
Select how often you do this task:

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OTHER CERTIFICATION/CREDENTIALS

Please list any other certification, credentials, etc. that you have:

INITIAL TRAINING REQUIREMENTS

Please describe the training you have received in the victim service field during the past five years. You must have completed 30 hours of training with the required minimum hours for each category listed below. You must also have completed an additional 10 hours in areas of your choice relating to victim services. When completing this section, please use your most recent training that is applicable to a topic area. List the name of the training and/or conference as well as the specific "break out session" that you attended and attach a copy of the agenda if available in the appropriate topic area.

Attended/Graduated from the Iowa Victim Assistance Academy? Yes or No

If yes, what year? _____

Minimum Hours:

Type of Training:

2 hours min.

Cultural, ethnic, special needs and diversity issues

2 hours min.

Pecuniary damages, restitution and Crime Victim Compensation

2 hours min.

Criminal Justice System

2 hours min.

Statutory requirements and victims' rights

10 hours min.

Types of victimization, history and victim blaming

8 hours min.

Crisis intervention and advocacy, which can include working with other agencies boundaries (see code of ethics), resources and referrals, etc.

4 hours min.

Ethics & self-care

___ of hours

Other

VICTIM SERVICE PROVIDERS' CODE OF ETHICS

Victims of crime expect every victim service provider, paid or volunteer, to act with integrity and cultural sensitivity, to treat all victims and survivors of crime 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 service providers.

In her or his professional conduct

- 1) Victim Service Providers must understand their legal responsibilities, limitations, and the implications of their actions; and perform their duties in accord with laws, regulations, policies and legislated rights of persons served.
- 2) Victim Service Providers do not engage in personal relationships with persons served which exploit professional trust or which could impair the victim service provider's objectivity and professional judgment.
- 3) Victim Service Providers are prohibited from engaging in or requesting sexual contact with clients. Under no circumstances is the victim service provider to engage in verbal or physical behavior toward a client that a reasonable person would find to be sexually seductive, sexually demeaning, or sexually harassing.
- 4) Victim Service Providers shall maintain high personal and professional standards in advocating for clients, which include maintaining proficiency in the delivery of services and cultural sensitivity.
- 5) Victim Service Providers will see to their own empowerment and nurturing; and when personal circumstances may compromise professional abilities, performance, or judgment, they should take steps to resolve those issues.

In relationships with every client

- 1) Victim Service providers will promote the good of the survivor by:
 - a) working to increase victim safety
 - b) respecting the authority and autonomy of the adult victim to direct his or her own life
 - c) holding the perpetrator accountable for criminal and abusive behavior
 - d) making efforts to suspend judgment of the victim in order to maintain professional trust and to effectively advocate for the victim.
- 2) Victim Service Providers will be honest by:
 - a) respecting the clients' right to privacy and confidentiality, subject only to laws or regulations requiring disclosure of information to appropriate other sources;

- b) representing accurately your own abilities, authority and power;
- c) avoiding conflicts of interest by disclosing possible conflicts to all parties involved and terminating a professional relationship with a victim when he or she is not likely to benefit from continued services;
- d) referring the client to another service agency when necessary.

- 3) Victim Service Providers will not practice, condone, facilitate or collaborate with any form of discrimination on the basis of sex, race, color, age, sexual orientation, religion, national origin, political beliefs, marital status, mental or physical disability, economic status or any other discriminatory bases.
- 4) Victim Service Providers will fairly distribute time, goods, and services among all clients.
- 5) Victim Service Providers will respect and protect clients legal and civil rights.

In relationship with colleagues, other professionals and the public

- 1) Victim Service Providers shall conduct relationships with colleagues and other professionals in such a way as to promote mutual respect, public confidence, and improvement of services.
- 2) Victim Service Providers shall share knowledge and encourage proficiency in victim services among colleagues and other professionals.
- 3) Victim Service Providers shall offer professional support, guidance and assistance to colleagues, including those who are new to the field, in order to promote consistent quality and professionalism in victim service work.
- 4) Victim Service Providers serve the public interest by contributing to the improvement of systems that impact victims of crime.

I, _____, agree to abide by the aforementioned Code of Ethics in all my dealings with crime victims.

Signed this _____ day

of _____, 20____.

Signature

PERSONAL STATEMENT

(Must be signed for application to be reviewed)

In completing this application for certification, I, _____, agree 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 the completed application and payment to:

**IOVA ORGANIZATION FOR VICTIM ASSISTANCE
IOVA-CP
PO Box 8345
DES MOINES, IA 50301**

AND

E-mail your completed application to:

iowa_iova@yahoo.com

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

Applications are reviewed every six months.

Applications must be postmarked by the due dates:

**April 1
October 1**

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