

APPLICATION 2 FOR PLACEMENT ON THE APPROVED PROVIDER LIST



COLORADO DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD

COLORADO DEPARTMENT OF PUBLIC SAFETY DIVISION OF CRIMINAL JUSTICE

700 Kipling Street, Suite 3000
Lakewood, CO, 80215
Tel: (303) 239-4528 or 1-800-201-1325 (in Colorado only)
Fax: (303) 239-4223
<http://dcj.dvomb.state.co.us>

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COLORADO DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD
Application for Entry Level

TABLE OF CONTENTS

Instructions.....	3
Frequently Asked Questions.....	4
Minimum Requirements Reference Guide	5

Part I – For Applicant

A. Verification of Applicant Contact Information	7
B. Verification of Co-Facilitated Domestic Violence Experiential Hours	7
C. Verification of Substance Abuse Treatment Experiential Hours	8
D. Verification of Training Hours	8
E. Supervising Officer Reference Letter.....	11
F. Treatment Victim Advocate Reference Letter.....	12
G. Domestic Violence Offender Treatment Philosophy Statement	13
H. Ethics and Professional Standards	13
I. Applicant Work Product.....	13
J. Verification and Attestation of Applicant	14

Part II – For Domestic Violence Clinical Supervisor

K. General Experiential Counseling Hours and Corresponding Supervision Hours	15
L. Verification of Trainings by DVCS	16
M. Verification of Document Management of Applicant	16
N. Verification of Supervision Requirements for Applicant	16
O. Verification of Ongoing Clinical Supervisor	17
P. DVCS Reference Letter	17
Q. Supervisor Verification and Endorsement of Applicant.....	17

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) at **Provisional Level, Entry Level, or Full Operating Level**. 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 **males**. If an applicant is seeking approval to provide services to **female or LGBT+ domestic violence offenders**, please refer to *Standard 9.07*, complete the Specific Offender Population (SOP) application, 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) 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 until approval from the Board is granted as a DVOMB Approved Provider. 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 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 Move Up 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 providing services immediately to court ordered domestic violence offenders. 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 Baccalaureate Degree Applicants

Minimum Hours Required by Category	Provisional Level Section 9.02	Entry Level Section 9.03	Full Operating Level Section 9.04
General Experiential Counseling Hours	N/A	300 Hours a minimum of 15 hours of one-to-one supervision	600 Hours a minimum of 50 hours of one-to-one supervision
Co-Facilitated Domestic Violence Experiential Hours	N/A	108 Hours	160 Hours
Substance Abuse Treatment Experiential Hours	N/A	25 Hours	50 Hours
Training Hours	N/A	42 Hours + 35 Hours of Basic Counseling Skills	100 Hours + 35 Hours of Basic Counseling Skills
Clinical Supervision Hours	Tiered based on the number of direct clinical contact hours. <div style="display: flex; justify-content: space-around;"> <div> Direct Clinical Contact Hours per Month 0-59 60-79 80 or more </div> <div> Minimum Supervision Hours per Month 2 3 4 </div> </div>		
Continuing Education	N/A	14 Hours	20 Hours
Maximum Number of Renewal Periods	N/A	1 Renewal Period	Unlimited

Reference Guided for Master's Degree Applicants

Requirements by Category	Provisional Level Section 9.02	Entry Level Section 9.03	Full Operating Level Section 9.04
General Experiential Counseling Hours	300 Hours a minimum of 15 hours of one-to-one supervision	300 Hours a minimum of 15 hours of one-to-one supervision	600 Hours a minimum of 50 hours of one-to-one supervision
Co-Facilitated Domestic Violence Experiential Hours	30 Hours	54 Hours	80 Hours
Substance Abuse Treatment Experiential Hours	N/A	25 Hours	50 Hours
Training Hours	35 Hours	42 Hours	50 Hours
Clinical Supervision Hours	Tiered based on the number of direct clinical contact hours. <div style="display: flex; justify-content: space-around;"> <div> Direct Clinical Contact Hours per Month 0-59 60-79 80 or more </div> <div> Minimum Supervision Hours per Month 2 3 4 </div> </div>		
Continuing Education	14 Hours	14 Hours	20 Hours
Maximum Number of Renewal Periods	2 Renewals	1 Renewal Period	Unlimited

APPLICATION CHECKLIST

Applicant Materials to Submit

- ☐ **PART 1: Applicant Materials (Sections A – J)**
- ☐ Initial and Signed Application
 - ☐ Updated Education and College Transcripts (if applicable)
 - ☐ Letter Verifying Client Contact Hours
 - ☐ Updated DORA Registration, Certification, or Licensure (if applicable)
 - ☐ Training Certificates
 - ☐ Philosophy Statement
 - ☐ Applicant Work Product
 - ☐ Reference Letters from the Supervising Officer and Treatment Victim Advocate
- ☐ **PART 2: Supervisor Materials (Sections K – Q)**
- ☐ Initial and Signed Sections: K - Q
 - ☐ Reference Letter from the DVCS
 - ☐ Signed Competency Assessment Form
- ☐ **PART 3: Money Order made payable to Colorado Department of Public Safety in the amount required below:**

Current Status	Status Sought	Application Fee
Intent to Apply	Provisional Level	\$60.50
Intent to Apply	Entry Level	\$110.50
Intent to Apply	Full-Operating Level	\$160.50
Provisional Level	Entry Level	\$100.00
Provisional Level	Full-Operating Level	\$100.00
Entry Level	Full-Operating Level	\$100.00

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 – Provisional Level ☐ Approved – Entry Level

Please indicate the status you are seeking:

☐ Approved – Provisional Level ☐ Approved – Entry Level ☐ Approved – Full Operating Level

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: ☐ YES ☐ NO If YES, please attach to your application.

B. Verification of Co-Facilitated Domestic Violence Experiential Hours

- ☐ **Master's Degree Applicant** – Applicant has obtained _____ hours of face-to-face client contact hours working with domestic violence offenders. Applicants moving from Intent to Apply must be directly observed by a Full Operating Level Provider or DVCS (if applicable). All applicants are required to have clinical supervision at the minimum rate identified in the *Standard Section 9.0*, or additional supervision as determined by the DVCS.

Submit documentation of co-facilitation hours from a Full Operating Level Provider or a DVCS through a letter of support verifying the face-to-face client contact hours providing services with domestic violence offenders.

Name of Full Operating Level Provider or DVCS who provided co-facilitation hours.

- ☐ **Baccalaureate Degree Applicant** – Applicant has obtained _____ hours of face-to-face client contact hours working with domestic violence offenders. Applicants moving from Intent to Apply must be directly observed by a Full Operating Level Provider or DVCS (if applicable). All applicants are required to have clinical supervision at the minimum rate identified in the *Standard Section 9.0*, or additional supervision as determined by the DVCS.

Submit documentation of co-facilitation hours from a Full Operating Level Provider or a DVCS through a letter of support verifying the face-to-face client contact hours working with domestic violence offenders.

Name of Full Operating Level Provider or DVCS who provided co-facilitation hours.

C. Verification of Substance Abuse Treatment Experiential Hours

- ☐ I, the applicant, hold a CAC I, CAC II, CAC III or LAC which was submitted in the Intent to Apply application. No further documentation needed in this section.

OR

- ☐ Since the Intent to Apply application, I, the applicant, have obtained a CAC I, CAC II, CAC III or LAC. Please include a copy of any new credential to this application.

OR

- ☐ **Submit documentation of 50 face-to-face contact hours providing clinical substance abuse treatment as described in Section 9.0 of the Standards,** at an Office of Behavioral Health (OBH) licensed or comparable facility, or co-facilitated by a CAC II or higher, and supervised by a CAC III or higher.

(Name of agency where experience was gained, name of CAC II, CAC II or LAC who provided co-facilitation)

D. 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. Training must be obtained from a minimum of 3 different trainers and/or training agencies in order to be exposed to diverse philosophies, styles and theories. 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.

- ☐ **Master's Degree Applicant** – Applicant has obtained _____ hours of documented training specifically related to domestic violence of which consist of 14 hours on victim safety and victim dynamics, 14 hours on domestic violence offender assessments and evaluations, and 14 hours on offender treatment facilitation and treatment planning.
- ☐ **Baccalaureate Degree Applicant** – Applicant has obtained _____ hours of documented training specifically related to domestic violence of which consist of 14 hours on victim safety and victim dynamics, 14 hours on domestic violence offender assessments and evaluations, and 14 hours on offender treatment facilitation and treatment planning. Baccalaureate Degree Applicants must have 35 hours of basic counseling skills in addition to the required domestic violence training hours.

Required DVOMB CORE Trainings

Training Date

- | | |
|---|-------|
| <input type="checkbox"/> DV100 – DVOMB and <i>Standards</i> Training (available online) | _____ |
| <input type="checkbox"/> DV101 – DVRNA Training | _____ |
| <input type="checkbox"/> DV102 – Offender Evaluation Training | _____ |
| <input type="checkbox"/> DV103 – Offender Treatment Training | _____ |

Domestic Violence Victim Safety and Victim Dynamics – 14 hours

These hours must focus on domestic violence victim issues. Topics may include: role of victim advocate in domestic violence offender treatment, offender containment and working with a victim advocate, crisis intervention, legal issues including confidentiality, duty to warn, and orders of protection, impact of domestic violence on victims, victim dynamics to include obstacles and barriers to leaving abusive relationships.

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

DOMESTIC VIOLENCE VICTIM ISSUES TOTAL: _____

Offender Evaluation and Assessment Specific to Domestic Violence – 14 hours

These hours must focus on domestic violence offender evaluation and assessment issues. Hours from the DVOMB Offender Treatment training may be included in this category. The remaining hours required **must** be obtained from the following topic areas: clinical interviewing skills, domestic violence risk assessment, lethality risk assessment, substance abuse screening, use of collateral sources of information, types of abuse, domestic violence offender typologies, cognitive distortions, criminal thinking errors, and criminogenic needs.

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

DOMESTIC VIOLENCE OFFENDER EVALUATION & ASSESSMENT TOTAL: _____

Treatment Facilitation and Treatment Planning (14 hours)

Hours from the DVOMB Treatment Training may be included in this category. The remaining balance of the required hours **must** be obtained from the following topic areas: substance abuse and domestic violence treatment, offender self-management, motivational interviewing, provider role in offender containment, forensic psychotherapy, coordination with criminal justice system, offender accountability recognizing and overcoming offender resistance, trauma, offender contracts, ongoing domestic violence offender assessment skills and tools, offender responsivity to treatment, learning styles, personality disorders, risk, needs and responsivity, limitations of offender confidentiality, offender responsivity to treatment, levels & competencies.

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

FACILITATION AND TREATMENT PLANNING TOTAL: _____

Basic Counseling Skills: Baccalaureate Degree Applicants ONLY (35 hours required)

Topics: counseling techniques, individual and group skills training, treatment planning, group dynamics.

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

BASIC COUNSELING TOTAL: _____

TOTAL TRAINING HOURS EQUAL:

- ☐ _____ **Hours** for Master's Degree Applicants
- ☐ _____ **Hours** for Bachelor's Degree Applicants, Plus _____ **Hours** of Basic Counseling Skills

(Applicant Signature)

(Date)

E. 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)

F. 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)

G. Domestic Violence Offender Treatment Philosophy Statement

Submit your philosophy regarding domestic violence offender treatment. In a one-page statement, please include your viewpoints regarding causal factors of domestic violence, key treatment issues for offenders, and victim safety issues. Also include your plan on how you will be maintaining cooperative working relationships within your community in the following areas: domestic violence victim services, other treatment providers, criminal justice programs, and substance abuse programs.

H. 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.

I. Applicant Work Product

Applicants seeking approval at the Provisional Level, Entry Level, or Full Operating Level must provide work product to demonstrate compliance with the *Standards*. 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 four (4) calendar months. 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.

- ☐ **Offender Treatment Service Option:** Please submit one **Individualized Treatment Plan** (Standards Section 5.0), the corresponding the Individualized Treatment Plan based off offender evaluation, one offender contract that is in compliance with the Standards (Section 5.0), and the DVCS rating of applicant competencies relevant to providing treatment services. *Please note, this approval under this option only allows for the applicant to conduct treatment services and does not allow the applicant to complete post-sentence evaluations. Not applicable for applicants seeking FOL status.*
- ☐ **Post-Sentence Offender Evaluator Option:** Please submit one **Offender Evaluation** (Standards Section 4.0), corresponding **Individualized Treatment Plan** (Standards Section 5.0) the applicant is seeking approval for one **Offender Contract** (Standards Section 5.0), and the DVCS rating of applicant competencies relevant to providing evaluation services. *Please note, approval under this option only allows the applicant to conduct Post-Sentence Evaluations and does not allow the applicant to provide offender treatment services. Not applicable for applicants seeking FOL status.*
- ☐ **Both Offender Treatment Service and Post-Sentence Offender Evaluator Option:** Please submit one **Offender Evaluation** (Standards Section 4.0), one corresponding **Individualized Treatment Plan** (Standards Section 5.0) plan, one **Offender Contract** (Standards Section 5.0), and the DVCS rating of applicant competencies relevant to providing treatment and evaluation services.

J. 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.**

K. General 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 Standards, Section 9.0.

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

Initial

- ☐ The required amount of _____ **experiential counseling hours** and received all of the required clinical supervision below as per the *Standards, Section 9.0*.

OR

- ☐ Satisfied this requirement with a master's degree in counseling or a CAC II or higher. If a master's degree or CAC II or higher was obtained after approval of Intent to Apply, please submit a copy of the transcript verifying an internship or a copy of the CAC certification.

(Name of agency, the clinician, and supervisor where experience was gained)

L. 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 I have reviewed the applicant's training certificates and verify that the applicant has received:

- ☐ A **minimum of _____ hours** of documented training as specified in *Section 9.0* of the *Standards*

AND

- ☐ An **additional _____ hours** documented training in basic counseling skills for **Baccalaureate level applicants** as specified in *Section 9.0* of the *Standards*.

M. 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.

N. 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*.
- ☐ I have 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).
- ☐ 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.

O. 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 and I am registered and in good standing with DORA.
- ☐ I further verify that I am providing supervision for this applicant. If approved as a Provisional Level or Entry Level Provider, I will continue to provide supervision as required by the *Section 9.0* of the *Standards*.
- ☐ I will notify the DVOMB in writing, if supervision is discontinued or terminated and on what date.

P. 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.

Q. 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 a DVOMB Approved Domestic Violence Clinical Supervisor.

(Domestic Violence Clinical Supervisor's Signature)

(Date)