



APPLICATION TO RENEW

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.

This Application has been revised with updates which are specific for the December 2025 submission cycle

Please thoroughly review all information in this packet, and carefully read both the Instructions and the Application to RENEW 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. Please note there is a new mailing address for submitting all OAN applications, and be aware the Application fees are non-refundable. If you have questions about the OAN application requirements or need technical assistance with the registration process, please email oan@ovwa.org.

For 31 years, the Ohio Advocate Network was supported and maintained completely through volunteer effort. In a planned transition, the Ohio Victim Witness Association will begin providing the administrative oversight for OAN in December 2025. Though OAN and OVWA have always enjoyed a close partnership, they remain two separate entities. Having an OAN Registered Advocate credential does not also entitle an individual to the benefits of an OVWA membership. Conversely, holding a membership with OVWA does not impact the OAN credential in any way.

Thank you for your efforts to retain the Registered Advocate credential 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



RENEWAL APPLICATION INFORMATION

REGISTERED ADVOCATE ELIGIBILITY REQUIREMENTS

OAN Registered Advocates, at all levels, must RENEW their registration credential every two years. Renewal is accomplished by submitting a completed Application to Renew, required training documents, and the application fee.

Registered Advocates who have retired, or who are not currently employed as a victim advocate or allied professional, may continue to renew their OAN registration credential as long as they complete the required continuing education training and meet all requirements to remain in good standing.

REGISTERED ADVOCATE LEVELS

Registered Advocate Basic Level: An applicant approved at the Basic level has accumulated a minimum of 1,950 hours of professional work or volunteer experience providing direct services to crime victims.

Registered Advocate Advanced Level: An applicant approved at the Advanced level has accumulated a minimum of 7,800 hours of professional work or volunteer experience providing direct services to crime victims.

Registered Advocate Senior Level: An applicant approved at the Senior level has accumulated a minimum of 11,700 hours of professional work or volunteer experience providing direct services to crime victims.

CONTINUING EDUCATION TRAINING

To retain your Registered Advocate status, a minimum of 24 hours of continuing education training must be completed during every two-year registration cycle. As an example: for an applicant applying to Renew in December 2025, the continuing education training must have been completed between January 2024 and December 2025.

Continuing education training may be completed in a variety of approved formats:

In-Person (IP): attendees are physically present in the same space as the presenter(s)

Synchronous (S): A virtual live training event, with attendee engagement/participation

Asynchronous (A): A virtual recorded training event; an on-line training module

At least 18 hours of the required 24 hours of continuing education training must be completed via in-person and/or synchronous training events. Remaining training hours may be completed via any approved format.

The approved continuing education training topics are listed in the OAN Training Area Guidelines (TAG) List Series B. Renewing applicants may also complete continuing education training in TAG List Series A topics. Renewing applicants must document their continuing education training in section 2 of the application. All applicants MUST also submit proper documentation (a certificate and/or OAN CEU Training Verification form) to verify each completed training event. The OAN Review Committee understands that a Registered Advocate may have completed continuing education training well in excess of the 24-hour minimum requirement. It is not necessary to list every training event attended. Please include sufficient information to reflect compliance with all continuing education training requirements.

REACTIVATION OF REGISTERED ADVOCATE STATUS

If an OAN registration credential has lapsed by more than four years since the last approval date, the applicant must request reactivation of their RA status and pay a \$20.00 Reactivation Fee. An applicant seeking to reactivate their OAN registration credential must have completed 24 hours of continuing education training, in approved TAG List topics, within the three year period immediately preceding submission of the Application to Renew.



RENEWAL APPLICATION INSTRUCTIONS

SECTION 1: APPLICANT INFORMATION

- Always download a current application form and TAG List prior to each renewal. DO NOT use an outdated copy of the application form, as it will not be accepted.
- Complete all fields in the application, printing CLEARLY and LEGIBLY.
- Select your current approved Registered Advocate level.
- Provide your Registered Advocate (RA) number, which is located on your renewal card and/or OAN certificate.
EXAMPLE: RA – 06 – 94 – 0034
- Provide all requested personal information and current agency information.
- Select a preference for where you would like to receive correspondence sent by postal mail.
- Indicate if there have been any changes to your personal/agency information since your last application.

SECTION 2: DOCUMENT CONTINUING EDUCATION TRAINING

- Refer to the Training Area Guidelines (TAG) List Series A and Series B, for approved training topics.
- Training should be completed in a variety of TAG List training topics, with an emphasis on Series B topics which promote an advanced/best practice skill set. Cross-training across all advocacy disciplines is encouraged.
- List each completed training event, and include the training date(s), event title, training sponsor, training format (**IP**-in person; **S**-synchronous; **A**-asynchronous), and the number of hours approved for the training event. Attendance at a multi-workshop conference may be listed by the conference title, along with the cumulative total hours approved for the sessions attended (i.e. AGO Two Days In May, 11.5 hours; NOVA Annual, 21 hours).
- Submit documentation to verify completion of each training event listed in Section 2. Documentation may include a certificate of completion and/or an OAN CEU Training Verification form, and must sufficiently reflect all required training information. Please do not send original documents, submit a copy.

SECTION 3: CODE OF ETHICS

- All Registered Advocates are expected to maintain an ethical standard of practice which 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 continuing commitment to abide by these standards.

SECTION 4: CERTIFICATIONS

- Carefully read and initial each separate Certification.
- Sign and Date the application.



RENEWAL APPLICATION INSTRUCTIONS

REQUIRED RENEWAL APPLICATION FEE

- ALL applicants must submit the proper fees. The Renewal Application Fee is \$20.00, and is NON-REFUNDABLE.
- PERSONAL CHECKS ARE NOT ACCEPTED, and OAN does not accept electronic or credit card payments.
- ONLY money orders, organizational checks, or certified checks are accepted as forms of payment, made payable to the OHIO ADVOCATE NETWORK.
- If you are required to Reactivate your registration status, you must submit an additional \$20.00 Reactivation Fee.
- Upon approval of your application, you will receive a laminated Renewal Card showing the next expiration date.
- You may request a replacement certificate for an additional fee of \$15.00.

MAIL THE APPLICATION PACKET

- Ensure you have the included following:
 - Completed Application and training verification documents
 - \$20.00 Renewal Application Fee
 - Reactivation fee of \$20.00, *if applicable*
- Retain a copy of the completed application for your records.
- Mail the completed application and fees to:
Ohio Advocate Network
PO BOX 68
Worthington OH 43085

GENERAL INFORMATION

- The Registered Advocate credential must be renewed every two years.
- Please notify OAN, in writing, of any changes to your name, address, email, or agency.



APPLICATION TO RENEW REGISTERED ADVOCATE CREDENTIAL

PLEASE TYPE OR PRINT CLEARLY IN INK

SECTION 1: APPLICANT INFORMATION

SELECT CURRENT APPROVED REGISTERED ADVOCATE STATUS:

☐ Registered Advocate Basic Level ☐ Registered Advocate Advanced Level ☐ Registered Advocate Senior Level

REGISTERED ADVOCATE NUMBER: RA - _____ - _____ - _____

APPLICANT NAME _____

HOME ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

PHONE NUMBER (PRIMARY) _____

PHONE NUMBER (WORK) _____

PREFERRED E-MAIL ADDRESS _____

AGENCY/ORGANIZATION _____

AGENCY ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

CURRENT POSITION _____

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

Has any of the information noted above changed since your last Application? ☐ No ☐ Yes: _____

SECTION 2: CONTINUING EDUCATION TRAINING (24 hours required)

DATE(S)	TRAINING EVENT TITLE	SPONSOR	IP / S / A	HOURS

CONTINUE ON NEXT PAGE

SECTION 2: CONTINUING EDUCATION TRAINING

[illegible]

SECTION 3: CODE OF ETHICS

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 4: CERTIFICATIONS - READ AND INITIAL EACH OF THE FOLLOWING

- _____ I confirm the information and supporting documentation submitted in this application is true and accurate.
- _____ I confirm 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 confirm I have read and agree to abide by the NACP/NOVA Code of Professional Ethics.
- _____ I confirm I have never been investigated, disciplined, suspended and/or terminated from either a volunteer position or a paid position for conduct in violation of the NACP/NOVA Code of Professional Ethics.
- _____ I authorize the OAN Review Committee to verify my paid employment, volunteer work experience, and/or ethical conduct with any of the organizations I have listed in this application.
- _____ I confirm I have read and agree to the nonrefundable payment terms for OAN Registration fees.
- _____ I confirm 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 state-wide 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 Registration offer a good-faith representation of their acquired direct service experience and training, through the registration application questionnaire and required supporting documentation.

OAN has no educational, legal, statutory, regulatory or investigative authority to guarantee applicants approved for registration 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 alleged, confirmed and/or acknowledged violations of the NACP/NOVA Code of Professional Ethics.

1. **SUBMIT THE COMPLETED APPLICATION TO RENEW OAN REGISTRATION TO:**
Ohio Advocate Network
PO Box 68
Worthington OH 43085
2. **RETAIN A COPY OF THE COMPLETE APPLICATION FOR YOUR RECORDS.**
3. **ENCLOSE PAYMENT** – A nonrefundable fee of \$20.00 is required for all Renewal Applications. The Reactivation fee, if applicable, is \$20.00. *Acceptable forms of payment include an Agency Check, Money Order, or Certified Bank Check, made payable to Ohio Advocate Network.*
4. **YOUR OAN REGISTRATION MUST BE RENEWED EVERY TWO YEARS** – While you *may* receive a reminder, it is your responsibility to maintain this credential.
5. **Please notify OAN of any change in your name, postal address, email address, or agency.**