



NEW REGISTRATION APPLICATION

Dear Applicant,

In 1994, a coalition of victim service providers representing numerous statewide advocacy organizations formed the Ohio Advocate Network (OAN). This group recognized the need to publicly affirm the field of victim advocacy, establish professional standards, and encourage specialized continuing education training. Acquiring and maintaining the OAN Registered Advocate credential attests that an individual has achieved a defined level of experience serving victims of crime, has acknowledged the importance of adhering to ethical standards of practice, and has demonstrated a commitment to expand knowledge and improve professional skills through training.

OAN remains dedicated to professionalizing the field of victim advocacy and maintaining a best-practice approach for credentialing. On occasion it is necessary to update OAN policy, procedure or documents. All updates are crafted with an ongoing commitment to offer a credentialing process which is achievable, affordable, and meaningful. **The Application packets have been revised to reflect updates which are effective beginning December 2022.** The OAN Review Committee will only accept current applications for review. Applications are accepted twice per year, and must be received between June 1-30 or December 1-31. Please note the current mailing address for submitting all OAN applications, and be aware the Application fees are non-refundable.

Please thoroughly review all information in this packet, and carefully read both the Instructions and the Application for NEW Registered Advocate Status before completing the required documents. All OAN forms and supporting documents may be downloaded from the Ohio Victim Witness Association website at www.ovwa.org. If you have questions about the OAN application requirements or the registration process, and would like technical assistance, you may submit your questions by email to teri.lajeunesse@greenecountyohio.gov, or call (937) 562-5087.

Thank you for your interest in becoming a Registered Advocate with the Ohio Advocate Network and for joining the many victim advocates and allied professionals in Ohio committed to professionalization of our field.

Respectfully,

The Ohio Advocate Network Review Committee



NEW REGISTRATION APPLICATION INFORMATION

DEFINITIONS

Victim Advocacy: Providing victim-centered and trauma-responsive supportive services, specific to the distinct circumstances and needs individuals experience as a result of victimization. Empowering individuals to achieve resiliency, recovery, and improved circumstances is a primary goal in victim advocacy.

Supportive Direct Services: Services that are specifically designed to assist crime victims and survivors, and which may include crisis-intervention; promoting, protecting, and upholding the constitutional and statutory rights of crime victims; empowerment of the individual through emotional, physical, and informational assistance; advocacy and intervention with other systems a crime victim may encounter; inter-agency linkage and community resource referral.

Victim Advocate: One who recognizes and respects the distinct circumstances and needs of those victimized by crime, achieves a working knowledge of the common legal, social, and psychological issues which impact crime victims, and maintains the necessary skill set to offer focused assistance within a victim-oriented professional and ethical framework.

Allied Professional: One whose affiliation is with an organization that does not exclusively serve crime victims as their primary mission, and/or whose typical occupational responsibilities fall outside of the traditionally recognized roles of a victim advocate, but who does provide supportive direct services to crime victims during the course of their professional or volunteer duties.

APPLICATION REQUIREMENTS – NEW REGISTERED ADVOCATE CREDENTIAL

To apply as a NEW applicant for the OAN Registered Advocate credential, an applicant must:

- Be a victim advocate, a qualifying volunteer, or a qualifying allied professional.
- Submit a completed NEW Registered Advocate Application and all required supporting documents.
- Submit authorized documentation which verifies qualifying direct service hours. Qualifying direct service experience can be in a paid and/or volunteer capacity, and includes advocacy services to victims/survivors of crime including sexual assault, intimate partner/domestic violence, child abuse, homicide, other statutorily defined felony crimes, and other statutorily defined misdemeanor crimes.
- Submit documentation which verifies completion of pre-registration training requirements (required hours and topics).
- Submit the required application fee.

ELIGIBILITY REQUIREMENTS - REGISTERED ADVOCATE LEVELS

The accumulated qualifying work experience determines which level of Registered Advocate status may be sought:

Registered Advocate – An applicant at the RA level must have a minimum of 1,950 documented hours of qualifying direct service work experience, in a paid and/or volunteer capacity, providing advocacy services to crime victims/survivors.

Registered Advocate with Advanced Standing – An applicant at the RAAS level must have a minimum of 7,800 documented hours of qualifying direct service work experience, in a paid and/or volunteer capacity, providing advocacy services to crime victims/survivors.

Registered Advocate with Senior Standing – An applicant at the RASS level must have a minimum of 11,700 documented hours of qualifying direct service work experience, in a paid and/or volunteer capacity, providing advocacy services to crime victims/survivors.

REQUIRED PRE-REGISTRATION TRAINING

In addition to accruing direct service work experience, an individual applying as a NEW applicant for the Registered Advocate credential must complete the required pre-registration training. To qualify, all pre-registration training must have been completed within the four-year period immediately preceding submission deadline of the application. As an example, all pre-registration training for an applicant applying in December of 2022 must have been completed between January of 2019 and December of 2022.

- To qualify for the Registered Advocate credential, at any level, the NEW applicant must complete at least 24 hours of pre-registration training, as outlined in the Training Area Guidelines (TAG) List Series A.
- Pre-registration training may be completed in a variety of approved formats:
 - In-Person:** attendees are physically present in the same space as the presenter(s)
 - Synchronous:** A virtual live training event, with attendee engagement/participation
 - Asynchronous:** A virtual recorded training event; an on-line training module
- At least 18 hours of the required 24 hours of pre-registration training **must** be completed via in-person and/or synchronous training events.
- The pre-registration training must encompass at least 1 instructional hour in each of the TAG List Series A training topics – meaning, all 9 Core Topic Categories, and, all 5 Specialized Core Topic Categories for each of the applicant’s specified discipline(s).
- The remaining hours of required pre-registration training may be completed in any of the approved topics in the TAG List Series A or Series B, and may be completed via any approved format.

The OAN Review Committee has pre-approved four comprehensive Victim Advocacy Training Courses. Completion of a course listed below fulfills the pre-registration training requirement for TAG List Series A *training topic content*, for the specified discipline. These comprehensive training courses vary in length, and are delivered over multiple sessions via a combination of synchronous/asynchronous/in-person formats. Depending upon when the comprehensive course was completed, New applicants may need to attend additional training events to fulfill the requirements for minimum total training hours, and/or hours of training completed at in-person and/or synchronous training events.

- Ohio Attorney General’s Office **BASICS Academy** (General/Multi Discipline)
- Summit County VAP Victim Assistance Academy **Victim Advocacy Essentials** (General/Multi Discipline)
- Ohio Domestic Violence Network **Domestic Violence Advocacy Fundamentals** (Domestic Violence Discipline)
- Ohio Alliance to End Sexual Violence **Training Institute for Sexual Violence Advocates** (Sexual Assault Discipline)

Documentation must be submitted to verify the applicant has completed at least 24 hours of training (with at least 18 hours completed via in-person and/or synchronous events), AND the training covered all required training topics.

- Acceptable documentation includes a Certificate of Completion or an OAN CEU Training Verification Form that reflects the training date(s), training sponsor, training format, the training hours completed, and training title (topic).
- If the Certificate does not contain all sufficient details, or the topic(s) covered in the training are not apparent from the title, a registration flyer, confirmation form, training agenda, course overview/syllabus, or the CEU Training Verification Form must also be submitted.
- An applicant may have completed more than 24 hours of training. It is not necessary to send documentation for every training event attended. Please limit submissions to the fewest number of documents necessary to adequately verify completion of the required training hours, dates, sponsor, format, and topics.



NEW REGISTRATION APPLICATION INSTRUCTIONS

SECTION 1: APPLICANT INFORMATION

- Download and print the NEW application from the OAN page of the Ohio Victim Witness Association website at www.ovwa.org. DO NOT use an older copy of the application form.
- Select the Registered Advocate status being requested.
- Type or CLEARLY and LEGIBLY print in ink and provide all requested information.

SECTION 2: DIRECT SERVICE TO CRIME VICTIMS – PAID/VOLUNTEER

- Qualifying work experience must involve direct services to crime victims.
- Beginning with your current agency, identify each organization with whom you have been employed in a paid and/or volunteer capacity, the position(s) you held, the date you began employment with the organization, and the date your employment ended (use the phrase “currently employed” if applicable).
- Select your Specified Discipline(s). This is the victim population(s) you predominantly serve for your organization. You may select more than one discipline if you serve more than one distinct victim population. However, if you work for an agency that consistently serves victims of many different types of crimes (such as a prosecutor-based advocacy program), please select General/Multi Crime.
- Indicate the total number of documented direct service hours, both paid and volunteer, you have accrued with each listed agency. A maximum of 2080 paid hours will be approved for each year of employment. A maximum of 2080 volunteer hours will be approved for each year. If an applicant held a paid position and also served as a volunteer, the maximum number of combined hours which will be approved per year is 2600.
- Allied professionals, employed by an agency that does not exclusively serve crime victims as the primary mission, will have their total hours pro-rated to include only the portion of time spent providing direct services to victims. The OAN Review Committee will determine the percentage which qualifies.
- A Memorandum of Confirmation (MOC) must be completed by each agency listed in SECTION 2. The number of paid and/or volunteer hours listed in SECTION 2 should match the total number of hours documented in each MOC.
- If you have been employed with more than three agencies, providing direct services to crime victims, please print and complete additional pages and attach them to your application.
- At the end of SECTION 2, calculate the total the number of documented paid and volunteer hours accrued from ALL of the listed agencies.

SECTION 3: VERIFICATION OF APPLICANT EMPLOYMENT HISTORY (MOC)

- To verify an applicant’s employment history providing direct services to crime victims, in a paid and/or a volunteer position, a Memorandum of Confirmation (MOC) **must be completed and signed by an authorized individual** at each separate agency listed in SECTION 2. The applicant should NOT complete any portion of the MOC.
- The authorized individual must be an Agency Director, Board of Directors Member, Staff Supervisor, Volunteer Coordinator, Human Resources/Personnel Director, or someone serving in a similar position for the organization.
- The authorized individual does not need to be the person who supervised the applicant during the period of employment or volunteerism, but must be someone with authority to access agency records and verify employment.
- List each unique position held within an agency, and certify the dates of employment for each position. Certify whether each position was paid or volunteer, and whether each position was full-time or part-time. Certify the total number of documented direct service hours accrued in each position. Certify if the applicant was not/was disciplined/suspended/terminated while serving in the position, due to a violation of ethical conduct standards.



NEW REGISTRATION APPLICATION INSTRUCTIONS

SECTION 4: PRE-REGISTRATION TRAINING

- Initial IF you have completed a pre-approved comprehensive training course (attendance is NOT mandatory). Note the month/year training was completed, and the total training hours. Specify the training format(s) for the course.
- If you did not attend one of the listed pre-approved courses, you will meet the pre-registration training requirement by completing various training events which, when combined, cover all 14 required training topics, AND, equal or exceed 24 hours of training. At least one hour of training must be completed for each required training topic. For each listed Core Topic and each listed Specialized Core Topic for your specified discipline(s), identify the training event you completed which substantially covered the required topic. Specify the training format for each event.
- Submit documentation to verify all pre-registration training requirements have been met. Documentation should clearly verify: completion of at least 24 hours of pre-registration training; AND, that at least 18 hours were completed via in-person/synchronous training events; AND, that the completed training included at least 1 hour of training in all 9 Core Topic categories; AND, that the completed training included at least 1 hour of training in all 5 Specialized Core Topic categories for your specified discipline(s).
- Do not send original documents. Submit a copy of a certificate of completion or a signed CEU form for each event.

SECTION 5: DIRECT SERVICES OBSERVATION

- The Direct Services Observation Form must be completed by a professional individual who has had personal observation of the Applicant in the performance of their duties while directly serving crime victims. This individual may *not* also submit the Letter of Recommendation. The completed form must be submitted with the application.

SECTION 6: LETTER OF RECOMMENDATION

- One Letter of Recommendation (on agency letterhead of the author) must be submitted with the application. The individual submitting the Letter of Recommendation may *not* also complete the Direct Services Observation.

SECTION 7: CODE OF ETHICS

- All Registered Advocates are expected to maintain an ethical standard of practice that promotes quality service delivery and professionalism. OAN has adopted the revised NACP/NOVA Code of Professional Ethics for Victim Assistance Providers. Pledging adherence to this Code of Ethics is a requirement for all Registered Advocates. Read, sign, and date the Code of Ethics to acknowledge a commitment to abide by these standards.

SECTION 8: CERTIFICATIONS

- Read and initial each Certification. Sign and date the application document.

APPLICATION FEE – NEW REGISTERED ADVOCATE CREDENTIAL

- The application fee for a New Registered Advocate Credential is \$40.00, and is NON-REFUNDABLE.
- PERSONAL CHECKS ARE NOT ACCEPTED, and OAN does not accept electronic or credit card payments.
- The ONLY forms of payment accepted are a money order, agency check, or certified check, made payable to: OHIO ADVOCATE NETWORK

MAIL THE APPLICATION PACKET

- Ensure you have the enclosed following:
 - Completed Application, with all MOC
 - Documentation of Pre-Registration Training
 - Direct Services Observation Form
 - Letter of Recommendation
 - Signed NACP/NOVA Code of Ethics
 - NEW Registration Application Fee - \$40.00
- **Retain a copy of the complete application and all supporting documents.**
- **Mail the complete application packet to:**
Ohio Advocate Network
c/o Greene County Prosecutor's Office
61 Greene Street, Suite 200
Xenia OH 45385

OAN USE ONLY										
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APPLICATION RECEIVED MO/YEAR:

NEW APPLICATION FOR REGISTERED ADVOCATE CREDENTIAL

PLEASE TYPE OR CLEARLY PRINT IN INK

SECTION 1: APPLICANT INFORMATION

REGISTERED ADVOCATE (RA) STATUS REQUESTED:

- Registered Advocate
 A minimum of 1,950 direct service hours is required
- Registered Advocate Advanced Standing
 A minimum of 7,800 direct service hours is required
- Registered Advocate Senior Standing
 A minimum of 11,700 direct service hours is required

APPLICANT NAME _____

HOME ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

PHONE NUMBER (PRIMARY) _____

PHONE NUMBER (WORK) _____

PREFERRED E-MAIL ADDRESS _____

CURRENT AGENCY NAME _____

AGENCY ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

Please send all USPS correspondence to my: Home address Work address

SECTION 2: DIRECT SERVICE TO CRIME VICTIMS - PAID/VOLUNTEER POSITIONS

CURRENT AGENCY NAME: _____

Position(s) held: _____

Dates employed: FROM: _____ TO: _____

Specified discipline: General/Multi DV SA HOM

Total # of paid direct service hours accrued: _____ Total # of volunteer direct service hours accrued: _____

PREVIOUS AGENCY 1 NAME: _____

Position(s) held: _____

Dates employed: FROM: _____ TO: _____

Specified discipline: General/Multi DV SA HOM

Total # of paid direct service hours accrued: _____ Total # of volunteer direct service hours accrued: _____

PREVIOUS AGENCY 2 NAME: _____

Position(s) held: _____

Dates employed: FROM: _____ TO: _____

Specified discipline: General/Multi DV SA HOM

Total # of paid direct service hours accrued: _____ Total # of volunteer direct service hours accrued: _____

TOTAL DIRECT SERVICE HOURS ACCRUED for ALL listed agencies: PAID: _____ VOLUNTEER: _____

Total direct service hours must equal or exceed the required minimum (1,950 or 7,800 or 11,700) for the RA status being requested

SECTION 3: VERIFICATION OF APPLICANT EMPLOYMENT HISTORY

MEMORANDUM OF CONFIRMATION (MOC)

A MOC MUST BE COMPLETED FOR EACH ORGANIZATION LISTED IN SECTION 2

This form must be completed by an individual authorized to verify the applicant's paid and/or volunteer employment with the listed agency. The authorized individual should hold the position of Agency Director, Board of Directors Member, Staff Supervisor, Volunteer Coordinator, Human Resources/Personnel Director, or similarly defined position, and need not have directly supervised the applicant during the period of employment. **Please list each unique position held with the organization during the period of employment.**

APPLICANT NAME _____

AGENCY NAME _____

AUTHORIZED INDIVIDUAL NAME _____

AUTHORIZED INDIVIDUAL TITLE _____ PHONE (____) _____

AUTHORIZED INDIVIDUAL EMAIL _____

Complete the statements for each unique position held, and initial each Certification:

I CERTIFY this Applicant provided direct services to victims of crime while employed by this agency and serving in the capacity of:
_____ Between _____ and _____
_____ This position was: Paid Volunteer **AND** this position was: Full-time Part-time
_____ The total number of hours accrued in **this position** during the employment period was: _____

I CERTIFY this Applicant provided direct services to victims of crime while employed by this agency and serving in the capacity of:
_____ Between _____ and _____
_____ This position was: Paid Volunteer **AND** this position was: Full-time Part-time
_____ The total number of hours accrued in **this position** during the employment period was: _____

I CERTIFY this Applicant provided direct services to victims of crime while employed by this agency and serving in the capacity of:
_____ Between _____ and _____
_____ This position was: Paid Volunteer **AND** this position was: Full-time Part-time
_____ The total number of hours accrued in **this position** during the employment period was: _____

_____ I CERTIFY the cumulative total hours accrued in **ALL advocacy positions** while with this agency was: _____

_____ I CERTIFY this Applicant WAS NOT **OR** WAS disciplined and/or suspended and/or terminated, due to a violation of ethical conduct standards, while serving in any paid and/or volunteer position with this agency.

I affirm I have been authorized to review and confirm the employment history of this applicant, and I certify the information contained in this Memorandum of Confirmation is true and accurate according to official agency employment records.

SIGNATURE OF AUTHORIZED INDIVIDUAL _____ DATE _____

SECTION 4: PRE-REGISTRATION TRAINING

New applicants seeking the OAN registration credential must complete at least 24 hours of pre-registration training (at least 18 hours must be completed via in-person and/or synchronous training events), AND the training must encompass the 14 required training topics. The Training Area Guidelines (TAG) List specifies the mandatory training topics which must be completed. Refer to Series A on the TAG List. To qualify, pre-registration training must have been completed within the four-year period immediately preceding submission of the application. The pre-approved comprehensive training courses cover all required training topic *content*, for their specified discipline.

Initial below if you have completed any of these pre-approved comprehensive training courses within the last four years. List the month & year the training was completed, total hours of training content, and the training format (In-Person, Synchronous, or Asynchronous). As some courses may be delivered via more than one format, please list all formats:

COMPREHENSIVE TRAINING COURSE:	COMPLETED MONTH/YEAR:	HOURS:	IP / S / A:
_____ Attorney General's Office: BASICS Academy	_____ / _____	_____	_____
_____ Summit Co. VAP Academy: Victim Advocacy Essentials	_____ / _____	_____	_____
_____ ODVN: Domestic Violence Advocacy Fundamentals	_____ / _____	_____	_____
_____ OAESV: Training Institute for Sexual Violence Advocates	_____ / _____	_____	_____

Attendance at a comprehensive course is not mandatory. You may still meet the training requirement by completing various training events which, when combined, total at least 24 hours of training, AND cover all 9 of the TAG List Core Topics, AND cover all 5 of the TAG List Specialized Core Topics for each of your specified discipline(s). The required topics are listed below. List the training event you completed which covered each topic, the number of hours, and training format (In-Person, Synchronous, or Asynchronous). A topic may be covered in more than one training, and it is not necessary to list every training event which covered a single topic.

THIS CORE TOPIC:	WAS COVERED IN THIS TRAINING EVENT:	HOURS:	IP / S / A:
Crisis Intervention (ALL)	_____	_____	_____
Advocacy (ALL)	_____	_____	_____
Ethics/Boundaries/Confidentiality (ALL)	_____	_____	_____
Case Management/Coordination (ALL)	_____	_____	_____
Criminal/Civil Justice Systems (ALL)	_____	_____	_____
Crime Victims Compensation (ALL)	_____	_____	_____
Equity/Inclusion/Diversity/Cultural Humility (ALL)	_____	_____	_____
History of Victim Services/Rights Movement (ALL)	_____	_____	_____
Crime Victims' Rights in Ohio (ALL)	_____	_____	_____

THIS SPECIALIZED CORE TOPIC:	WAS COVERED IN THIS TRAINING EVENT:	HOURS:	IP / S / A:
Trauma Informed/Responsive Care (ALL)	_____	_____	_____
Systems Advocacy (ALL)	_____	_____	_____
Community Resource/Referral (ALL)	_____	_____	_____
Overview: Prosecution / ORC Statute (ALL)	_____	_____	_____
Trauma of Victimization (GEN/MULTI)	_____	_____	_____
Lethality Assessment/Safety Planning (DV)	_____	_____	_____
Sexual Assault Forensic Exam Protocol (SA)	_____	_____	_____
Traumatic Grief (HOM)	_____	_____	_____

You must submit sufficient documentation (certificate and/or CEU form) to verify the training sponsor, training date(s), training format, approved hours, and topic(s) covered, for each completed training event. DO NOT submit an original document. Please send a copy.



Ohio Advocate Network

For Training and Registration

SECTION 5: Direct Services Observation

Applicant Name: _____

This form is a required component of the application for an Ohio Advocate Network Registered Advocate credential. The form is to be completed by an individual who has had personal observation of the Applicant interacting with crime victims during the course of their professional and/or volunteer duties. The observer should evaluate the applicant's ability to meaningfully and ethically engage with crime victims while providing information, support, and advocacy services. The Applicant's primary role while interacting with crime victims need not be that of a Victim Advocate, as individuals serving in a volunteer capacity or as an allied professional may apply for the credential.

Based upon observation of the direct services provided to crime victims by the Applicant, please answer each question below (circle the response). Once completed, please sign and date the form, and return it to the Applicant. The individual completing the Direct Services Observation may NOT also submit a Letter of Recommendation in behalf of the Applicant.

Does the Applicant demonstrate ethical conduct, as well as appropriate sensitivity, compassion, empathy, and respect while interacting with crime victims/survivors?	YES	NO	NOT OBSERVED
Is the Applicant knowledgeable about the rights of crime victims, and able to convey this information?	YES	NO	NOT OBSERVED
Is the Applicant knowledgeable about the advocacy services available for crime victims/survivors, and able to convey this information?	YES	NO	NOT OBSERVED
Does the Applicant utilize active listening skills to identify the specific needs of crime victims/survivors?	YES	NO	NOT OBSERVED
Does the Applicant offer information about community resources available to address the identified needs, as well as the methods for accessing those resources?	YES	NO	NOT OBSERVED
Does the Applicant effectively address questions posed by crime victims/survivors, providing accurate answers and/or assurance to seek out requested information?	YES	NO	NOT OBSERVED
Does the applicant maintain a demeanor which is professional, equitable and inclusive during interactions with all clients?	YES	NO	NOT OBSERVED
Does the applicant properly advocate in behalf of crime victims and/or survivors with other system/community professionals?	YES	NO	NOT OBSERVED
Is the applicant able to remain calm and objective in the event of a conflict or intense interaction with a crime victim/survivor and/or a system/community professional?	YES	NO	NOT OBSERVED

Observer's Printed Name _____

Observer's Organization _____

Observer's Signature _____

Date _____

SECTION 6: LETTER OF RECOMMENDATION

One Letter of Recommendation is a required component of the application for an Ohio Advocate Network Registered Advocate credential. The letter may be submitted by a supervisor, a colleague, or an allied professional with personal knowledge of the Applicant's professional and/or volunteer responsibilities, their demonstrated ability to meaningfully engage with crime victims while providing direct services, and their commitment to ethical standards of practice. The Applicant's primary role while interacting with crime victims need not be that of a Victim Advocate, as individuals serving in a volunteer capacity or as an allied professional may apply for the credential. The document should be prepared on the organization letterhead of the author, signed and dated, and returned to the Applicant. The individual submitting a Letter of Recommendation may NOT also complete the Direct Services Observation for the applicant.

SECTION 7:

National Advocacy Credentialing Program • National Organization for Victim Assistance

Adopted by the NOVA Board of Directors, April 22, 1995; Revised January 2021

CODE of PROFESSIONAL ETHICS for VICTIM ASSISTANCE PROVIDERS

Victims of crime and the criminal justice system expect every paid or volunteer Victim Assistance Provider to act with integrity, to treat all victims and survivors of crime—their clients—with dignity and compassion in an inclusive, equitable, anti-racist and accessible manner, and to uphold principles of justice for accused and accuser alike. To these ends, this Code will govern the conduct of Victim Assistance Providers:

I. In relationships with every client, Victim Assistance Providers shall:

1. Recognize the interests of the client and client empowerment as a primary responsibility.
2. Respect and take steps to protect the client's civil and legal rights.
3. Respect the client's rights to privacy and confidentiality, subject only to laws or regulations requiring disclosure of information to appropriate other sources.
4. Respond compassionately to each client with personalized, inclusive, equitable, anti-racist, anti-oppressive and accessible services, recognizing the power and privilege differentials present within the helping relationship.
5. Accept the client's statement of events as it is told, withholding opinion or judgment, whether or not a suspected offender has been identified, arrested, convicted, or acquitted.
6. Provide services to every client without attributing blame, regardless of the client's conduct at the time of the victimization or at another stage of the client's life.
7. Foster maximum self-determination on the part of the client through client-centered advocacy.
8. Serve as a victim advocate when requested and, in that capacity, act on behalf of the client's stated needs without regard to personal convictions and within the rules of the advocate's host agency.
9. In the event one's client's needs conflict with another's, act with regard to one client only after promptly referring the other to another qualified Victim Assistance Provider.
10. Protect client privacy and safety when communicating with clients and other service providers using technology (i.e., phone, e-mail, text messaging, online chats and video calls), working within agency guidelines to explain relevant risks to clients and mutually agree upon safe ways to communicate.
11. Establish and maintain professional boundaries with current clients at all times, including actively avoiding dual relationships (such as personal friendships or romantic relationships) and observe the ethical imperative to have no sexual relations, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
12. When interacting with former clients, refrain from personal and romantic relationships and observe the ethical imperative to have no sexual relations for at least five (5) or more years after the termination of the professional relationship, recognizing that to do otherwise risks exploitation of the knowledge and trust derived from the professional relationship.
13. Recognize the signs and impact of compassion fatigue and vicarious trauma and make client referrals as appropriate to other resources or services only in the client's best interest, avoiding any conflict of interest in the process.
14. Provide opportunities for colleague Victim Assistance Providers to seek appropriate services when traumatized by a criminal event or a client.

II. In relationships with colleagues, other professionals, and the public, Victim Assistance Providers shall:

1. Conduct relationships with colleagues in such a way as to promote mutual respect, public respect, and improvement of service.
2. Provide constructive and informed critical feedback to colleagues when determined necessary for the betterment of services.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance field.
4. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
5. Provide professional support, guidance, and assistance to Victim Assistance Providers who are new to the field in order to promote consistent quality and professionalism in victim assistance.
6. Seek to ensure that volunteers in victim assistance have access to the training, supervision, resources, and support required in their efforts to assist clients.
7. Act to promote anti-racist, inclusive crime and violence prevention as a public service and an adjunct to victim assistance.
8. Respect laws of one's state and country while working as agents of change on those that may be unjust or discriminatory.

III. In their professional conduct, Victim Assistance Providers shall:

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for clients.
2. Remain committed to their own professional education to ensure proficiency in services and adhere to best practices and evidence-based research.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, ability, ethnicity and ancestry, race, national origin, religious belief, sexual orientation or gender identity.
4. Not use personal social media platforms to interact with clients or to share client or agency information which may jeopardize client boundaries, privacy and safety.
5. Not reveal the name or other identifying information about a client to the public through any means without clear permission or legal requirements to do so.
6. Clearly distinguish in public statements representing one's personal views from positions adopted by organizations for which the professional works or is a member.
7. Not use their official position to secure gifts, monetary rewards, or special privileges or advantages.
8. Report to competent authorities the conduct of any colleague or allied professional that constitutes mistreatment of a client or that brings the profession into disrepute.
9. Report to competent authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a client, to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any client.

IV. In their responsibility to any other profession, Victim Assistance Providers will be bound by the ethical standards of the allied profession of which they are a member.

I, the undersigned applicant, hereby certify that I have read and agree to follow the *Code of Professional Ethics for Victim Assistance Providers*.

Signature of Applicant: _____ Date: _____

SECTION 8. CERTIFICATIONS

READ AND INITIAL EACH OF THE FOLLOWING CERTIFICATIONS:

- _____ I, the undersigned applicant, certify the information and supporting documentation submitted in this application is true and accurate.
- _____ I, the undersigned applicant, certify I have never been convicted of any crime stemming from an act of violence or threat thereof, any felony, or any criminal act involving a child.
- _____ I, the undersigned applicant, certify I have read and agree to abide by the NACP/NOVA Code of Professional Ethics for Victim Assistance Providers.
- _____ I, the undersigned applicant, certify I have never been investigated, disciplined, suspended and/or terminated from a volunteer or paid position for conduct in violation of the NACP/NOVA Code of Professional Ethics.
- _____ I, the undersigned applicant, authorize the OAN Review Committee to verify my employment, volunteer work experience, and/or ethical conduct with any of the organizations I have listed in this application.
- _____ I, the undersigned applicant, certify I have read and agree to the nonrefundable payment terms for OAN Registration fees.
- _____ I, the undersigned applicant, certify I have read and understand the OAN Disclaimer.

I affirm the Certifications initialed above are true and correct, and that falsification of any portion of the application or the supporting documents will result in a denial or termination of the Ohio Advocate Network Registered Advocate Credential. I understand approval of this Application is contingent upon the satisfactory review and verification of all components. If approved, I agree to abide by all OAN policy and procedure for maintaining the Registered Advocate Credential.

Applicant Signature: _____ Date: _____

OHIO ADVOCATE NETWORK DISCLAIMER FOR ALL RA LEVELS

As a voluntary statewide credentialing body for victim advocates and allied professionals in Ohio,

OAN is committed to affirm that applicants meet the minimum stated standards for direct service experience, as well as required pre-registration training and continuing education training, to attain and maintain Registered Advocate status.

OAN diligently seeks to ensure that applicants for the Registration Credential offer a good-faith representation of their acquired direct service experience and training, through the registration application and required supporting documentation.

OAN has no educational, legal, statutory, regulatory or investigative authority to guarantee applicants approved for the registration credential are qualified and/or competent to provide direct services to crime victims.

OAN cannot assure the complete accuracy of all information submitted by individual applicants.

OAN reserves the right to modify organizational policy and procedure, application documents, registration requirements, and/or application fees at any time and without notice.

OAN has the authority to review, suspend, and/or permanently revoke any Registration based upon reported, confirmed and/or acknowledged violations of the NACP/NOVA Code of Professional Ethics.

1. RETAIN A COPY OF THE COMPLETE APPLICATION PACKET FOR YOUR RECORDS.

2. SUBMIT THE COMPLETED APPLICATION WITH ALL REQUIRED SUPPORTING DOCUMENTS TO:

**The Ohio Advocate Network
c/o Greene County Prosecutor's Office
61 Greene Street, Suite 200
Xenia OH 45385**

3. ENCLOSE PAYMENT – A nonrefundable fee of \$40.00 is required for all New Applications. **Payment will only be accepted in the form of an Agency Check, Money Order, or Certified Check, made payable to Ohio Advocate Network.**

4. YOUR OAN REGISTRATION STATUS MUST BE RENEWED EVERY TWO YEARS—Registration expires two years from the date of approval. Applications are accepted only during the months of June and December. You **may** receive an email reminder prior to your renewal month, however it is your responsibility to maintain this credential.

5. Please notify OAN of any change in your name, postal address, email address, or agency.