

Colorado Domestic Violence Offender Management Board
Intent to Apply for Provisional Provider Listing via the Judicial Rural Initiative January 2017

**INTENT TO APPLY
FOR
PROVISIONAL PROVIDER LISTING
VIA THE
JUDICIAL RURAL INITIATIVE**



COLORADO DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD

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

700 Kipling Street, Suite 1000
Denver, CO 80215
Tel: (303) 239-4528 or 1-800-201-1325 (in Colorado only)
Fax: (303) 239-4223
<http://dcj.dvomb.state.co.us>

January 2017

TABLE OF CONTENTS

Instructions and Information	3
A. Background and Identifying Information	4
B. Request for Variance	5
C. Supervision Plan & Competencies	5
D. Confirmation Letter	5
E. Verification of Ongoing Clinical Supervision & Ongoing Co-facilitation	6
F. DORA Verification	7
G. Certification and Licensure	8
H. Criminal Background Information	9
I. Education	10
J. Fingerprint Card Instructions	11

Instructions and Information for Intent to Apply for Provisional Provider Listing via the Judicial Rural Initiative

Colorado Department of Public Safety
Division of Criminal Justice
700 Kipling Street, Suite 1000
Denver, CO 80215
Tel: (303) 239-4528 or 1-800-201-1325 (in Colorado only)
Fax (303) 239-4491
<http://dcj.state.co.us/odvsom>

Who should fill out this application?

This application is only for:

1. Individuals who intend to apply for Provisional Provider Listing on the Domestic Violence Offender Treatment Board's (hereafter DVOMB) Approved Provider List via the Judicial Rural Initiative as described in the DVOMB's *Judicial Rural Initiative Project Policies* revised April 2012.

Applicants must demonstrate that they meet the qualifications of and will comply with standards of practice contained in the DVOMB's *Standards for Treatment with Court Ordered Domestic Violence Offenders* (hereafter Standards). **It is the applicant's responsibility to ensure he/she obtains the most current version of the Standards.** Applicants apply as individuals, not partnerships or programs.

INSTRUCTIONS

1. Use ONLY the forms provided.
2. Submit ONLY the information requested.
3. Submit the required information in the order requested.
4. Follow all instructions carefully – incomplete or incorrect applications may be returned.
5. The Application Review Committee (Committee) meets monthly. New applications are normally reviewed within one to two months of receipt. (Judicial Rural Initiative projects are prioritized.) The Committee will then notify the applicant of any missing documentation. Applicants shall have one year from the submission of the Intent to Apply to submit the final application for Committee review.
6. PLEASE DO NOT use staples, paper clips, binders, sheet protectors or other materials. Please submit all materials on SINGLE-SIDED COPIES.
7. A money order for \$39.50 made payable to CBI must be included for the processing of your fingerprint card.
9. If you download your application from the Domestic Violence website, *please note that you still need to request a fingerprint card from the Domestic Violence Offender Management Board to complete your application.* Please call (303) 239-4528 to request a fingerprint card. You **MUST** use our official fingerprint card.

THE STANDARDS WILL SUPERCEDE IN THE EVENT OF ANY ERRORS IN THIS APPLICATION.

A. Background and Identifying Information

Information provided will be used by staff to conduct a criminal history check, background investigation and to document qualifications.

Applicant Name: _____
(You must apply as an individual, not as a program or partnership.)

Maiden Name/other names used: _____

Salutation: (Mr., Ms., etc). _____ Date of Birth: _____

Social Security Number: _____
(Required by federal law)

Business Name if applicable: _____

PRIMARY CONTACT INFORMATION (*requested information below is public record. For safety reasons, do not use home information*):

Street Address	City	State	Zip
----------------	------	-------	-----

Telephone: _____ Fax: _____ E-mail: _____

DVOMB APPROVED CLINICAL SUPERVISOR CONTACT INFORMATION:

Name

Street Address	City	State	Zip
----------------	------	-------	-----

Telephone: _____ Fax: _____ E-mail: _____

*I acknowledge that my DV Clinical supervisor may be contacted by the DVOMB or the staff of the DVOMB for the purposes of processing this application. I further acknowledge that all application related correspondence may also be copied to my DV Clinical Supervisor. **(Please initial)** _____

B. Request for Variance

This is a written statement from you requesting a variance under the Judicial Rural Initiative Project. (Please attach)

C. Supervision Plan & Competencies

This is a written agreement between you and your DV Clinical Supervisor. This plan is based on the supervisor's initial assessment of your competencies as a treatment provider.

Please ensure that both you and your supervisor understand the requirements contained in the documents entitled the form entitled *Required Applicant Competencies via the Judicial Rural Initiative* and the *Judicial Rural Initiative Project Policies, revised April 2012*.

Please attach:

- i. The completed Supervision Plan as prescribed by the *Judicial Rural Initiative Project Policies* and signed by you and your supervisor
- ii. The completed initial *Required Applicant Competencies via the Judicial Rural Initiative* form

D. Confirmation Letter

This is a letter from the Chief Probation Officer of the judicial district confirming that you are working with them under the Judicial Rural Initiative project. (Please attach or ensure the submission of this letter under separate cover.)

E. Verification of Ongoing Clinical Supervision and Ongoing Co-facilitation

I, _____ do hereby verify that I meet the qualifications of
(DV Clinical Supervisor)

DV Clinical Supervisor as required by the *Standards*, Section 9.03 and that I have had training in providing supervision under the Judicial Rural Initiative Project. I further verify that I am providing and

will continue to provide supervision for _____ as required in the
(Applicant)

Judicial Rural Initiative Project Policies, revised April 2012. If our supervision ends, I will notify the DVOMB in writing of the date the supervision is terminated.

Court ordered domestic violence offender treatment shall only be provided by an Approved Provider. Therefore, while an applicant is in training and/or application process, all client face-to-face sessions must be co-facilitated with an Approved Provider. This includes individual sessions, group sessions and evaluations. §16-11.8-104 C.R.S.

Therefore, I also verify that I am co-facilitating as required by *Standards*, Section 9.07 (V) **all** domestic violence offender treatment with the above named applicant **and/or** I am ensuring that a Full Operating Level Approved Domestic Violence Treatment Provider is co-facilitating when I am not present. I further verify that I will continue to ensure co-facilitation for this applicant during their entire training and application process. If I need to discontinue my co-facilitation, I will notify the DVOMB office at 700 Kipling Street, Suite 1000, Denver, CO 80215.

(Applicant signature)

Date

(DV Clinical Supervisor's signature)

Date

F. DORA Verification

DEPARTMENT OF REGULATORY AGENCIES (DORA) VERIFICATION FORM

PRINT NAME Last First Middle (Maiden Name)

ADDRESS Street City State Zip

I hereby authorize the Department of Regulatory Agencies to release information regarding the status of my license, registration and/or certification, complaints, and any disciplinary actions.

Signature

Date

G. Certification and Licensure

- Do you have a current Colorado license, certification or registration from the Department of Regulatory Agencies to practice psychotherapy? YES NO

If yes, please indicate type:

- Physician Psychiatric Clinical Nurse Specialist
- Social Worker Level _____ (Please specify) Licensed Marriage and Family Therapist
- Alcohol & Drug Abuse Counselor, Level ____ (Please specify) Licensed Professional Counselor
- Licensed Addiction Counselor Psychologist
- Registered Psychotherapist
- Other (Please specify) _____

- Have you practiced psychotherapy without a license in any other state? YES NO
If yes, please list those states _____
- Have you ever been licensed or certified to practice psychotherapy in any other states? YES NO
If yes, please list those states and your license _____
- Are there currently any pending complaints against your license, certification or registration through any licensing or certifying body or professional organization? YES NO
If yes, please explain: _____
- Have you ever been disciplined and/or found to engage in unethical behavior by any licensing or certifying body or professional organization? YES NO
If yes, please explain: _____
- Have you ever had a license or certification revoked, suspended, renewal refused, or been placed on probationary status by any professional licensing body? YES NO
If yes, please explain: _____
- Have you ever voluntarily relinquished a license or certification to provide psychotherapy, or voluntarily or involuntarily terminated any mental health staff privileges? YES NO
If yes, please explain: _____

H. Criminal Background Information

- Have you ever been convicted of, received a deferred judgment for, or pled nolo contendere to any offense involving criminal sexual or violent behavior? YES NO

If yes, please explain: _____

- Have you ever been arrested, charged or convicted of any criminal offense? YES NO

If yes, please explain: _____

- Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

I. Education

Reference the Standards 9.01 I (A)

Applicant must have a Bachelor's Degree or higher in a human services area of study. The degree must be obtained from a college or university accredited by an agency recognized by the U.S. Department of Education.

Directions for Applicant:

Submit a copy of your transcripts in addition to completing this form. An unofficial copy is acceptable.

Applicant Name _____

Degree _____ Major _____

College or University _____

Please submit all materials to:

**DVOMB
Carolina Thomasson
Standards Coordinator
700 Kipling Street, Suite 1000
Denver, Colorado 80215**

Thank you!

J. Fingerprint Card Instructions (page 1)

Colorado Revised Statutes (16-11.8-103 (4) (b) (III) (A) C.R.S.) require that applicants must submit one set of fingerprints for use by the Colorado Bureau of Investigation (CBI) and for transmittal to the Federal Bureau of Investigation (FBI). All new applicants are required to submit a fingerprint card.

The form on the following page is a replica of the fingerprint card that is enclosed.

Please read the instructions below carefully:

1. You must use the fingerprint card that is enclosed. (Do not substitute it for a fingerprint card from your local law enforcement agency.)
2. Take the enclosed card to your local law enforcement agency for fingerprinting. (They will charge you a fee.)
3. Pay close attention to the numbered description of each category that needs to be filled out. Any inaccuracies will result in your card being returned to you which will delay the process and may result in additional fees.
4. Use black ink only.
5. All information written must be contained within each box. Do not write on any blue lines.
6. Do not highlight any information.
7. You must submit your completed fingerprint card (along with an enclosed money order or cashier's check made out to CBI for \$39.50) to:

Adrienne Nuanes, Program Assistant
Domestic Violence Offender Management Board
Division of Criminal Justice
700 Kipling Street, Suite 1000
Denver, CO 80215

8. Insert information into boxes on fingerprint card according to the **sample** and list on the next two pages.

J. Fingerprint Card Instructions (page 2)

SAMPLE:

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK							<u>FBI</u>	LEAVE BLANK
		LAST NAME <u>NAM</u> (1)	FIRST NAME	MIDDLE NAME					(21)	
SIGNATURE OF PERSON FINGERPRINTED (12)		ALIASES <u>AKA</u> (2)	O R I	CO030085C					DATE OF BIRTH <u>DOB</u> Month Day Year (10)	
RESIDENCE OF PERSON FINGERPRINTED (13)				ST DIV CRIM JUST DENVER, CO						
DATE (14)	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP <u>CTZ</u> (3)	SEX (4)	RACE (5)	HGT (6)	WGT (7)	EYES (8)	HAIR (9)	PLACE OF BIRTH <u>POB</u> (11)	
EMPLOYEE AND ADDRESS (15)		YOUR NO. <u>OCA</u> (20)	LEAVE BLANK							
		FBI NO. <u>FBI</u>	CLASS _____							
		ARMED FORCES NO. <u>MNU</u>	REF. _____							
REASON FINGERPRINTED (16)		SOCIAL SECURITY NO. <u>SOC</u> (17)								
		MISCELLANEOUS NO. <u>MNU</u> (18)								
(19)										

PLEASE FILL OUT ENCLOSED FINGERPRINT CARD AS FOLLOWS:

- | | |
|----------------|---|
| 1. NAME | Type or print Last, First and Middle Name |
| 2. AKA | Maiden name, other married names or any other name used |
| 3. CITIZENSHIP | U.S. (if born in the U.S) or Alien registration number |
| 3A.AMOUNT | DO NOT FILL IN |
| 4. SEX CODES | M (Male) F (Female) |
| 5. RACE CODES | W (White) B (Black) W (Hispanic) I (Indian) A (Asian – Oriental) |
| 6. HEIGHT | Feet and inches (for example 5'6" = 506; 6' = 600) |
| 7. WEIGHT | 090,100,250, etc. |
| 8. EYE CODES | BLK (Black), BLU (Blue), BRO (Brown), GRN (Green), GRY (Gray),
HAZ (Hazel), XXX (Unknown) |
| 9. HAIR CODES | BAL (Bald), BLK (Black), BRO (Brown), GRY (Gray), RED (Red/Auburn),
WHI (White), XXX (Unknown) |
| 10. DOB | Date of Birth |
| 11. POB | Place of Birth |

J. Fingerprint Card Instructions (page 3)

- | | |
|--------------------|--|
| 12. SIGNATURE | Signature of person fingerprinted – Individual’s Signature |
| 13. RESIDENCE | Complete mailing address of person fingerprinted; includes city, state, & zip code |
| 14. DATE | Date Printed; Signature of <u>Law Enforcement Official</u> taking fingerprints |
| 15. EMPLOYER | DO NOT FILL IN |
| 16. REASON PRINTED | DO NOT FILL IN |
| 17. SOC | Social Security Number |
| 18. MISCELLANEOUS | DO NOT FILL IN |
| 19. FINGERPRINTS | All Applicants prints should be taken by a law enforcement agency |
| 20. OCA | DO NOT FILL IN |
| 21. FBI | DO NOT FILL IN |