

Application Check List

- ___ Completed Application Form.
- ___ Personal Statement Signed.
- ___ Supervisor/Board of Director Statement Signed.
- ___ Supporting Training Documentation.
- ___ \$55 Certification Fee. *(Includes \$30 for 2 yr IOVA membership fee and \$25 re-certification fee)*

**IOVA - CP
APPLICATION FOR VICTIM SERVICE
PROVIDERS
RE-CERTIFICATION**

Please print or type legibly completing all of the following information:

CONTACT INFORMATION OF APPLICANT

(This information will be used for your IOVA membership. No other information that you provide will be shared.)

Name: _____
First Middle Initial Last

Mailing Address: _____
Street Address City State Zip Code

Phone #: _____ Fax #: _____

Email address: _____

CURRENT EMPLOYMENT INFORMATION

Name of Current Employer: _____

Mailing Address: _____
Street Address City State Zip Code

Phone #: _____ Fax #: _____

Name of Supervisor: _____

Mailing Address: _____
(If different than above) Street Address City State Zip Code

Phone #: _____ Fax #: _____

Email address (if applicable) : _____

Date of employment: from _____ to _____.

PERSONAL STATEMENT

(Must be signed for application to be reviewed)

In completing this application for re-certification, I, _____, agree that I provide direct services to crime victims, that I will continue to abide by the previously signed code of ethics, that all information presented is accurate to the best of my knowledge and that any false information will be sufficient cause for rejection of the application by the IOVA-CPCC.

Signature of Applicant

Date

SUPERVISOR/BOARD OF DIRECTOR STATEMENT

(Must be signed for application to be reviewed)

I, _____, as the above named applicant's supervisor/board of director's representative, acknowledge that said applicant is currently providing direct services to crime victims within this agency.

Signature of Supervisor/Board of Director

Date

Mail this application to:
Iowa Organization of Victim Assistance
IOVA-CP
P.O. Box 8345
Des Moines, IA 50301

Keep a copy of the application for your records.
Application and attachments will not be returned.

Applications are due on the following schedule:

Postmarked by -
April 1
October 1

Review of application will take place within 30 days and applicants will be notified within 90 days of due date.

