Name: _____Date: _____

Maryland Victim Assistance Certification Program – Renewal

Renewal Packet

Submission Instructions and Requirements Check List

Renewal of certification every 3 (three) years with 40 hours of continuing education documentation. Continuing education must include 3 (three) hours of ethics training in Victim Services. If applying for an upgrade to the next level of certification you will be required to submit a letter of recommendation from your employer verifying your continuing years of service in the Victim Assistance field.

To complete the application for renewal and the required additional forms, please follow the instructions; checking the boxes as you complete the items. Please **DO NOT** submit this check-off form with your Application for Renewal Packet.

Check off the following boxes to be sure your Application Renewal Packet includes:

- □ The following **ORIGINAL** completed documents, in this order:
  - □ Notarized Renewal Application **(Only needed if upgrading and then it can be signed at the time of qualification in the presence of the notary if necessary)**
  - □ Completed/signed documentation verifying continuing education requirements.
  - □ If applying for an upgrade, submit a letter of recommendation from your employer verifying your continuing years of service.

- □ Mail a check or money order in the amount of $25 (twenty-five dollars) for non-upgrade renewal applications **OR** $50 (fifty dollars) for renewal applications with upgrade to Level II, Intermediate Certification, **OR** $75 (seventy-five dollars) for renewal applications with upgrade to Level III, Advanced Certification to the below address.

- □ **If applying for an upgrade** this application has to be signed in **blue ink** and **notarized**. (This will be done at the time of qualification in the presence of the notary)

- □ **ALL SIGNATURES MUST BE IN BLUE INK.**

- □ Fax or e-mail a copy of your application to: **bradleyd@harfordsheriff.org.**

- □ Do **NOT** staple forms together.

- □ Mail Check or money order to: (In the subject line put MVACP renewal)
  Linda Fair - Garnett
  School of Criminal Justice
  University of Baltimore
  10 W Preston Street Rm# 524
  Baltimore, Maryland 21201
  lfair@ubalt.edu
  410-837-6084

Name: _____Date: _____

Maryland Victim Assistance Certification Program Application

Applications will be reviewed in January, March, June, and September. Successful applicants will receive their certificates and I.D. cards by mail within 6 weeks after the end of each acceptance period. ***(You will only receive new certificates and I.D.'s for upgraded renewals.)***

Office Use Only

Date Rec'd: _____
Approval Recommendation _____
More Information Needed _____
Upgraded Level_____
Certification #:_____

FULL NAME: _____

DATE OF BIRTH: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

HOME MAILING ADDRESS: _____

_____

CURRENT PAID OR VOLUNTEER POSITION TITLE: _____

AGENCY/ORG. NAME: _____

AGENCY/ORG. MAILING ADDRESS: _____

_____

PLEASE SEND MAIL TO: □ HOME ADDRESS OR □ WORK ADDRESS

Name: _____Date: _____

Type of Renewal Application: *(check one)*

□ **RENEWAL** □ **RENEWAL WITH UPGRADE TO NEXT LEVEL**

□ **Certification Level I**

- Completion of the renewal application and all necessary forms.
- Verification of the training hours.
  - 37 hours Continuing education (Completed within the last 3 years)
  - 3 additional hours of Ethics in V.S. Training (Completed within the last 3 years)
- Pay a non-refundable fee of $25.00

□ **Certification Level II**

- (If upgrading to this level) verification of a minimum of 5 years (9,000 hours) of active status paid or volunteer work experience in the field.
- Completion of the renewal application and all necessary forms.
  - Original, notarized renewal application
  - Photocopy of application
  - Two letters of recommendation (one from a current supervisor and one from someone else in the victim services field)
- Verification of the training hours.
  - 37 hours advanced training (Completed within the last 3 years)
  - 3 additional hours of Ethics in V.S. training (Completed within the last 3 years)
- Pay a non-refundable fee of $25.00 or (if upgrading to this level) a non-refundable fee of $50.00
- Written Essay

□ **Certification Level III**

- (If upgrading to this level) verification of a minimum of 10 years (18,000 hours) of active status paid or volunteer work experience in the field.
- Completion of the renewal application and all necessary forms.
  - Original, notarized renewal application
  - Photocopy of application
  - Two letters of recommendation (one from a current supervisor and one from someone else in the victim services field)
- Verification of the training hours.
  - 37 hours advanced training (Completed within the past 3 years)
  - 3 additional hours of Ethics in V.S. Training (Completed within the past 3 years)
- Pay a non-refundable fee of $25.00 or (if upgrading to this level) a non-refundable fee of $75.00.
- Provide a Presentation on an approved victim services topic

Name: _____Date: _____

Renewal Certification Fees as follows:
$25.00 for renewal - $75.00 for renewal with upgrade to Level II and $100.00 for renewal with upgrade to Level III of certification..

PAYMENT FORM: *Check One:*

□ Check made payable to "University of Baltimore"
Check #: _____
□ Money Order made payable to "University of Baltimore"
□ Rstar Transfer _____ _____ _____
□ Credit Card # _____
Exp. Date _____
Signature: _____

PAYMENT TERMS: *Returned checks or declined money orders are subject to an additional $25 fee.*

Name: _____Date: _____

MVACP DISCLAIMER

MVACP makes every effort to ensure that applicants meet the requirements of time, experience, and primary and continuing education standards to attain the Basic, Intermediate or Advanced level of Certified Victim Service Specialist.

MVACP makes every effort to ensure that applicants offer a good faith representation of victim service experience through the testaments from supervisors, letters of recommendation and follow-up contact.

MVACP has no educational, legal, statutory, regulatory or investigative authority to ensure that applications are qualified or competent to provide services to crime victims.

MVACP cannot ensure the accuracy of the information provided by the applicant.

MVACP reserves the right to make changes in the application requirements and process at any time and without notice.

I, _____ have read and agree to the MVACP Disclaimer.
(*Name)*

Signature: _____Date: _____

Name: _____Date: _____

Maryland Victim Assistance Certification Program
Training Documentation Form for Renewals
(Copy this form as necessary)

Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter
Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter
Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter
Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter

Name: _____Date: _____

Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter
Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter
Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter

Name: _____Date: _____

Ethics in the Victim Service Arena (3 hours required)

(Training can be all at once in a 3 hour training or in one hour individual trainings)

Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter
Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter
Time and Date of Training:	Name of Training:
Presenter:	Signature of Presenter

Name: _____Date: _____

Certifications

Read each of the following and sign where appropriate, in the **presence of a notary public. (Only if upgrading)**

A. I, the undersigned applicant, hereby certify that the information submitted on this application is true and accurate. I further certify that the information reported on any enclosures is true and accurate.

   Signature of Applicant: _____Date: _____

B. I, the undersigned applicant, hereby certify that I have never been convicted of any crime stemming from an act of violence or threat thereof, any felony, or any criminal act with respect to a child.

   Signature of Applicant: _____Date: _____

C. I, the undersigned applicant, hereby certify that I have never been terminated from a volunteer or paid position due to conduct that is in violation of the *Code of Professional Ethics for Victim Assistance Providers.*

   Signature of Applicant: _____Date: _____

NOTARIZATION:

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public: _____

Seal