

Name: _____ Date: _____

Maryland Victim Assistance Certification Program – (MVACP)
Application Packet

Submission Instructions and Requirements Check List

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

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

- ☐ The following **ORIGINAL** completed documents, in this order:
- ☐ Notarized Application (found in the attached pages – **(This can be done at the qualification date if necessary)**
 - ☐ Two letters of recommendation that attest to the applicant's skills, ability, and years in the field. One letter **MUST** be from a current supervisor and one letter from another person in the victim services field.
 - ☐ Read and sign the National Code of Professional Ethics for Victim Assistance Providers.
 - ☐ All paperwork must include an original signature in **blue ink (signing will take place at the time of testing in the presence of the notary).**
 - ☐ Certificates and/or other documentation verifying training hours, education and other certification.
 - ☐ Include a photocopy of your driver's license or other photo identification.
- ☐ Mail a check or money order in the amount of \$50.00 (Fifty dollars) if you are applying for Level I Certification, \$75.00 if applying for Level II Certification, or \$100.00 if applying for Level III Certification, made payable to the University of Baltimore, at the payment address below. (you may also use a credit card or Rstar transfer, which should be filled out on the application)
- ☐ The application has to be signed in **blue ink** and **notarized.** **(This can be done at the qualification date if necessary)**
- ☐ **Fax or e-mail a copy of your application to: bradleyd@harfordsheriff.org.**
- ☐ You will provide your **ORIGINAL Application** at the qualification time if applicable, otherwise you will need to mail the original to Debbie Bradley at 2201 Commerce Road Forest Hill, Maryland 21050 **It will need to be notarized in advance if mailing. DO NOT sign the application until you are in front of a notary.**
- ☐ Do **NOT** staple forms together.
- ☐ **Mail Check or money order along with the original application and payment form to:**
Debbie Bradley, C.A., VASIII
2201 Commerce Road
Forest Hill, Maryland 21050
410-836-5490
bradleyd@harfordsheriff.org

Name: _____ Date: _____

**Maryland Victim Assistance Certification
Program Application**

Office Use Only

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

The following application outlines the certification options
for Victim Assistance Providers in the State of Maryland

You may apply for three different levels of certification as follows:

Certification Level I

Certification Level II

Certification Level III

The following is the criteria checklist for each level

Check Only ONE Level

☐ **Certification Level I (Victim Assistance Specialist VASI)**

- ☐ Verification of a minimum of 2 years (full or part-time) of active status – paid or volunteer work experience in the field.
- ☐ Completion of 40 hours of basic victim services training from the Roper Victim Assistance Academy of Maryland (RVAAM) or the National Victim Assistance Academy (NVAA) or another state victim assistance academy (SVAA).
- ☐ Completion of the application and all necessary forms.
- ☐ **All signatures must be in blue ink.**
- ☐ Current supervisor must sign the application and verify years of experience.
- ☐ Verification of the training hours attended.
- ☐ Abide by and sign the National Code of Ethics for Victim Assistance Providers.
- ☐ Submission of 2 letters of recommendation that attest to the applicant's skills, ability, and years in the field. One letter must be from a current supervisor, and one letter from another person in the Victim Services field.
- ☐ Provide an interview
- ☐ Pay a non-refundable certification fee of \$50.00.

Name: _____ Date: _____



Certification Level II (Victim Assistance Specialist VASII)

- ☐ Verification of a minimum of 5 years of active status, paid or volunteer work experience in the field.
- ☐ Completion of 80 hours of training as follows: Completion of 40 hours of basic victim services training from RVAAM, NVAA or another SVAA and completion of 40 hours of advanced training and/or University level course work in the victim services area.
- ☐ Completion of the application and all necessary forms.
- ☐ Current supervisor must sign the application and verify years of experience.
- ☐ **All signatures must be in blue ink.**
- ☐ Verification of the training hours attended.
- ☐ Abide by and sign the National Code of Ethics for Victim Assistance Providers.
- ☐ Submission of 2 letters of recommendation that attest to the applicant's skills, ability, and years in the field. One letter must be from a current supervisor, and one letter from another person in the Victim Services field.
- ☐ Provide a written essay on what changes are needed in Victim Services
- ☐ Pay a non-refundable certification fee of \$75.00.

Name: _____ Date: _____



Certification Level III (Victim Assistance Specialist VASIII)

- ☐ Verification of a minimum of 11 years of active status paid or volunteer work experience in the field.
- ☐ Completion of 120 hours of training as follows: Completion of 40 hours of basic victim services training from RVAAM, NVAA or another SVAA and completion of 80 hours of advanced training and/or University level course work in the victim services area.
- ☐ Current supervisor must sign the application and verify years of experience.
- ☐ **All signatures must be in blue ink.**
- ☐ Verification of the training hours attended.
- ☐ Abide by and sign the National Code of Ethics for Victim Assistance Providers.
- ☐ Submission of 2 letters of recommendation that attest to the applicant's skills, ability, and years in the field. One letter must be from a current supervisor, and one letter from another person in the Victim Services field.
- ☐ Deliver an oral presentation on an approved topic. (Approved by the Certification Coordinator)
- ☐ Pay a non-refundable certification fee of \$100.00.

Name: _____ Date: _____

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

Certification Fees as Follows:

\$50.00 for Certification Level I, \$75.00 Certification Level II, or \$100.00 Certification Level III

PAYMENT:

Check One:

☐ Check made payable to "University of Baltimore"

☐ Money Order Payable to "University of Baltimore"

☐ Credit Card

PAYMENT TERMS:

Returned checks or declined money orders are subject to an additional \$25 fee. Include the separate payment form on the website along with this application.

Name: _____ Date: _____

Experience Working with those Victimized by Crime

List ONLY agencies with whom you are or have been employed or volunteered in the provision of services to those victimized by crime. If the agency through which you provide victim services is not primarily a crime victim service agency/organization, reflect ONLY the hours spent providing services to those victimized by crime.

Most Recent/Current Agency First

I. AGENCY/ORG. NAME: _____

POSITION TITLE: _____

AGENCY ADDRESS: _____

DATES: _____

AGENCY CONTACT INFORMATION

FULL NAME OF SUPERVISOR: _____

TITLE: _____

TELEPHONE #: _____

E-MAIL ADDRESS: _____

BRIEFLY DESCRIBE VICTIM ASSISTANCE DUTIES OR RESPONSIBILITIES:

Name: _____ Date: _____

POPULATION(S) SERVED:

- ☐ HOMICIDE ☐ SEXUAL ASSAULT ☐ CHILD ABUSE
☐ DOMESTIC VIOLENCE ☐ DRUNK DRIVING
☐ GENERAL CRIME ☐ FELONY ☐ MISDEMEANOR

☐ OTHER (specify) _____

**TOTAL NUMBER OF
SERVICE HOURS WORKED:**

SERVICE HOURS WORKED:

☐ FULL-TIME

☐ PART-TIME: _____ (Avg. Month)

☐ PAID POSITION

☐ VOLUNTEER POSITION

Current supervisor must sign the application and verify experience in the victim services.

SUPERVISOR'S SIGNATURE: _____

II. AGENCY/ORG. NAME: _____

POSITION TITLE: _____

AGENCY ADDRESS: _____

DATES: _____

AGENCY CONTACT INFORMATION

FULL NAME OF SUPERVISOR: _____

TITLE: _____

TELEPHONE #: _____

E-MAIL ADDRESS: _____

Name: _____ Date: _____

BRIEFLY DESCRIBE VICTIM SERVICES DUTIES OR RESPONSIBILITIES:

POPULATION(S) SERVED:

- ☐ HOMICIDE ☐ SEXUAL ASSAULT ☐ CHILD ABUSE
☐ DOMESTIC VIOLENCE ☐ DRUNK DRIVING
☐ GENERAL CRIME ☐ FELONY ☐ MISDEMEANOR
☐ OTHER (specify) _____

**TOTAL NUMBER OF
SERVICE HOURS WORKED:**

SERVICE HOURS WORKED:

- ☐ FULL-TIME
☐ PART-TIME: _____ (Avg. Month)
☐ PAID POSITION
☐ VOLUNTEER POSITION

III. AGENCY/ORG. NAME: _____

POSITION TITLE: _____

AGENCY ADDRESS: _____

DATES: _____

AGENCY CONTACT INFORMATION

FULL NAME OF SUPERVISOR: _____

TITLE: _____

Name: _____ Date: _____

TELEPHONE #: _____

E-MAIL ADDRESS: _____

BRIEFLY DESCRIBE VICTIM SERVICES DUTIES OR RESPONSIBILITIES:

POPULATION(S) SERVED:

- ☐ HOMICIDE ☐ SEXUAL ASSAULT ☐ CHILD ABUSE
☐ DOMESTIC VIOLENCE ☐ DRUNK DRIVING
☐ GENERAL CRIME ☐ FELONY ☐ MISDEMEANOR
☐ OTHER (specify) _____

**TOTAL NUMBER OF
SERVICE HOURS WORKED:**

SERVICE HOURS WORKED:

- ☐ FULL-TIME
☐ PART-TIME: _____ (Avg. Month)
☐ PAID POSITION
☐ VOLUNTEER POSITION

**** Use additional copies if necessary if documenting more than three relevant agencies or positions.**

Name: _____ Date: _____

Personal Statement

In 50 words or less, please provide a statement as to why you want to be certified in Victim Services; include your short and long term goals in the field.

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 Assistant Specialist.

MVACP makes every effort to ensure that applicants offer a good faith representation of victim service experience through the testimonials 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: _____

Certifications

Read each of the following and sign in blue ink where appropriate, in the presence of a notary public. **DO NOT Sign this page until you are in front of the notary.**

- 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 read and agree to follow the attached *National Code of Professional Ethics for Victim Assistance Providers*.

Signature of Applicant: _____ Date: _____

- D. 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

Name: _____ Date: _____

CODE of PROFESSIONAL ETHICS for VICTIM ASSISTANCE PROVIDERS

Victims of crime and the criminal justice system expect every Victim Assistance Provider, paid or volunteer to act with integrity, to treat all victims and survivors of crime—their clients—with dignity and compassion, 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, the Victim Assistance Provider shall:

1. Recognize the interests of the client as a primary responsibility.
2. Respect and 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 services.
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, no matter what the client's conduct was 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.
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. Should one 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. Observe the ethical imperative to have no sexual relations with clients, current or past, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
11. Make client referrals to other resources or services only in the client's best interest, avoiding any conflict of interest in the process.
12. 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, the Victim Assistance Provider shall:

1. Conduct relationships with colleagues in such a way as to promote mutual respect, public respect, and improvement of service.
2. Make statements that are critical of colleagues only if they are verifiable and constructive in purpose.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance field.

Name: _____ Date: _____

4. Take steps to quell negative, insubstantial rumors about colleagues and allied professionals.
5. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
6. 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.
7. Seek to ensure that volunteers in victim assistance have access to the training, supervision, resources, and support required in their efforts to assist clients.
8. Act to promote crime and violence prevention as a public service and an adjunct to victim assistance.
9. Respect laws of one's state and country while working to change those that may be unjust or discriminatory.

III. *In her or his professional conduct*, the Victim Assistance Provider shall:

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for clients.
2. Seek and maintain a proficiency in the delivery of services to clients.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, gender, disability, ethnicity, race, national origin, religious belief, or sexual orientation.
4. Not reveal the name or other identifying information about a client to the public without clear permission or legal requirements to do so.
5. Clearly distinguish in public statements representing one's personal views from positions adopted by organizations for which she or he works or is a member.
6. Not use her or his official position to secure gifts, monetary rewards, or special privileges or advantages.
7. 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.
8. Report to competent authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a client, or to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any client.

IV. *In her or his responsibility to any other profession*, the Victim Assistance Provider will be bound by the ethical standards of the allied profession of which she or he is 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*.

Print Applicant Name: _____

Signature of Applicant: _____ Date: _____