

**Application Check List**

- \_\_\_ Completed Application Form
- \_\_\_ Personal Statement Signed
- \_\_\_ Supervisor/Board of Director Statement Signed
- \_\_\_ Supporting Training Documentation Enclosed
- \_\_\_ \$55 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 (if applicable): \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

Name of Current Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Mailing Address: \_\_\_\_\_  
*(If different than above)*

Supervisor's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Supervisor's Email address (if applicable): \_\_\_\_\_

Date of employment: from \_\_\_\_\_ to \_\_\_\_\_.

Position Held/Job Title: \_\_\_\_\_

**CONTINUING TRAINING RECEIVED**

To be considered for re-certification you must have received **18** hours of advanced training related to providing services to crime victims every two years. Please complete the following information and attach supporting documentation.

No. of Hours	Course/Workshop Title	Date Attended
_____	_____	_____
_____	_____	_____

No. of Hours	Course/Workshop Title	Date Attended
_____	_____	_____
_____	_____	_____

No. of Hours	Course/Workshop Title	Date Attended
_____	_____	_____
_____	_____	_____

No. of Hours	Course/Workshop Title	Date Attended
_____	_____	_____
_____	_____	_____

No. of Hours	Course/Workshop Title	Date Attended
_____	_____	_____
_____	_____	_____

No. of Hours	Course/Workshop Title	Date Attended
_____	_____	_____
_____	_____	_____

**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 and payment to:**

Iowa Organization of Victim Assistance  
IOVA-CP  
P.O. Box 8345  
Des Moines, IA 50301

**And**

E-mail your completed application to:  
[iowa\\_iova@yahoo.com](mailto:iowa_iova@yahoo.com)

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