

# INITIAL DOMESTIC VIOLENCE SPECIALIST

## CERTIFICATION APPLICATION

NJ Association of Domestic Violence Professionals

*c/o NJCBW*

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The Domestic Violence Specialist Initial Certification application must be completed in its entirety prior to submission.

**NEW JERSEY ASSOCIATION OF DOMESTIC VIOLENCE PROFESSIONALS**

**APPLICATION FOR CERTIFICATION AS A DOMESTIC VIOLENCE  
SPECIALIST**

**General Information**

Name as it should appear on Certificate:

\_\_\_\_\_

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|------|-------|--------|

Last four numbers of your Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Position/Job Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency e-mail: \_\_\_\_\_

Agency FAX Number: \_\_\_\_\_

### Credentials

List all education and degrees since high school.

| Year | Institution | Major | Degree/<br>Certificate received |
|------|-------------|-------|---------------------------------|
|      |             |       |                                 |
|      |             |       |                                 |
|      |             |       |                                 |
|      |             |       |                                 |
|      |             |       |                                 |
|      |             |       |                                 |
|      |             |       |                                 |

## **Education Hours**

- A. Applicants must demonstrate proof of 180 hours of domestic violence specific education as specified in the Core Curriculum Areas, which include site visits. Workshops, conferences, agency in-service trainings, attendance at NJCBW meetings/forums, and formal coursework towards a degree may be accepted for certification. Site visits are required to each of the following sites: a Domestic Violence shelter; a Courthouse; an Al-Anon meeting; and an AA meeting.
- B. Complete and attach the Education Hours Worksheet to document 180 hours of domestic violence-education hours, which include the site visits. The number of hours required in each Core Curriculum Area is listed on the Education Hours Worksheet. A Description of the Core Curriculum Areas is in the Attachment section.
- C. Only a total of 20 non-domestic violence and/or non-approved education hours in selected Core Curriculum Areas will be accepted towards the initial certification. The selected Core Curriculum Areas are:
- Intervention Skills
  - Race and Culture
  - Confidentiality/Ethics
  - Special Populations
  - Group Counseling Skills
  - Substance Abuse
  - Sexual Abuse
  - Community Organization
- Specific information as to the permissible number of education hours for each Core Curriculum Area is included on the Education Hours Worksheet.
- D. The Education Hours Worksheet and a Description of the Core Curriculum Areas are in the Attachment section of the Application.
- E. Attach copy of certificates and/or proof of attendance to the Education Hours Worksheet. If the education hours are non-domestic violence and/or non-approved education hours, additional documentation may be required.
- F. The education hours must have been earned within the previous five years of submission of the initial certification application.
- G. The Frequently Asked Questions handout lists the organizations from which NJADVP accepts education hours. Additionally, education hours may be awarded on a case-by-case basis for training provided by other organizations.

## **Direct Service Experience**

- A. Applicants must demonstrate proof of 1,000 hours of direct service experience with domestic violence clients, to include a minimum of 180 task hours of verified on-the-job training (OJT) completed in specified Task Areas. The domestic violence client can be a victim, abuser, child or other involved party. Three forms are utilized to document direct service experience.
- B. Complete the Direct Service Experience History form to list the agencies at which the direct service experience was accomplished. Note in what capacity (e.g., intern, volunteer, employee) the services were provided. If circumstances change, such as, new supervisor, different number of weekly hours, new title, provide the information as if it were a new position. The form is in the Attachment section of the Application.
- C. Send a Supervisor's Verification form and Description of Task Areas to each supervisor listed on the Direct Service Experience History form. The form and the description are in the Attachment section of the Application.
- D. Complete the Direct Service Experience Worksheet to document the 1,000 hours of direct service experience. The Worksheet and a Description of Task Areas are in the Attachment section of the Application.
- E. Attach the completed Direct Service Experience History form, the Supervisor's Verification form(s), and the Direct Service Experience Worksheet with the Application packet.
- F. The direct service experience must have been completed within the previous five years of the submission of the initial certification application. Additional experience prior to the five year time period shall be considered on a case-by-case basis.

### References

- A. Three references are required. They should be submitted by an immediate or prior supervisor; by a colleague/co-worker; and by a representative from a community agency with whom you interact in your domestic violence work. At least one reference must be submitted from a domestic violence program.
- B. The references should be qualified individuals who are knowledgeable about your work, who are in a position to evaluate your current competence in domestic violence, and who are willing to write a letter of reference.
- C. Provide name, title and address information regarding the selected references in the form below.
- D. Send the reference the appropriate Request for Letter of Reference form. The forms are in the Attachment section of the Application.
- E. Include the three letters of reference with the Application packet.

|          | Immediate or<br>Prior Supervisor | Colleague/Co-worker | Representative from<br>Community Agency |
|----------|----------------------------------|---------------------|---|
| Name     |                                  |                     |   |
| Address  |                                  |                     |   |
| Position |                                  |                     |   |

## **Personal Statement**

Attach to the Application a personal statement that addresses the below-listed nine question. Clearly delineate the answer to each question.

1. Discuss your personal philosophy on the causes of domestic violence.
2. Discuss your views on sexism and related power imbalances.
3. Describe your work with victims, perpetrators and other family members.
4. Describe the evolution of your techniques working to end violence.
5. Describe your ability to work with child protective services, the courts, police and other social service systems.
6. Describe your work with groups, committees, task forces and/or boards on domestic violence issues.
7. Describe the areas in your work on domestic violence where you struggle with your own shortcomings.
8. Discuss the impact of racism and oppression on domestic violence victims and perpetrators.
9. Describe the additional factors contributing to violence in same sex partnerships.

## **Philosophical Principles**

Read the Philosophical Principles and sign the Non-Violence Affirmation Form on page 9.

1. Any real or perceived imbalance of power creates a climate for physical, emotional, and / or psychological abuse.
2. This imbalance of power is culturally integrated into our social structures and is mirrored in relationships between women and men. It may also exist in relationships between two people of the same gender, and people of different races, where the power is unequal.
3. Although anyone can be a victim of domestic violence, historically and currently women are devalued in our society; consequently they are and have been primary targets of abuse in the larger society and in the home.
4. Therefore, effective advocacy, counseling and educational approaches to eliminate domestic violence in our society and in our relationships, must address the imbalance of power between those of unequal power, and must recognize that responsibility for violent behavior lies with the abuser.
5. Addressing the imbalance of power needs to be based on the individual empowerment of women and men to be responsible for their actions and life choices. This individual experience of personal power can ultimately lead to healthy relationships where power is shared.

## Code of Ethics

Read the Code of Ethics and sign the Non-Violence Affirmation Form on page 9.

1. The challenge for all certified Domestic Violence Specialists is to help create personal, professional, and spiritual environments where power is shared and not misused or abused, so that the empowerment process is more likely to occur.
2. The Domestic Violence Specialist will be committed to recognizing and working on their own values and biases in order to provide high quality service; without prejudice, to all clients.
3. The Domestic Violence Specialist shall adhere to all professional rules and limits of confidentiality.
4. The Domestic Violence Specialist supports self determination of the individual and continues to work in a collaborative relationship with those individuals. The Domestic Violence Specialist shall coordinate services in the best interest of their client through the use of inter and intra-agency resources and networking.
5. The Domestic Violence Specialist shall understand the limits of their skills and thereby refer to other professionals when necessary.
6. The Domestic Violence Specialist shall set reasonable fees that are fair and commensurate with the service performed and with consideration for the client's ability to pay.
7. The Domestic Violence Specialist shall have a commitment to a life-style that promotes alternatives to violence and abuse.
8. The Domestic Violence Specialist shall have a commitment to continuing education.
9. The Domestic Violence Specialist shall identify and develop issues crucial to the domestic violence field and share this information with other professionals, through participation with the professional and general community.

**Non-Violence Affirmation Form**

I certify that the information contained herein is true and accurate, and that my Domestic Violence work has conformed to the Philosophical Principles and the Code of Ethics of the New Jersey Association of Domestic Violence Professionals.

I understand that the NJADVP Committee reserves the right to delete or exclude from listing, or recertifying, any person who has been found to have violated the ethics and/or principles of the NJADVP.

I attest that I have no history nor is there any evidence of violent behavior for five years immediately prior to the date of this application.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Fee Information**

- A. The total cost of initial certification is \$250.00 payable in three checks:
- \$ 25.00 Application Fee submitted with application is non-refundable.
  - \$100.00 Application Processing Fee submitted with application is refundable if application is not approved.
  - \$125.00 Final Certification Fee submitted upon notification of approval.
- B. Checks should be made payable to NJCBW.
- C. Under special circumstances, NJADVP may approve a request for reduced fees based on income level and individual circumstances of the applicant.

To be considered, the applicant must submit a Request for Reduced Fees, the \$25.00 non-refundable Application Fee and \$50.00 for the Application Processing Fee. The Application and the Request for Reduced Fees will not be reviewed unless these fees are included. The Request for Reduced Fees is in the Attachment section of the Application.

NJADVP will advise the applicant if the Request for Reduced Fees has been granted. If the request is denied, the applicant must submit the balance (\$50.00) of the Application Processing Fee before the Application will be considered or the applicant may request for the Application to be returned.

An applicant who has been approved for reduced fees and certification must submit \$62.50 for the Final Certification Fee within six months of the date of approval for certification. If the fee is not submitted by the end of the six month period, the Application will be returned and the applicant must reapply.

- D. In addition to a reduced fees option, an applicant may also propose to NJADVP a six month payment plan for the cost of the fees.

# **ATTACHMENTS**

## DVS Initial Certification Worksheet for Education Hours

The Initial Certification requires 180 education hours, which include the site visits. Only a total of 20 non-DV and/or non-approved education hours will be accepted towards the Initial Certification. The maximum number of hours accepted for each Core Curriculum Area is:

| Core Curriculum Area     | Training or Course Title | Date | Approved DV Hours | Non-DV and/or Non-Approved Hours |
|--------------------------|--------------------------|------|-------------------|----------------------------------|
| I. Basic DV Knowledge    |                          |      | 6                 | 0                                |
|                          |                          |      |                   |                                  |
|                          |                          |      |                   |                                  |
|                          |                          |      |                   |                                  |
|                          |                          |      | <b>Total</b>      | <b>Total</b>                     |
| II. Legal                |                          |      | 12                | 0                                |
|                          |                          |      |                   |                                  |
|                          |                          |      |                   |                                  |
|                          |                          |      |                   |                                  |
|                          |                          |      |                   |                                  |
|                          |                          |      |                   |                                  |
|                          |                          |      |                   |                                  |
|                          |                          |      |                   |                                  |
|                          |                          |      | <b>Total</b>      | <b>Total</b>                     |
| III. Intervention Skills |                          |      | 24                | 4                                |
|                          |                          |      |                   |                                  |

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| Core Curriculum Area | Training or Course Title | Date | Approved DV Hours | Non-DV and/or Non-Approved Hours |
|----------------------|--------------------------|------|-------------------|----------------------------------|
|                      |                          |      |                   |                                  |
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|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |
|                      |                          |      | <b>Total</b>      | <b>Total</b>                     |
| IV. Race and Culture |                          |      | 12                | 6                                |
|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |



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| Core Curriculum Area                               | Training or Course Title | Date | Approved DV Hours | Non-DV and/or Non-Approved Hours |
|--|--------------------------|------|-------------------|----------------------------------|
|  |                          |      | <b>Total</b>      | <b>Total</b>                     |
| VI. Restructuring<br>Toward a<br>Nonviolent Family |                          |      | 6                 | 0                                |
|  |                          |      |                   |                                  |
|  |                          |      |                   |                                  |
|  |                          |      |                   |                                  |
|  |                          |      |                   |                                  |
|  |                          |      |                   |                                  |
|  |                          |      |                   |                                  |
|  |                          |      |                   | <b>Total</b>                     |
| VII.<br>Confidentiality/<br>Ethics                 |                          |      | 9                 | 3                                |
|  |                          |      |                   |                                  |
|  |                          |      |                   |                                  |
|  |                          |      |                   |                                  |
|  |                          |      |                   |                                  |
|  |                          |      |                   |                                  |

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The Initial Certification requires 180 education hours, which include the site visits. Only a total of 20 non-DV and/or non-approved education hours will be accepted towards the Initial Certification. The maximum number of hours accepted for each Core Curriculum Area is:

| Core Curriculum Area      | Training or Course Title | Date | Approved DV Hours | Non-DV and/or Non-Approved Hours |
|---------------------------|--------------------------|------|-------------------|----------------------------------|
|                           |                          |      |                   |                                  |
|                           |                          |      |                   |                                  |
|                           |                          |      |                   |                                  |
|                           |                          |      | <b>Total</b>      | <b>Total</b>                     |
| VIII. Community Resources |                          |      | 3                 | 0                                |
|                           |                          |      |                   |                                  |
|                           |                          |      |                   |                                  |
|                           |                          |      |                   |                                  |
|                           |                          |      | <b>Total</b>      | <b>Total</b>                     |
| IX. Prevention            |                          |      | 6                 | 0                                |
|                           |                          |      |                   |                                  |
|                           |                          |      |                   |                                  |
|                           |                          |      |                   |                                  |
|                           |                          |      |                   |                                  |
|                           |                          |      |                   |                                  |



## DVS Initial Certification Worksheet for Education Hours

The Initial Certification requires 180 education hours, which include the site visits. Only a total of 20 non-DV and/or non-approved education hours will be accepted towards the Initial Certification. The maximum number of hours accepted for each Core Curriculum Area is:

| Core Curriculum Area | Training or Course Title | Date | Approved DV Hours | Non-DV and/or Non-Approved Hours |
|----------------------|--------------------------|------|-------------------|----------------------------------|
|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |
|                      |                          |      | <b>Total</b>      | <b>Total</b>                     |
| XII. Substance Abuse |                          |      | 12                | 6                                |
|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |
|                      |                          |      | <b>Total</b>      | <b>Total</b>                     |
| XIII. Mental Health  |                          |      | 6                 | 0                                |
|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |
|                      |                          |      |                   |                                  |

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The Initial Certification requires 180 education hours, which include the site visits. Only a total of 20 non-DV and/or non-approved education hours will be accepted towards the Initial Certification. The maximum number of hours accepted for each Core Curriculum Area is:

| Core Curriculum Area              | Training or Course Title | Date | Approved DV Hours | Non-DV and/or Non-Approved Hours |
|-----------------------------------|--------------------------|------|-------------------|----------------------------------|
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      | <b>Total</b>      | <b>Total</b>                     |
| XIV. Sexual Abuse                 |                          |      | 12                | 3                                |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      | <b>Total</b>      | <b>Total</b>                     |
| XV. Gender Issues and Empowerment |                          |      | 12                | 0                                |

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| Core Curriculum Area              | Training or Course Title | Date | Approved DV Hours | Non-DV and/or Non-Approved Hours |
|-----------------------------------|--------------------------|------|-------------------|----------------------------------|
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      | <b>Total</b>      | <b>Total</b>                     |
| XVI.<br>Community<br>Organization |                          |      | 6                 | 3                                |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      |                   |                                  |
|                                   |                          |      | <b>Total</b>      | <b>Total</b>                     |

**SUBTOTAL**      \_\_\_\_\_

## DVS Initial Certification Worksheet for Education Hours

**The Initial Certification requires 180 education hours, which include the site visits. Only a total of 20 non-DV and/or non-approved education hours will be accepted towards the Initial Certification. The maximum number of hours accepted for each Required Visit is:**

| Required Visits | Name and Location | Date | Approved DV Hours | Non-DV and/or Non-Approved Hours |
|-----------------|-------------------|------|-------------------|----------------------------------|
| DV Shelter      |                   |      | 3                 | 0                                |
| Courthouse      |                   |      | 3                 | 0                                |
| Al-Anon Meeting |                   |      | 3                 | 0                                |
| AA Meeting      |                   |      | 3                 | 0                                |

**SUBTOTALS** \_\_\_\_\_ **0** \_\_\_\_\_

**GRAND TOTALS** \_\_\_\_\_ \_\_\_\_\_

Comments:

**TOTAL OF 180 HOURS REQUIRED**

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer's Name Printed: \_\_\_\_\_

## DVS Initial Certification Worksheet for Direct Service Experience

The Initial Certification requires 1,000 hours of direct service experience with domestic violence clients, to include 180 task hours of verified on-the-job training (OJT) completed in specified Task Areas. The minimum number of hours required for each Task Area is listed below. The domestic violence client can be a victim, abuser, child or other involved party. The Work Experience Number should correspond to the number on the Direct Service Experience History Form.

|                          |  |    |  |              |
|--------------------------|--|----|--|--------------|
| I. Hotline               |  | 10 |  |              |
|                          |  |    |  |              |
|                          |  |    |  |              |
|                          |  |    |  |              |
|                          |  |    |  |              |
|                          |  |    |  |              |
|                          |  |    |  | <b>Total</b> |
| II. Intake               |  | 10 |  |              |
|                          |  |    |  |              |
|                          |  |    |  |              |
|                          |  |    |  |              |
|                          |  |    |  |              |
|                          |  |    |  | <b>Total</b> |
| III. Crisis Intervention |  | 10 |  |              |
|                          |  |    |  |              |
|                          |  |    |  |              |
|                          |  |    |  |              |

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|                |  |    |              |              |
|----------------|--|----|--------------|--------------|
|                |  |    |              |              |
|                |  |    |              |              |
|                |  |    | <b>Total</b> | <b>Total</b> |
| IV. Assessment |  | 10 |              |              |
|                |  |    |              |              |
|                |  |    |              |              |
|                |  |    |              |              |
|                |  |    |              |              |
|                |  |    |              |              |
|                |  |    | <b>Total</b> | <b>Total</b> |
| V. Referral    |  | 5  |              |              |
|                |  |    |              |              |
|                |  |    |              |              |
|                |  |    |              |              |
|                |  |    |              |              |

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The Initial Certification requires 1,000 hours of direct service experience with domestic violence clients, to include 180 task hours of verified on-the-job training (OJT) completed in specified Task Areas. The minimum number of hours required for each Task Area is listed below. The domestic violence client can be a victim, abuser, child or other involved party. The Work Experience Number should correspond to the number on the Direct Service Experience History Form.

|                                   |    |  | <b>Total</b> | <b>Total</b> |
|-----------------------------------|----|--|--------------|--------------|
| VI. Victim Advocacy (Legal)       | 10 |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  | <b>Total</b> | <b>Total</b> |
| VII. Reporting and Record Keeping | 5  |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  |              |              |
|                                   |    |  | <b>Total</b> | <b>Total</b> |

## DVS Initial Certification Worksheet for Direct Service Experience

The Initial Certification requires 1,000 hours of direct service experience with domestic violence clients, to include 180 task hours of verified on-the-job training (OJT) completed in specified Task Areas. The minimum number of hours required for each Task Area is listed below. The domestic violence client can be a victim, abuser, child or other involved party. The Work Experience Number should correspond to the number on the Direct Service Experience History Form.

|  |  |    |  |              |
|--|--|----|--|--------------|
| VIII. Education and Prevention         |  | 5  |  |              |
|  |  |    |  |              |
|  |  |    |  |              |
|  |  |    |  |              |
|  |  |    |  |              |
|  |  |    |  |              |
|  |  |    |  | <b>Total</b> |
| IX. Case Management/ Service Provision |  | 20 |  |              |
|  |  |    |  |              |
|  |  |    |  |              |
|  |  |    |  |              |
|  |  |    |  |              |
|  |  |    |  |              |
|  |  |    |  | <b>Total</b> |
| X. Individual Counseling               |  | 30 |  |              |
|  |  |    |  |              |

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The Initial Certification requires 1,000 hours of direct service experience with domestic violence clients, to include 180 task hours of verified on-the-job training (OJT) completed in specified Task Areas. The minimum number of hours required for each Task Area is listed below. The domestic violence client can be a victim, abuser, child or other involved party. The Work Experience Number should correspond to the number on the Direct Service Experience History Form.

|                        |  |    |              |              |
|------------------------|--|----|--------------|--------------|
|                        |  |    |              |              |
|                        |  |    |              |              |
|                        |  |    |              |              |
|                        |  |    |              |              |
|                        |  |    |              |              |
|                        |  |    | <b>Total</b> | <b>Total</b> |
| XI. Group Counseling   |  | 30 |              |              |
|                        |  |    |              |              |
|                        |  |    |              |              |
|                        |  |    |              |              |
|                        |  |    |              |              |
|                        |  |    | <b>Total</b> | <b>Total</b> |
| XII. Family Counseling |  | 20 |              |              |
|                        |  |    |              |              |

## DVS Initial Certification Worksheet for Direct Service Experience

The Initial Certification requires 1,000 hours of direct service experience with domestic violence clients, to include 180 task hours of verified on-the-job training (OJT) completed in specified Task Areas. The minimum number of hours required for each Task Area is listed below. The domestic violence client can be a victim, abuser, child or other involved party. The Work Experience Number should correspond to the number on the Direct Service Experience History Form.

|   |              |            |              |              |
|---|--------------|------------|--------------|--------------|
|   |              |            |              |              |
|   |              |            |              |              |
|   |              |            |              |              |
|   |              |            |              |              |
| XIII. Substance Abuse Assessment                  | 5            |            |              |              |
|   |              |            |              |              |
|   |              |            |              |              |
|   |              |            | <b>Total</b> | <b>Total</b> |
| XIV. Advocacy/ Networking/ Community Organization | 10           |            |              |              |
|   |              |            |              |              |
|   |              |            |              |              |
|   |              |            |              |              |
|   | <b>Total</b> | <b>180</b> | <b>Total</b> | <b>Total</b> |

**GRAND TOTAL** \_\_\_\_\_

**Supervisor's Verification Form of Direct Service Experience**

This request is in conjunction with an application for certification as a Domestic Violence Specialist as awarded by the New Jersey Association of Domestic Violence Professionals [NJADVP]. Please provide verification of the Applicant's direct service experience and your supervision of the Applicant. Definitions of the Task Areas are attached.

**Applicant Information**

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_ Work Experience Number: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Dates Worked and Number of Hours Weekly: \_\_\_\_\_

**Supervisor's Information**

Name: \_\_\_\_\_  
 Current Title: \_\_\_\_\_  
 Current Agency Name: \_\_\_\_\_  
 Current Agency Contact Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If supervision occurred at another agency, provide agency name, contact information and your title during that time period:

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

Dates Supervisor Supervised Applicant: \_\_\_\_\_

| TASK AREAS                               | NUMBER OF HOURS |
|--|-----------------|
| <b>Hotline</b>                           |                 |
| <b>Intake</b>                            |                 |
| <b>Crisis Intervention</b>               |                 |
| <b>Assessment</b>                        |                 |
| <b>Referral</b>                          |                 |
| <b>Victim Advocacy (Legal )</b>          |                 |
| <b>Reporting and Record Keeping</b>      |                 |
| <b>Education and Prevention</b>          |                 |
| <b>Case Management/Service Provision</b> |                 |
| <b>Individual Counseling</b>             |                 |
| <b>Group Counseling</b>                  |                 |
| <b>Family Counseling</b>                 |                 |
| <b>Substance Abuse Assessment</b>        |                 |
| <b>Advocacy/Community Organizing</b>     |                 |
| <b>TOTAL HOURS</b>                       |                 |

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST FOR LETTER OF REFERENCE

### From an Immediate or Prior Supervisor

TO: \_\_\_\_\_

This request for a Letter of Reference is submitted by

\_\_\_\_\_

in conjunction with an application for certification as a Domestic Violence Specialist as awarded by the New Jersey Association of Domestic Violence Professionals [NJADV].

Please submit a letter of reference that addresses the following areas:

- The capacity in which you became familiar with applicant's work in domestic violence.
- The length of time that you have known the applicant.
- The applicant's ability to work with persons involved in domestic violence. Please discuss applicant's ability to work with the:
  - Victim
  - Perpetrator
  - Family members
  - Courts
  - Police
  - Social services (as it relates to their specific job)
  - Community.
- If the applicant, in your experience of them, has not had the opportunity to work with all aspects of domestic violence, please comment on your perception of the applicant's potential for being able to work in a constructive and empathic manner in those areas.

Please return the letter of reference to the applicant as soon as possible. Thank you.

## REQUEST FOR LETTER OF REFERENCE

### From a Colleague/Co-Worker

TO: \_\_\_\_\_

This request for a Letter of Reference is submitted by

\_\_\_\_\_

in conjunction with an application for certification as a Domestic Violence Specialist as awarded by the New Jersey Association of Domestic Violence Professionals [NJADVP].

Please submit a letter of reference that addresses the following areas:

- The capacity in which you became familiar with applicant's work in domestic violence.
- The length of time that you have known the applicant.
- The applicant's ability to work with persons involved in domestic violence. Please discuss applicant's ability to work with the:
  - Victim
  - Perpetrator
  - Family members
  - Courts
  - Police
  - Social services (as it relates to their specific job)
  - Community.
- If the applicant, in your experience of them, has not had the opportunity to work with all aspects of domestic violence, please comment on your perception of the applicant's potential for being able to work in a constructive and empathic manner in those areas.

Please return the letter of reference to the applicant as soon as possible. Thank you.

**REQUEST FOR LETTER OF REFERENCE**

**From a Representative of a Community Agency**

TO: \_\_\_\_\_

This request for a Letter of Reference is submitted by

\_\_\_\_\_

in conjunction with an application for certification as a Domestic Violence Specialist as awarded by the New Jersey Association of Domestic Violence Professionals [NJADV].

Please submit a letter of reference that addresses the following areas:

- The capacity in which you became familiar with applicant's work in domestic violence.
- The length of time that you have known the applicant.
- The applicant's ability to work with persons involved in domestic violence. Please discuss applicant's ability to work with the:
  - Victim
  - Perpetrator
  - Family members
  - Courts
  - Police
  - Social services (as it relates to their specific job)
  - Community.
- If the applicant, in your experience of them, has not had the opportunity to work with all aspects of domestic violence, please comment on your perception of the applicant's potential for being able to work in a constructive and empathic manner in those areas.

Please return the letter of reference to the applicant as soon as possible. Thank you.

## **Description of Core Curriculum Areas**

The description of each Core Curriculum Area may be utilized to determine how to apply earned education hours.

- I. Basic DV Knowledge**  
Historical perspective, theoretical perspectives, dynamics of domestic violence, characteristics of family; impact on women, men, children.
- II. Legal**  
Historical perspective, current laws, enforcement, police response, courts: judicial response, court preparation, advocacy.
- III. Intervention Skills**  
Individual counseling, family counseling, crisis intervention, hotline, intake, evaluation, assessment, treatment planning, case management.
- IV. Race and Culture**  
The impact of racism, ethnicity and culture on service delivery.
- V. Values & Attitudes**  
Understanding personal beliefs and value systems regarding violence and prejudices.
- VI. Restructuring Toward a Non-Violent Family**  
Reward, punishment, nurturance, limits, maintaining a proper balance.
- VII. Confidentiality/Counseling Ethics**  
Reasons for, requirement, legalities and implications for record keeping.
- VIII. Community Resources**  
Developing techniques for networking and accessing state/local resources on behalf of victims, batterers and families.
- IX. Prevention**  
Primary, secondary, tertiary.
- X. Special Populations**  
Elderly, lesbian and gay couples, between siblings, child to parent.
- XI. Group Counseling Skills**  
Group dynamics, process, techniques, intervention models.

**XII. Substance Abuse**

Recognition, assessment intervention; accessing treatment and coordination with domestic violence programs. Similarities and differences between domestic violence and substance abuse.

**XIII. Mental Health**

Normal response to trauma, psychiatric disorder, suicide, homicide, lethality.

**XIV. Sexual Abuse**

Rape, marital rape, date rape, acquaintance rape, incest, sexual abuse of adults and children.

**XV. Gender Issues and Empowerment**

Historical perspective, exploration of roles, expectations in relationships, changing families and imbalances of power; economic factors.

**XVI. Community Organization**

Heightened awareness of violence, exploration of indigenous response systems, institutional intervention models, social welfare policies.

## **Description of Task Areas**

The description of Task Areas may be utilized to determine how to apply earned task hours.

- I. Hotline**  
Answering the crisis line in a supportive, empathetic manner and responding to the client\* in a non-judgmental, helpful manner.
- II. Intake**  
Gathering information to assess the situation properly and documenting appropriately.
- III. Crisis Intervention**  
Handling immediate crisis and dangerous situations.
- IV. Assessment**  
Working with the client to determine and prioritize needs, (i.e. shelter, mental health services, drug/alcohol program).
- V. Referral**  
Understanding and referring to existing services where clients' needs would be more appropriately met.
- VI. Victim Advocacy (Legal)**  
Providing information and referrals to clients regarding options for legal counsel. Preparation and support for court and knowledge of the court system.
- VII. Reporting and Record Keeping**  
Keeping accurate and unbiased records which comply with the confidentiality statutes.
- VIII. Education & Prevention**  
Giving clients and the public general information on domestic violence services available to end domestic violence.
- IX. Case Management/Service Provision**  
Safety planning and assisting with concrete needs, (i.e.: financial, housing, medical, and access to other services).
- X. Individual Counseling**  
Counseling the domestic violence client.
- XI. Group Counseling**  
Facilitating groups for clients and/or their children.
- XII. Family Counseling**  
Providing intervention with clients and their children.

**XIII. Substance Abuse Assessment**

Assessing a client for drug and alcohol problems and referral to the appropriate services.

**XIV: Advocacy/Networking/Community Organization**

Developing a working relationship with state and community services impacting domestic violence clients and learning to effect change

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\*The domestic violence client can be a victim, abuser, child or other involved party.

## REQUEST FOR REDUCED FEES

In order for NJADV to consider properly an applicant's request for Reduced Fees, please provide the following information.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Total yearly **family** income: \_\_\_\_\_

Family constellation:

Number of adults in family: \_\_\_\_\_

Number of children in family: \_\_\_\_\_

If there are extraordinary yearly family expenses, please provide a brief description and breakdown of those expenses.

**To be considered, the applicant must submit a Request for Reduced Fees, the \$25.00 non-refundable Application Fee and \$50.00 for the Application Processing Fee. The Application and the Request for Reduced Fees will not be reviewed unless these fees are included.**

