APPLICATION FOR NEW REGISTRATION

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 packet has been revised with updates which take effect beginning February 2026

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/oan/. Please note there is a new mailing address for submitting all OAN applications, and be aware the Application fees are non-refundable. Applications are accepted only during the months of January and July. 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. 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 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.

ELIGIBILITY REQUIREMENTS

To apply for the OAN Registered Advocate credential, a NEW 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 required Memorandum of Confirmation 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 the completion of required continuing education training (hours and topics).
- Submit the required application fee.

DIRECT SERVICE EXPERIENCE & REGISTERED ADVOCATE STATUS

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

Registered Advocate Basic Level: The applicant 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 Advanced Level: The applicant 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 Senior Level: The applicant 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.

CONTINUING EDUCATION TRAINING

In addition to accruing direct service work experience, an individual applying as a NEW applicant for the Registered Advocate credential must complete continuing education training. To qualify, all continuing education training must have been completed within the four-year period immediately preceding submission of the application. As an example: for an applicant applying in December of 2025, all continuing education training must have been completed between January of 2022 and December of 2025.

- All new applicants must complete a minimum of 40 hours of continuing education training, as outlined in the Training Area Guidelines (TAG) List Series A.
- Approved formats for completing continuing education training include:

  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 20 hours of the required 40 hours of continuing education training **must** be completed via in-person and/or synchronous training events. The remaining required hours may be completed in any approved format.
- The continuing education training must encompass at least 1 cumulative instructional hour in each of the 14 required TAG List Series A training topics (9 Core Competency General Topics and 5 Core Competency Specialized Topics) for each of the applicant's specified discipline(s). The remaining required training may encompass any of the TAG List Series A or Series B approved topics.

OAN has pre-approved several comprehensive Victim Advocacy Training Courses. The courses listed below encompass the required TAG List Series A Core Competency ***content***, for the specified discipline(s). These comprehensive training courses may vary in length, and are delivered over multiple sessions via a combination of formats (in-person, synchronous, and/or asynchronous). Depending upon when a course was completed, it may also fulfill the OAN requirements regarding total training hours, and training hours completed in an IP/S format. If a course did not sufficiently meet all training hour standards, a New applicant will need to attend additional training events to fulfill these requirements.

- Summit Victim Assistance Academy **The Essentials of Victim Advocacy** (Sys/Gen, SV, DV, CA Disciplines)
- Ohio Victim Witness Association **Beacon Advocacy Institute** (Sys/Gen, SV, DV, C Disciplines)
- Ohio Domestic Violence Network **Domestic Violence Advocacy Fundamentals** (Domestic Violence Discipline)
- Ohio Alliance to End Sexual Violence **Training Institute for Sexual Violence Advocates** (Sexual Violence Discipline)

Completion of a listed comprehensive course is not required. An applicant can also meet the continuing education training requirement for *content* by completing various training events which, when combined, cover all 14 TAG List Series A core competency training topics, for the specified discipline(s).

Documentation must be submitted to verify the applicant has completed at least 40 hours of training (with at least 20 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, which reflects the training date(s), training sponsor, training format, total training hours completed, and training topic.
- If the certificate does not reflect all required information, or the topic(s) covered in the training are not apparent from the title, the OAN CEU Training Verification Form must also be submitted.
- An applicant may have completed more than 40 hours of qualifying 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, format, and core competency topics.

NEW REGISTRATION APPLICATION INSTRUCTIONS

SECTION 1: APPLICANT INFORMATION

- Complete all fields, printing CLEARY and LEGIBLY.
- Select the Registered Advocate level being requested.
- Complete all personal and current agency 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 provide services to more than one distinct victim population. If you work for a systems-based organization (i.e. a Prosecutor’s Office), or, a community-based agency that serves all victims of crime, please select Systems/Generalist.
- For each agency listed in SECTION 2, a Memorandum of Confirmation (MOC) must be completed by an authorized individual of that agency.
- 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.
- If you have been employed with more than three agencies, providing direct services to crime victims, please print and complete an additional page to submit with the application.

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*** for each separate agency listed in SECTION 2. The applicant should NOT complete any portion of the MOC.
- The authorized individual may 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 directly supervised the applicant during the period of employment or volunteerism, but must be someone with authority to access agency records and verify employment.
- 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.
- The authorized individual must list each unique position the applicant held with the 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, or, was not disciplined/suspended/terminated while serving in the position, due to a violation of ethical conduct standards. The MOC must be signed and dated.

NEW REGISTRATION APPLICATION INSTRUCTIONS

SECTION 4: CONTINUING EDUCATION TRAINING

- The Continuing Education Training grid must be completed. List each qualifying training event attended. Include the training date(s), training sponsor, training title, training format (in-person, synchronous, asynchronous), and approved training hours.
- Submit documentation for each listed training event. Documentation may be a certificate of completion and/or a completed and signed OAN CEU Training Verification form. If a certificate of completion does not adequately reflect the training date, sponsor, title, format, and approved hours, a CEU form must also be completed and submitted. Do not send original documents. Submit a copy of training certificates or signed OAN CEU forms.
- If you DID complete any of the three listed comprehensive training courses, indicate the month & year of attendance. To qualify, all components of the FULL training course must have been completed.
- If you DID NOT attend a listed comprehensive course, complete the grid to identify the training event you attended which substantially covered each required TAG LIST Series A Core Competency topic. Specify the training date.

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 $50.00, 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 VICTIM WITNESS ASSOCIATION

MAIL THE APPLICATION PACKET

- **Ensure you have the enclosed following**:
  - Completed Application, with all MOC
  - Documentation of Continuing Ed Training
  - Direct Services Observation Form
  - Letter of Recommendation
  - Signed NACP/NOVA Code of Ethics
  - NEW Registration Application Fee - $50.00
- **Retain a copy of the complete application and all supporting documents.**
- **Mail the complete application packet to:**
  Ohio Advocate Network
  PO BOX 68
  Worthington, OH 43085

OAN USE ONLY											
R	A			–			–				

APPLICATION RECEIVED MO/YEAR:

NEW APPLICATION FOR REGISTERED ADVOCATE CREDENTIAL

PLEASE PRINT CLEARLY & LEGIBLY

SECTION 1: APPLICANT INFORMATION

REGISTERED ADVOCATE STATUS REQUESTED:

☐ **Registered Advocate Basic Level –** A minimum of 1,950 accumulated direct service hours is required

☐ **Registered Advocate Advanced Level –** A minimum of 7,800 accumulated direct service hours is required

☐ **Registered Advocate Senior Level –** A minimum of 11,700 accumulated direct service hours is required

APPLICANT NAME _____

HOME ADDRESS _____

CITY _____ 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: _____

TAG List Specified discipline(s): ☐ SYS/GEN ☐ DV ☐ SV ☐ CA

PREVIOUS AGENCY 1 NAME: _____

Position(s) held: _____

Dates employed: FROM: _____ TO: _____

PREVIOUS AGENCY 2 NAME: _____

Position(s) held: _____

Dates employed: FROM: _____ TO: _____

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 the applicant held with this agency:

I CERTIFY this Applicant provided direct services to victims of crime while employed by this agency and serving in the capacity of:

_____ Between _____ and _____
POSITION/TITLE START DATE END OR CURRENT DATE

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 _____
POSITION/TITLE START DATE END OR CURRENT DATE

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 _____
POSITION/TITLE START DATE END OR CURRENT DATE

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: _____

Complete each statement, sign & date below:

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

I CERTIFY this Applicant ☐ WAS **OR** ☐ WAS NOT 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 am 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/volunteer records.

SIGNATURE OF AUTHORIZED INDIVIDUAL _____ DATE _____

SECTION 4: CONTINUING EDUCATION TRAINING

New applicants must complete at least 40 hours of continuing education training, with at least 20 hours delivered via in-person and/or synchronous formats. Training must cover all 14 required core competency topics reflected in the Training Area Guidelines (TAG) List Series A. All qualifying training must have been completed within the four-year period immediately preceding submission of the application.

In the grid below list all applicable training events you've completed, include the training date(s), event title, sponsor, format, and hours:

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

SECTION 4: CONTINUING EDUCATION TRAINING

DATE(S)	TRAINING EVENT TITLE	SPONSOR	IP / S / A	HOURS
			TOTAL HOURS OF IP/S TRAINING COMPLETED:	
			TOTAL HOURS OF ALL TRAINING COMPLETED:	
A certificate and/or a completed OAN CEU Training Verification form must be submitted for each listed training event				

Training events listed in the grid above must encompass ALL required TAG List topics, for an applicant's specified discipline(s). OAN has pre-approved three comprehensive training courses which meet the ***content*** requirement for the discipline indicated. If you DID complete a listed course, indicate the month & year the course was attended. To qualify, the FULL course must have been completed.

COMPREHENSIVE TRAINING COURSE:	DISCIPLINE:	COMPLETED MO/YR:
Summit VA Academy: **The Essentials of Victim Advocacy**	SYS/GEN, DV, SV, CA	_____/_____
OVWA: **Beacon Advocacy Institute**	SYS/GEN, DV, SV, CA	_____/_____
ODVN **Domestic Violence Advocacy Fundamentals**	DV	_____/_____
OAESV **Training Institute for Sexual Violence Advocates**	SV	_____/_____

Completing a comprehensive course is not mandatory. If you DID NOT attend a course listed above, complete the grid below. List the training event you completed which sufficiently covered each of the required TAG List topics for your specified discipline(s).

THIS TAG LIST CORE COMPETENCY GENERAL TOPIC:	FOR DISCIPLINE(S)	WAS COVERED AT THIS TRAINING EVENT:	ON THIS DATE
Crisis Intervention	ALL		
Advocacy/Role of Advocate	ALL		
Case Management/Coordination	ALL		
Criminal/Civil Justice Systems	ALL		
Crime Victims Compensation	ALL		
Victim Information & Notification Everyday	ALL		
Cultural Humility / Equitable Advocacy	ALL		
History of Victim Services/Rights	ALL		
Ethics / Boundaries / Confidentiality	ALL		
THIS TAG LIST CORE COMPETENCY SPECIALIZED TOPIC:	**FOR DISCIPLINE(S)**	**WAS COVERED AT THIS TRAINING EVENT:**	**ON THIS DATE**
Trauma Informed/Responsive Care	ALL		
Community Resource/Referral	ALL		
Crisis Response / Trauma	SYS/GEN		
Victims' Rights ORC 2930	SYS/GEN		
Criminal Justice Advocacy	SYS/GEN		
Essentials of Systems Advocacy	DV, SV, CA		
Dynamics of Power & Control	DV		
Lethality Assessment / Safety Planning	DV		
Dynamics of Sexual Violence	SV		
SAFE Protocol / Hospital Advocacy	SV		
Child Sexual Assault/Abuse/CSAM	CA		
Child Physical Abuse/Neglect/Maltreatment	CA		

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 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 for Victim Assistance Providers.

_____ I confirm 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 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 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 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. **SUBMIT THE COMPLETED APPLICATION FOR A NEW 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 $50.00 is required for all New 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 Victim Witness Association.*

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**.