



COLORADO
Division of Criminal Justice
 Department of Public Safety

Domestic Violence Offender Management Board Unit
 700 Kipling Street, Suite 3000
 Denver, CO 80215

Domestic Violence Offender Management Board
Application for Mental Health Board Representative

Background

Mental health professionals with specific expertise in domestic violence from different fields and backgrounds are invited to submit this application form for review and consideration of appointment to the Domestic Violence Offender Management Board (hereinafter referred to as Board) by the Colorado Department of Public Safety (CDPS). Preference for these appointments will be made for currently approved DVOMB treatment providers who have been providing services to court ordered domestic violence offenders for more than five years. The Board supports a diversity of viewpoints and life experience among appointed members encourages and anyone interested is encouraged to apply including those who identify as a member of a minority population (e.g., rural or underserved communities, individuals living with disabilities, as well as those who identify their race/ethnicity as other than white).

Pursuant to C.R.S. § 16-11.8-103, the DVOMB consists of 19 members who must satisfy certain requirements proscribed by the statute. Members of the Board serve four-year terms and no member can serve more than eight consecutive years. The Board meets approximately twelve times per year for a full day. Meeting locations are typically in the Denver Metro Area. The following is an application for a position on the Board. This application may be only be completed by the individual seeking this position.

PLEASE COMPLETE THIS APPLICATION AND RETURN TO THE DVOMB BY October 20th, 2017 AT 5:00PM

Basic Information

Name of Applicant: _____
 Address: _____
 Phone: _____ Email: _____
 License: _____ Certification Number: _____

Race/Ethnicity: American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino Native Hawaiian Other Pacific Islander
 White Decline to Respond

Gender: Female Male Decline to Respond

DVOMB Approval

Are you an approved DVOMB provider: Yes No N/A
 If yes, what is your approval level: Provisional Entry Full-Operating DV Clinical Supervisor N/A
 Which specific offender population are you approved to work with? Female Offenders Same-Sex Offenders N/A
 Do you provide any services to other domestic violence populations? Military Offenders Juvenile Offenders Any Languages Other Than English
 Other _____



Supplemental Questions

Please answer the following questions. Please provide an explanation for any “yes” response.

1. In the last five years, have you been disciplined and/or found to engage in unethical behavior by any licensing or certifying body or professional organization? If yes, please attach an explanation.
 Yes No

2. In the last five years, have you had a license or certification revoked, suspended, renewal refused, or been placed on probationary status by any professional licensing body? (This includes any currently pending challenge to your licensure, certification or registration.) If yes, please attach an explanation.
 Yes No

3. In the last five years, have you voluntarily relinquished a license or certification to provide psychotherapy, or voluntarily or involuntarily terminated any mental health staff privileges? If yes, please attach an explanation.
 Yes No

4. In the last five years, have you been arrested, charged, convicted, received a deferred judgment for, or pled nolo contendere for any criminal offense? If yes, please attach an explanation.
 Yes No

5. In the last five years, have you been party to a civil case as either the plaintiff or defendant that involved domestic violence? If yes, please attach an explanation.
 Yes No

Briefly describe your experience related to domestic violence treatment, evaluation, and assessment services.

Please provide an explanation as to why you would like to be appointed to the Board including how you would diversify and/or strengthen the Board’s ability to serve all Coloradans.

I certify that the facts contained in this application are true and correct to the best of my knowledge. By signing below, I agree that all information is correct.

Applicant Signature

Date

Please submit this form by October 20th, 2017 with any relevant attachments to the DVOMB at jesse.hansen@state.co.us.

