>Training Date</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Female Domestic Violence Offender Hours:** \_\_\_\_\_

<u>Training Title</u>	<u>Training Date</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LGBT+ Domestic Violence Offender Hours:** \_\_\_\_\_

### D. Ethics and Professional Standards

Providers have an ethical responsibility to conduct evaluation procedures in a manner that ensures the integrity of testing data, the humane and ethical treatment of the offender, and in compliance with mental health statutes. Providers should use testing instruments in accordance with their qualifications and experience.

Initial

- I understand that training and education are required for the administration, scoring and interpreting of assessment instruments. I verify that I have the credentials and training required by the publisher for those instruments I intend to use.

### E. Statement of Compliance

Initial

- Female Offender Standards** – I, the applicant, have read, understand, and agree to comply the requirements in *Section 9.0* of the *Standards* and Appendix B in their entirety.
- LGBT+ Offender Standards** – I, the applicant, have read, understand, and agree to comply the requirements in *Section 9.0* of the *Standards* and Appendix B in their entirety.



## F. Applicant Work Product

Applicants seeking approval with a Specific Offending Population must provide work product to demonstrate compliance with the *Standards* for each specific offender population. All work product provided must be formal written documents containing all required components of the *Standards*. Copies must be of actual offender evaluations, treatment plans and offender contracts with client identifying information omitted. Work product must have been completed by the applicant within the past 4 calendar months. All work product must be reviewed, approved, and signed by your DVCS. All work product must be accompanied by a signed and completed *Assessment of Applicant's Evaluations by the DVCS* Form for each evaluation submitted for review.

Please submit one **Offender Evaluation** (*Section 4.0 of the Standards*), one corresponding **Individualized Treatment Plan** (*Section 5.0 of the Standards*) plan, one **Offender Contract** (*Section 5.0 of the Standards*), and the DVCS rating of applicant competencies for each specific offending population.

## G. Verification and Attestation of Applicant

I hereby verify that I have reviewed the entirety of this application and materials for compliance with the DVOMB *Standards* and attest that the content of this application are correct and supporting documentation represent my own work.

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(Applicant Signature)

(Date)

## **PART II – Domestic Violence Clinical Supervisor**

### **Materials**

#### **Requirements and Information for DV Clinical Supervisors**

The following portion of this application will need to be completed by the applicant's Domestic Violence Clinical Supervisor, (DVCS). As a DVCS, the DVOMB values your expertise, perspectives and feedback regarding this applicant. Therefore, applicants are required to have a DVCS involved in their training, experience, and application to the DVOMB seeking placement on the Approved Provider List. Applicants are required to receive supervision, guidance, competency assessment and evaluation from their DVCS. Based upon assessment, DVCS may require additional trainings and co-facilitation hours to the applicant in order to demonstrate competency. Collaboration with Supervision Officers and Treatment Victim Advocates shall also be included in the applicant's training and experience. DVCS may require applicants to obtain verification from other supervisors for their previously completed trainings or experiential hours. **DVCS shall notify the DVOMB immediately in writing if clinical supervision is discontinued or terminated with this applicant for any reason.**

#### **H. Experiential Counseling Hours and Corresponding Supervision Hours**

The DVCS must review applicant's experiential and clinical supervision hours in order to verify that the applicant meets the minimum requirements of *Section 9.07* of the *Standards*.

Initial I, the DVCS of this applicant, do hereby verify that the applicant has:

- Female Offender Hours** – Applicant has obtained 50 hours of face-to-face client contact hours working with female populations as defined in *Section 9.07* of the *Standards*. All applicants are required to have clinical supervision at the minimum rate identified in *Section 9.0* of the *Standards*, or additional supervision as determined by the DVCS.
- LGBT+ Offender Hours** – Applicant has obtained 50 hours of face-to-face client contact hours working with LGBT+ populations as defined in *Section 9.07* of the *Standards*. All applicants are required to have clinical supervision at the minimum rate identified in *Section 9.0* of the *Standards*, or additional supervision as determined by the DVCS.

#### **I. Verification of Trainings by DVCS**

The DVCS must review applicant trainings and certificates in order to verify accuracy and appropriateness for training sections.

Initial I, the DVCS of this applicant, do hereby verify that:

- Female Offender Hours** – Applicant has obtained a minimum of 14 hours of documented training specifically related to female domestic violence offenders.
- LGBT+ Offender Hours** – Applicant has obtained a minimum of 14 hours of documented training specifically related to LGBT+ domestic violence offenders.

## J. Verification of Documentation Management of Applicant

Initial I, the DVCS of this applicant, do hereby verify that:

- I, or an additional DVCS co-facilitator, co-signed all session notes, treatment plans, treatment plan review reports, evaluations, and all other reports and documentation by applicant.
- Any co-facilitation completed with a Full Operating Level Provider (FOL) or other DVCS adhered to the *Standards* and co-signed all session notes, treatment plans, treatment plan review reports, evaluations, and all other reports and documentation by applicant.

## K. Verification of Supervision Requirements for Applicant

Initial I, the DVCS of this applicant, do hereby verify that:

- I have guided this applicant through all required Domestic Violence Clinical Supervision items listed in *Section 9.0* of the *Standards*.
- I have completed clinical supervision at the rate identified in *Section 9.0* of the *Standards*.
- Employed supervision methods aimed at assessing and developing required applicant competencies and supervision was completed face-to-face at least quarterly and all supervision has been synchronous.
- I have had ongoing and regular communication with the Full Operating Level Provider working with applicant (if applicable).
- I have identified the need of additional training and supervision hours for the applicant (if applicable)
- I have sought feedback from the MTT members in order to assess the applicant's competencies.

## L. Verification of Ongoing Clinical Supervision

Initial I, the DVCS of this applicant, do hereby verify that:

- I am approved as a DVOMB Domestic Violence Clinical Supervisor who is also approved with the SOP being sought and I am registered and in good standing with DORA.
- I further verify that I am providing supervision for this applicant and will continue providing supervision if approved for Provisional Level or Entry Level Providers.
- I will notify the DVOMB in writing, if supervision is terminated and on what date.

## M. DVCS Reference Letter

Please compose a letter addressing the areas listed below. It is important for this letter to outline your professional opinion of the applicant's ability to provide court ordered domestic violence offenders services. You may submit this form with the application or may submit it separately. Please note that the DVOMB may contact you for more information.

1. How long have you worked with this applicant, and in what capacity?
2. How well does this applicant comprehend and follow the DVOMB *Standards* when working with domestic violence offenders?
3. What are strengths you see in this applicant?
4. What areas of improvement do you believe this applicant should focus on?
5. Please provide any additional comments which you believe may be useful to the Application Review Committee regarding this applicant.

## N. Supervisor Verification and Endorsement of Applicant

I, the DVCS of this applicant, do hereby verify that **I have reviewed the** entirety of this application and materials for compliance with the DVOMB *Standards* **and** I also endorse this applicant to become approved in the identified Specific Offending Population.

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(Domestic Violence Clinical Supervisor's Signature)

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(Date)