



# INSTITUTE ON VIOLENCE, ABUSE AND TRAUMA (IVAT)

## Application for Specialty Certification in Domestic Violence Offender Treatment

Date application and fee submitted: \_\_\_\_\_

**General Information**

Name (as you would like it to appear on your certificate):

\_\_\_\_\_  
Last First Middle Initial Degree

**Birth Date**

\_\_\_\_\_  
Month Day Year

**Address**

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip\_

**Home Phone**

\_\_\_\_\_  
(include area code) Cell/Other phone (include area code)

**Position/Job Title**

\_\_\_\_\_

**Agency**

\_\_\_\_\_

**Address**

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip

**Business Phone**

\_\_\_\_\_

**Fax #**

\_\_\_\_\_

**E-mail address**

\_\_\_\_\_

**Please check the level in which you are applying:**

- **LEVEL I (Group Facilitator/Peer Facilitator)**  
Appropriate for individuals who have had at least a year of experience co-facilitating groups or supervised interventions in intimate partner violence. No minimum degree is necessary.
  
- **LEVEL II (Advanced Group Facilitator/Treatment Provider/Supervisor)**  
Appropriate for individuals who have had at least two years' experience conducting or supervising Domestic Violence Offender Treatment groups. Bachelor's degree is the minimum degree required. License in mental health field is preferred but not required, may be substituted by 500 hours/4 years working with offenders.
  
- **LEVEL III (Diplomate/Trainer)**  
Appropriate for those with at least 5 years' experience conducting or supervising Domestic Violence Offender Treatment groups. Minimum requirement of a Master's degree and License in Mental Health, Social Work, Counseling, Education, Healthcare or related fields.

**Please indicate one of the following:**

- This is my first application for Specialty Certification in Domestic Violence Offender Treatment.
- I currently have a (please circle as appropriate) **LEVEL I** or **LEVEL II** certification and am seeking the next level.
- I am requesting a re-certification at my current level (required if inactive for two years). List current level \_\_\_\_\_.
- I am renewing my current certification (Please complete Renewal Application rather than this application).

**Have you ever been convicted of a misdemeanor or felony for intimate partner violence or other crimes, not including parking violations? (Please circle)**

**Yes** (if so, must be violence-free for at least three years and have successfully completed a Domestic Violence Offender Treatment Program; include a complete statement of details on a separate sheet of paper)

**No**

**Do you agree to a state and a national criminal history check?                      Yes                      No**

**\*\*If not, your application will not be considered.**

**Education and Credentials**

List all education and degrees since high school

<b>Year</b>	<b>Educational Institution</b>	<b>Field</b>	<b>Degrees/Certificates Received</b>

**Professional Experience**

List all positions related to the mental health, social work, education, counseling, healthcare, or related fields below (please list or refer to a current resume/vita)

\*Start with present position and go backward in time

<b>Dates</b>	<b>Organization</b>	<b>Position</b>	<b>Job Duties (related to DV field)</b>

**Training and Experience**  
**(Please submit appropriate supporting documentation)**

Date	Training Title	Training Category (i.e., Ethics, Victims, etc.)	Number of Hours

## Requirements Checklist

(Please check that you enclosed all necessary items with your application)

### **Level I (Group Facilitator/Peer Facilitator)**

- Application
- Verification of 40 hours of basic Domestic Violence training
- Verification of one-year experience co-facilitating or conducting groups, or supervised interventions in intimate partner violence
- Proof of state, county, or other certification (if not enclosed, please write a statement documenting why it is not included)
- Three reference letters (1 supervisor and 2 others relevant to the field who are familiar with your expertise and experience)

### **Level II (Advanced Group Facilitator/Treatment Provider/Supervisor)**

- All of the above plus the following:
- Verification of education (Bachelor's degree as a minimum requirement)
- Verification of License, if have one (recommended but not required)
- Verification of 24 hours additional training
- Verification of 2 years additional experience conducting and/or supervising Domestic Violence Offender Treatment groups or Individuals
- Sample Work Product (audio/videotape or detailed notes for full case conceptualization, an outline of treatment protocol or curriculum used, deidentified progress notes and/or approach and experience in 3-4 pages (client or groups)).

### **Level III (Diplomate/Trainer)**

- All the above plus the following:
- Verification of Education (Master's Degree or above in Mental Health, Social Work, Healthcare, or related fields)
- Verification of License in a relevant field
- Verification of completion of 4 Hours Ethics requirement annually
- Verification of 5 years conducting or supervising Domestic Violence Offender Treatment groups or individuals
- Oral exam (including discussion of vignettes)
- Audio/videotape of Supervision session, OR curriculum or training materials for treating Domestic Violence Offenders created by the candidate (manual, book, audio/videotape, etc.), and detailed outline or PowerPoint presentation of training conducted
- A training curriculum and description and outlines of such training.

### **For all levels:**

- Updated vita/resume detailing training and experience
- \$150 application fee for new applicants; OR
- \$100 application fee for second application or re-certification (if inactive for two years); OR
- \$75 annual renewal fee
- Agreement to receive a background check and pay the appropriate fee

**FEES ARE NOT REFUNDABLE**

**Does your state or jurisdiction have its own standards for Specialty Certification in Domestic Violence Offender Treatment? (Please circle)**

Yes                  No

**Have you applied for certification in your state, jurisdiction, or elsewhere? (Please circle)**

Yes                  No

**If yes, was your application approved?**

Yes                  No

(Please attach proof of your state certification)

**If not, please explain why it was denied:**

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### **Agreement**

I, the undersigned, hereby make a voluntary application to *the Institute on Violence, Abuse, and Trauma* for Specialty Certification in Domestic Violence Offender Treatment. I recognize that IVAT and its specialty committee may decide that I am not qualified, and I agree to abide by its decision. However, I do have the right to appeal the decision, ask for re-consideration, and provide documentation to support my case. I authorize IVAT to make inquiries as it deems appropriate in connection with the application for this specialty certification, with any of the individuals, agencies, organizations, or other such reference sources as may develop in the course of IVAT's investigation of my qualifications to be certified.

I agree to comply with the ethical standards indicated in this information and with my state, county's, or other jurisdiction's particular ethical standards. In the event that these standards are stricter than my state's standards or vice versa, I will comply with the stricter standards of ethical principles and rules of conduct in the Specialty Certification in Domestic Violence Offender Treatment. I certify that all of the statements made herein are true and accurate to the best of my knowledge and belief. I have enclosed a non-refundable application fee. If granted the Specialty Certification, I agree to pay all required annual fees assessed by IVAT and to follow continuing education requirements to maintain my certification. I understand that this approval is subject to annual renewal. Any misstatement or misrepresentation made in the application process may cause for denial or revocation of my certification. IVAT reserves the right to revoke my certification for violation of their guidelines.

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**Signature of Applicant**

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**Date**

## **APPENDIX A**

### **Guidelines for Curriculum**

The **LEVEL I** (Group Facilitator/Peer Facilitator) certification requires a total of 40-hours of training. The topics required, the number of hours for each topic, and a brief description of their content, are listed below.

#### **20 Hours among the following:**

- I. Basic Domestic Violence Knowledge  
(Historical perspective, theoretical perspectives, dynamics of intimate partner violence, Power and Control wheel, characteristics of abusive family; impact on women, men and children; victim safety, dynamics of victimization, difference between abuse and aggression)
- II. Intervention and Assessment  
(Individual and group counseling techniques, family counseling, crisis intervention, hotline, intake, evaluation, and assessment)
- III. Legal  
(Historical perspective, current laws, and statutes, enforcement, police response, courts: judicial response, court preparation, and advocacy)
- IV. Domestic Violence in Special Populations  
(Elderly, LGBTQ couples, child to parent, individuals with disabilities, diverse populations)
- V. Substance Abuse and Intimate Partner Violence (Recognition, assessment, intervention; accessing treatment and coordination with domestic violence programs; Similarities and differences between intimate partner violence and substance abuse)

#### **20 Additional Hours among the following:**

- I. Domestic Violence Offenders  
(Typologies of intimate partner violence offenders, research regarding intimate partner violence offenders, dynamics of intimate partner violence, including mutual aggression and women's use of violence in intimate relationships)
- II. Intervention Skills with Offenders  
(Individual counseling, risk assessment, historical and current models of group treatment, presentation of a specific curriculum, intervention with specific offenders with mental health issues and co-occurring disorders)
- III. Issues of Race and Culture  
(The impact of race and culture on intimate partner violence and service delivery for intimate partner violence offenders)
- IV. Gender Issues & Empowerment

(Historical perspective, exploration of gender roles, expectations in relationships, changing families and imbalances of power, economic factors)

The **LEVEL II** (Advanced Group Facilitator/Treatment Provider/Supervisor) certification requires the above, plus an additional 24 hours of training. The topics to be included are listed below with a brief description for each topic.

- I. Group Facilitation  
(Theories of group therapy, process, group techniques and interventions, advanced clinical skills, dealing with resistance and denial, working with mentally ill offenders and co-occurring issues)
- II. DV Offender Issues  
(Readiness to change, mental health issues, trauma treatment, suicide, homicide, lethality, intergenerational transmission of violence)
- III. Current Research  
(Research on theories of intimate partner violence, typologies of intimate partner violence offenders, dynamics of intimate partner violence, including women's use of violence in intimate relationships, research on the relationship between psychopathology and DV Offenders, co-occurring issues among DV offenders, neuropsychological issues, biopsychosocial approaches and models)
- IV. Advanced Assessment  
(Review of risk assessment measures, intake, screening, assessing readiness to change)

The **LEVEL III** certification requires all **LEVEL I** and **LEVEL II** requirements plus the following:

- I. Advanced Ethics (4 hours)  
(Reasons for requirements, legal statutes, role conflicts, implications for record keeping, confidentiality, forensic issues and cases, etc.)

### **Approved Trainings**

You may ensure that your training is approved for the above requirements in the following ways:

- The Institute on Violence, Abuse and Trauma (IVAT) certifies training programs that meet the necessary requirements. You can get an updated list of approved trainings that meet the above requirements at our Summits and Webinars/Training Workshops at [www.ivatcenters.org](http://www.ivatcenters.org)
- You can submit the curriculum for a training that you have completed for retroactive approval. In order to do this, you must submit the following (usually included in the workshop brochure):
  - a. The conference title with workshops to be approved
  - b. The curriculum/syllabi of the training, with schedule clearly indicated
  - c. A brief biography of each presenter



**Please submit materials for retroactive approval of trainings to:**  
Institute on Violence, Abuse and Trauma (IVAT) Attn: Specialty Certification in Trauma Care  
10065 Old Grove Road, Ste. 101  
San Diego, CA 92131  
Ph: (858) 527-1860 ext. 4410  
Fax: (858) 527-1743 [sandicm@ivatcenters.org](mailto:sandicm@ivatcenters.org)  
\*IVAT is not responsible for any materials lost in the mail

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**APPENDIX B**  
**Institute on Violence, Abuse and Trauma (IVAT)**  
**Application for Specialty Certification in Domestic Violence Offender Treatment**  
**Fee Schedule**

- Application Processing Fee for first application\*.....\$150.00
- Secondary Application Fee\*\*.....\$100.00
- Work Sample Review Fee (for Level II).....\$100.00
- Audiotape/Curriculum/Training Materials Review Fee (for Level III) .....\$100.00
- Oral Exam Fee (for Level III).....\$300.00
- Recertification Fee\*\*\* .....\$150.00
- Background Check.....\$68.00
- Annual Renewal Fee .....\$75.00

\*The first application fee applies to your first application (LEVEL I, II, or III)

\*\*The Secondary application fee applies if you are already designated a LEVEL I or II and seek a higher level of certification

\*\*\*The Recertification Fee applies to those that have been inactive for more than 2 calendar years and wish to re-activate their certification

**Checks should be made payable to IVAT and sent to the following:**

Institute on Violence, Abuse and Trauma  
(IVAT) Attn: Specialty Certification in  
Trauma Care 10065 Old Grove Road, Ste.101  
San Diego, CA 92131  
Ph: (858) 527-1860 ext. 4410  
Fax: (858) 527-1743                      sandicm@ivatcenters.org

**APPENDIX C**  
**Application Process**

**The following are the required steps for submitting your application:**

1. Carefully read through the requirements for each level and decide which level you would like to be certified for (LEVEL I/LEVEL II/LEVEL III).
2. If this is your first application and you believe you qualify for LEVEL II certification, then you must submit all requirements for both LEVEL I and LEVEL II. If you have already been certified for LEVEL I and are seeking LEVEL II certification, you **ONLY** submit the requirements for LEVEL II.
3. If this is your first application and you believe you qualify for LEVEL III certification, then you must submit all requirements for LEVEL I, LEVEL II **and** LEVEL III certification. If you have already been certified for LEVEL II and are seeking certification for LEVEL III, then you **ONLY** need to submit the requirements for LEVEL III.
4. Complete all Supplementary Information required for the LEVEL in which you are applying (See requirements checklist).
5. Enclose a current vita/resume detailing or highlighting all work related to working with Intimate Partner Violence Offenders.
6. Provide proof of state, county, or other jurisdiction certification (if not enclosed, please write a statement documenting why it is not included)
7. Provide agreement to receive a background check.
8. Enclose three letters of reference (reference sheet enclosed with Application form), one from a supervisor and two from others relevant to the field and who are aware of your experience and expertise.
9. Enclose all certificates or brochures related to the training that you have attended and that you have listed as part of your Continuing Education AND/OR are part of your basic training requirements.
10. A check made payable to IVAT for \$150 for your first application or \$100 for a secondary application.
11. Send your completed packet to:

Institute on Violence, Abuse and Trauma (IVAT)  
Attn: Specialty Certification Domestic Violence Offender Treatment  
10065 Old Grove Road, Ste. 101  
San Diego, CA 92131  
Ph: (858) 527-1860 ext. 4410  
Fax: (858) 527-1743                      sandicm@ivatcenters.org

**APPENDIX D**  
**REQUEST FOR LETTER OF REFERENCE**  
**From a Supervisor**

Name of Applicant: \_\_\_\_\_

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

- The capacity in which you became familiar with applicant's work with intimate partner violence offenders
- The length of time you have known the applicant
- The applicant's ability to work with intimate partner violence offenders and others involved in intimate partner violence, including the:
  - Victims
  - Family Members
  - Courts
  - Police
  - Social Services
  - Probation
  - Other Treatment Providers
- Please comment on the applicant's ability to provide education and intervention for offenders and incorporate all aspects of family violence into their work, including the effects of intimate partner violence on children and the intergenerational transmission of violence.
- Please enclose your CV and brief description of your expertise and experience in dealing with IPV offenders

Please return your letter to the applicant as soon as possible to be included with their application for Specialty Certification in Domestic Violence Offender Treatment.

**APPENDIX E**

**REQUEST FOR LETTER OF REFERENCE  
From Individuals with Knowledge of the Field (2)**

Name of Applicant: \_\_\_\_\_

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

- The capacity in which you became familiar with applicant’s work with intimate partner violence offenders
- The length of time you have known the applicant
- The applicant’s ability to work with intimate partner violence offenders and others involved in intimate partner violence, including the:
  - Victims
  - Family Members
  - Courts
  - Police
  - Social Services
  - Probation
  - Other Treatment Providers
- Please comment on the applicant’s ability to provide education and intervention for offenders and incorporate all aspects of family violence into their work, including the effects of intimate partner violence on children and the intergenerational transmission of violence.
- A brief description of your work related to IPV offenders

**Please return your letter to the applicant as soon as possible to be included with their application for Specialty Certification in Domestic Violence Offender Treatment.**

**APPENDIX F**  
**Guidelines for Sample Work Product**  
**(LEVELS II and III only)**

**Purpose of Sample Work Product**

The candidate for Advanced Certification in Domestic Violence Offender Treatment at LEVEL II or LEVEL III should submit a Sample Work Product along with his/her application. The Sample Work Product provides a vehicle by which to assess the candidate's ability to understand and work with intimate partner violence offenders at an advanced level of competence and professionalism. LEVEL III should include a training curriculum and description and outlines of such training.

**Procedures for Submitting Sample Work Product**

The Sample Work Product should consist of the following:

1. Complete deidentified notes for a full case (including assessment and treatment notes).
2. Process notes for at least two group/individual sessions with this client
3. An audio/videotape of one of the group sessions and written process notes.
4. A transcription of the taped session should accompany the audio/videotape.
5. **There should be NO identifying information on any of the materials.** If there is identifying information, all materials will be immediately returned to the candidate who will be asked to resubmit information on a new case in order to continue the application.

**Technical Presentation of the Sample Work Product**

The candidate should submit a Sample Work Product that is no more than **one year** old at the same time they submit their application. The candidate should submit two copies of the Sample Work Product. All written materials should be submitted in the following manner:

1. 8 ½ x 11-inch, white paper
2. Single-sided
3. Double spaced
4. Typed in 12-point font
5. One-inch margins on all sides
6. Page Numbers and the candidate's name on EACH PAGE
7. Submit each copy bound, preferably coil binding, or clipped. Electronic copies are accepted.

Please edit the material for grammatical errors (except for the transcription), spelling errors and typographical errors. If you handwrite your progress notes and they are illegible, please submit them typed. Submit all bound/clipped copies of the Sample Work Product along with your application to the following address:

Institute on Violence, Abuse and Trauma (IVAT)  
Attn: Specialty Certification in Domestic Violence Offender Treatment  
10065 Old Grove Road, Ste. 101  
San Diego, CA 92131  
Ph: (858) 527-1860 ext. 4410  
Fax: (858) 527-1743      sandicm@ivatcenters.org

**APPENDIX G**  
**Guidelines for Oral Examination**  
**(LEVEL III only)**

**Purpose and Rationale**

The purpose of the oral examination is to determine the candidate's quality of practice and detailed philosophy of assessment and intervention when working with intimate partner violence offenders. The oral examination seeks to understand the candidate's flexibility in adapting to the needs of various clients, providing them with ethical services and protecting the victim. It is highly recommended that candidates become highly familiar with information in the suggested readings on the *Suggested Reading List for Advanced Certification for the Treatment of Domestic Violence Offenders* before taking the Oral Examination.

**The Oral Examination**

After the candidate submits his/her application (along with the fee and all supporting documentation), they will be contacted to schedule the Oral Examination. The Oral Examination takes place at various locations across the country. The Oral Examination is conducted by 2-3 members of our National Board, which consists of experts and leaders in the field of treatment for intimate partner violence offenders. The Oral Examination is recorded and is approximately 2 ½ - 3 hours. It consists of a series of vignettes with sample situations, and the candidate provides an oral conceptualization of their assessment of the presented cases as well as strategies of intervention grounded in an understanding of the research and theory on both male and female offenders. It can also include questions and discussion of training workshops or curriculum that were presented or developed by the applicant and submitted in the materials.

**Reporting the Results of the Oral Examination**

1. Immediately following the departure of the candidate, the Oral Examination Committee deliberates and arrives at a recommendation concerning the outcome of the Oral Examination, which is then communicated to IVAT.
2. Based upon its review of the Oral Examination Committee's recommendation, IVAT determines whether the candidate has passed or failed the Oral Examination. This decision is typically communicated to the candidate by IVAT within 4 weeks of the Oral Examination.
3. A candidate who passes the Oral Examination becomes a Diplomate in the Specialty Certification in Domestic Violence Offender Treatment.
4. Candidates who fail the Oral Examination for the first time may resume the Diplomate process by submitting to re-take the Oral Examination in no less than three months from the date of IVAT's decision.
5. Candidates wishing to appeal a decision of IVAT must contact its President or the Chair of the National Board within 30 days of the communication of the decision.

**APPENDIX H**  
**Ethical Standards for Specialty Certification in Domestic Violence Offender Treatment**

*As a Certified Specialist in Domestic Violence Offender Treatment, I do affirm:*

- That I will make victim safety my first priority in working with offenders.
- That I will practice so as to further principles of safety for the victim, accountability for the offender, and collaboration with other professionals to create a coordinated response to intimate partner violence.
- That I will not discriminate against clients or professionals based on race, class, age, religion, educational attainment, ethnicity, national origin, sexual orientation, or economic condition.
- That I will respect the limits of present knowledge in public statements concerning intimate partner violence and not make any claims that are not substantiated by valid research or studies.
- That I will work to prevent the practice of intimate partner violence counseling by untrained persons.
- That I will report any unethical conduct or unprofessional modes of practice by other IPV offender facilitators of which I become aware to the appropriate regulatory committee.
- That I will embrace, as a primary obligation, the duty of protecting the privacy of victims or partners and will not disclose information acquired from victims or partners acquired in my practice.
- That I will advocate as applicable, for changes in public policy and legislation to afford safety for all victims. I will inform the public through active civic and professional participation in community affairs of the effects of intimate partner violence and will act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services.
- That I will work to maintain a violence-free lifestyle including identifying and changing my own power and control issues if applicable.
- That I will not abuse alcohol or drugs.
- That I will seek to identify and change any sexist attitudes in my personal belief system.
- That I will not diagnose, treat, or advise on problems outside the recognized boundaries of my competency.
- That I will not misrepresent professional qualifications, education, experience, affiliations or memberships and will accept employment only on the basis of existing competency or explicit intent to acquire the necessary competence.
- That I will avoid personal or business relationships that conflict with the interests or safety of the client, victim or partner.
- That I will make every effort to avoid conditions or relationships with clients, victims or partners that could impair professional judgment or increase the risk of exploitation. For example, working with clients who have close relationships with members of my immediate or extended family or with significant business associates would not be appropriate.
- That I will under no circumstances engage in sexual activities with clients, victims or partners. Sexual activity with former clients or with their partners, ex-partners or victims can be harmful to the parties involved and to the credibility of the profession and are therefore prohibited for at least two years following the last professional contact. It is strongly suggested the facilitators consider former clients as active clients and maintain the above standard.
- That I will disclose the nature of confidentiality and possible limitations on confidentiality to clients, victims and partners as early as feasible in their professional contacts. Facilitators will review with their client circumstances where confidential information may be requested and where disclosure may be legally required.



- That I will not reveal a client's identity or confidential information without client consent unless (a) the client presents a clear and imminent danger to himself or others, and/or (b) there is a valid release or a subpoena from the court to testify.
  - That I will obtain informed consent before videotaping, audio recording or permitting third-party observation of group sessions. Exceptions to third-party observations are limited to agency trainees, internships, practicum or court monitors.
  - That I will store, safeguard, transfer and dispose of client records in accordance with state and federal laws, accepted professional standards, and in ways which protect the confidentiality of clients, victims and partners.
  - That I will, when setting fees, ensure that they are fair, reasonable, and commensurate with the service provided and consistent with client's ability to pay.
  - That I will not offer or accept kickbacks, rebates, bonuses, commissions, or other forms of remuneration for referrals for batterer's services.
  - That I will clearly disclose and explain to clients, prior to beginning services, (a) all costs and fees related to the provision of professional services, including any charges for cancelled or missed appointments and (b) the use of collection agencies or legal measures for nonpayment.
  - That I will not give to nor receive from clients, gifts of substantial value or that impair the integrity of the relationship.
  - That I will not offer services to a client of another facility except with the knowledge and consent of the other facility, or following the termination of service with the other professional.
  - That I will work to protect and enhance the dignity and integrity of Batterers Intervention Programs.
  - That I will meet the ethical standards and state laws outlined by professional groups in which I am affiliated (e.g., the American Psychological Association, National Association of Social Workers, American Association of Marriage and Family Therapists, American Association of Pastoral Counselors, the American Medical Association and the American Psychiatric Association, etc.). If I am not licensed by one of these organizations, I will meet the ethical standards and state laws outlined by the professional group that my supervisor belongs to and under which I am receiving training and client hours.
  - That I will immediately report a client's threats to do harm or kill another person as guided by the Duty to Warn (Tarasoff) and related rulings.
    - *Duty to warn* refers to the responsibility of a counselor or therapist to breach confidentiality if a client or other identifiable person is in clear or imminent danger. In situations where there is clear evidence of danger to the client or other persons, the counselor must determine the degree of seriousness of the threat and notify the person in imminent danger and others who are in a position to protect that person from harm. When working with Intimate partner Violence Offenders, the duty of the Treatment Provider is to report the threats to the following authorities as well:
      1. The Probation Officer; or
      2. The Prosecuting Attorney; or
      3. The Judge.
- \*Facilitators are to get signed releases for all of these individuals during the intake procedures.

The Specialty Certification Board shall develop and maintain a protocol for responding to information about Specialty Certification in Domestic Violence Offender Treatment compliance with the ethical Standards described. This protocol shall be subject to approval by the IVAT Board and the Specialty Certification Board of Directors.

## **APPENDIX I**

### **Denial or Revocation of Certification**

***The Board may deny a request for certification or revoke the certification of a provider if the Board determines that the provider:***

1. Has been convicted of a criminal offense including misdemeanors if the crime is against persons; or
2. Has had a domestic violence protective order issued against the applicant or provider within the previous three (3) years; or
3. Has an alcohol or other drug abuse problem; or
4. Has had sanctions applied against any licensure or certification held by the applicant or provider at any time in the past three years; or
5. Has provided intimate partner violence offender assessment or treatment services without supervision if supervision is required by administrative regulation; or
6. Has falsified any information in a request for certification; or
7. Has failed to meet the requirements for maintenance of certification set forth in the administrative regulation; or
8. Has failed to implement a corrective action plan imposed by the Cabinet in accordance with the administrative regulation.
9. Documented evidence that the program is doing individual, couples, marriage or family counseling with a batterer or family before completion of program;
10. Documented personal or sexual relationships with batterers or victims;

***An applicant or a provider may appeal a denial of a request for certification or a revocation of certification. An appeal shall:***

1. Be submitted in writing to the Institute on Violence, Abuse and Trauma within 10 days of receiving notification; and
2. Specify the reason the provider believes the denial or revocation is unwarranted and;
3. May include information or documentation supporting the appellant's position.
4. If an applicant or a provider appeals a certification decision the Board shall convene a meeting of at least four Board members within 30 days to discuss the appeal with all supplementary documentation. The final decision of the Board will be made within 45 days from the date of the appeal. Once the final decision is made regarding the appeal, the decision is final and may not be appealed again.

***An individual may file a complaint against an individual who has Specialty Certification Specialty Certification in Domestic Violence Offender Treatment according to the following process:***

1. Submit in writing the reason for the complaint to the Institute on Violence, Abuse and Trauma; and
2. Specify the reason for the complaint against the certified provider, detailing the violations that are suspected and why they believe that disciplinary action is warranted, and;
3. May include information or documentation supporting the position.
4. The Board shall convene an investigation within 30 days of receipt, exploring the reasons for the complaint and determining if the complaint is warranted. The Board will also discuss the appropriate disciplinary action, if needed. The Board will notify the complainant of the final decision of the Board and disciplinary action taken, if any, within 45 days of receipt of the complaint.

**APPENDIX J**  
**Background Check**

Information to be provided upon receipt of application.

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