

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

## **DOMESTIC VIOLENCE CLINICAL SUPERVISOR**



### **COLORADO DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD**

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

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COLORADO DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD  
Application for Pre-Sentence Evaluation Status

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# **INSTRUCTIONS**

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

This application is for Full Operating Level (FOL) Approved Providers seeking placement on the Approved Provider List (hereafter called the Approved Provider List) as a **Domestic Violence Clinical Supervisor (DVCS)**. The DVCS status is for licensed FOL Provider who has obtained the additional training and experiential requirements for supervisors. Once approved, these individuals may provide supervision to applicants and Providers in accordance with the Standards. At a minimum, applicants must be listed as a FOL Approved Provider. 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.

This application is completed in two-parts. Applicants must submit Part 1 of this application to the DVOMB as an Intent to Apply for DVCS status first. Once approval has been granted, applicants may start the DVCS Apprenticeship process. Upon conclusion of the Apprenticeship, applicants shall submit Part 2 of this Application for review by the Application Review Committee.

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 in good standing with the Department of Regulatory Agencies (DORA) and the DVOMB.

All applicants must have a DVCS during their apprenticeship 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 as a Full Operating Level Provider first prior to completing this 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 clinical supervision population. 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 DVCS Requirements

| Minimum Hours Required by Category           | Domestic Violence Clinical Supervision<br>Section 9.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |      |   |       |   |            |   |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------|------|---|-------|---|------------|---|
| Minimum Status Required                      | Minimum of two (2) years of domestic violence treatment provision as a Full Operating Level Provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                        |      |   |       |   |            |   |
| Experiential Hours                           | 75 Hours of face-to-face client contact working with domestic violence offenders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                        |      |   |       |   |            |   |
| Hours Providing General Clinical Supervision | 100 Hours of providing general clinical supervision during the past five (5) years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                        |      |   |       |   |            |   |
| Substance Abuse Training Hours               | 49 Hours of training specific to substance abuse and addiction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                        |      |   |       |   |            |   |
| Clinical Supervision Training Hours          | 21 Hours of training in clinical supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                        |      |   |       |   |            |   |
| Clinical Supervision Hours                   | Tiered based on the number of direct clinical contact hours.<br><table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Direct Clinical Contact<br/>Hours per Month</th> <th style="text-align: center;">Minimum Supervision Hours per<br/>Month</th> </tr> </thead> <tbody> <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> </tbody> </table> | Direct Clinical Contact<br>Hours per Month | Minimum Supervision Hours per<br>Month | 0-59 | 2 | 60-79 | 3 | 80 or more | 4 |
| Direct Clinical Contact<br>Hours per Month   | Minimum Supervision Hours per<br>Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |      |   |       |   |            |   |
| 0-59                                         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                        |      |   |       |   |            |   |
| 60-79                                        | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                        |      |   |       |   |            |   |
| 80 or more                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                        |      |   |       |   |            |   |
| Continuing Education                         | 20 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                        |      |   |       |   |            |   |
| Maximum Number of Renewal Periods            | Unlimited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                        |      |   |       |   |            |   |

# APPLICATION CHECKLIST

## Applicant Materials to Submit

- PART 1: DVCS Intent to Apply (Sections A – K)**
  - Initial and Signed Application
  - Training Certificates
  - Updated DORA Registration, Certification, or Licensure (if applicable)
  - Reference Letters
  
- PART 2: Supervisor Materials (Sections L – S)**
  - Initial and Signed Sections
  - Reference Letter from the DVCS
  - Signed Competency Assessment Form
  
- PART 3: Money Order in the amount of \$100 made payable to Colorado Department of Public Safety.**

**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: \_\_\_\_\_

Have you been listed as a Full Operating Level Approved Provider for a minimum of two (2) years?

- YES If yes, please continue your application.
- NO If no, you do not qualify to apply to become a DVCS at this time.

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: _____                           | <input type="checkbox"/> N/A                          |
| New Practicing Address: _____                        | <input type="checkbox"/> N/A                          |
| New Phone Number: _____ <input type="checkbox"/> N/A | New Email Address: _____ <input type="checkbox"/> N/A |
| New Degree and Transcripts: _____                    | <input type="checkbox"/> N/A                          |

## B. Verification of Licensure

Do you have a current Colorado license from the Department of Regulatory Agencies to practice psychotherapy?

- YES If yes, please provide a copy of your licensure through DORA in your application.
- NO If no, you do not qualify to apply to become a DVCS at this time.

If yes, please indicate your license:

- LPC
- LMFT
- LAC
- LCSW
- Licensed Psychologist

## C. Verification of Experiential Hours

### Initial

- Applicant has obtained a minimum of 75 hours of face-to-face client contact working with domestic violence offenders as defined in 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.

## D. Verification of Hours Providing General Clinical Supervision

### Initial

- Applicant has provided a minimum of 100 Hours of general clinical supervision during the past five (5) years.

### E. Verification of Substance Abuse Treatment 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.

Initials

Applicant has obtained a minimum of 21 hours of documented training specifically related to clinical supervision

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

Substance Abuse or Addiction Training Hours: \_\_\_\_\_

### F. Verification of Clinical Supervision 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.

Initial

Applicant has obtained a minimum of 21 hours of documented training specifically related to clinical supervision.

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

Clinical Supervision Training Hours: \_\_\_\_\_

### G. 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.



### H. Supervising Officer Reference Letter

Please have a Supervising Officer (e.g., Probation Officer, Parole Officer, Supervisor) whom you work with on a Multi-Disciplinary Treatment Team (MTT) fill out the following form completely and accurately. This individual may be contacted by DVOMB for more information. You may submit this form with your application, or your reference may submit it separately at the time you are seeking approval with the DVOMB.

Supervising Officer Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Please answer the following questions regarding this applicant and his/her work with the domestic violence offender population:

1. How long have you worked with this applicant, and in what capacity?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How well does this applicant know 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional comments which you believe may be useful to the Application Review Committee regarding this applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES  NO I would like to be contacted by the DVOMB to share more information about this applicant.

\_\_\_\_\_  
(Supervising Officer Signature)

\_\_\_\_\_  
(Date)

# I. Treatment Victim Advocate Reference Letter

Please have your Treatment Victim Advocate (TVA) fill out the following form. This individual may be contacted by DVOMB for more information. You may submit this form with your application, or your reference may submit it separately at the time you are seeking approval with the DVOMB.

Treatment Victim Advocate Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Please answer the following questions regarding this applicant and his/her work with the domestic violence offender population:

1. How long have you worked with this applicant, and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How well does this applicant know 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. If approved, will you be working with this applicant as their TVA per *Standards, Section 7.02*?

YES  NO

Please provide any additional comments which you believe may be useful to the Application Review Committee regarding this applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES  NO I would like to be contacted by the DVOMB to share information about this applicant.

\_\_\_\_\_  
(Treatment Victim Advocate Signature)

\_\_\_\_\_  
(Date)

## J. Statement of Compliance

### Initial

- I, the applicant, have read, understand, and agree to comply the requirements in the *Standards* in their entirety.
- I, the applicant, understand, and agree that the status of DVCS is regarded as a privilege which I will be given the supreme responsibility of leading, mentoring, and developing future applicants and Approved Providers. I further understand that I will be entrusted to uphold the Guiding Principles of the Standards and the ethics of my profession.

## K. 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.

---

(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.**

### **L. Experiential 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 9.05* of the *Standards*.

#### **Initial**

- I, the DVCS of this applicant, do hereby verify that the applicant has obtained a minimum of 75 hours of face-to-face client contact working with domestic violence offenders as defined in 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.

### **M. Hours Providing General Clinical Supervision**

#### **Initial**

- I, the DVCS of this applicant, do hereby verify that the applicant has obtained a minimum of 100 hours providing general clinical supervision.

**SECTION INTENTIONALLY LEFT BLANK**

## N. 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 the applicant has obtained a minimum of 21 hours of documented training specifically related to Clinical Supervision.

## O. Verification of Documentation Management of Applicant

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

- I, or an additional DVCS, co-signed all session notes, treatment plans, treatment plan review reports, evaluations, supervision notes, and all other reports and documentation by applicant during their apprenticeship as a DVCS.

## P. 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 applicants being supervised by this applicant.

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.

## Q. 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 master and follow the DVOMB *Standards* when working with domestic violence offenders?
3. How well do you believe this applicant is able to resolve conflict or differences of opinion between MTT members?
4. What are strengths do you see in this applicant?
5. What areas of improvement do you believe this applicant should focus on?

- 6. Please provide any additional comments which you believe may be useful to the Application Review Committee regarding this applicant.

**R. 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 as a DVCS.

\_\_\_\_\_  
(Domestic Violence Clinical Supervisor’s Signature)

\_\_\_\_\_  
(Date)