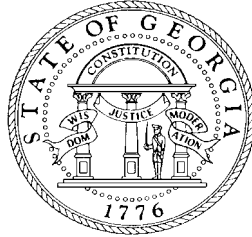


GEORGIA DEPARTMENT OF CORRECTIONS



Application for Family Violence Intervention Program Certification or Recertification

2007 - 2008

APPLICATION FOR FVIP CERTIFICATION OR RECERTIFICATION

DIRECTIONS:

Please use this checklist as your guide to complete the following documents. Please submit the original and one (1) copy of each of these documents to this address:

Georgia Department of Corrections
Attn: FVIP Certification and Monitoring
2 Martin Luther King, Jr. Drive, SE
Suite 1570, East Tower
Atlanta, GA 30334

No application will be considered until all of the items below have been submitted to the Georgia Department of Corrections (GDC).

- ___ A signed, completed Application Form on pages 3-4 for each Judicial Circuit in which the FVIP intends to operate;
- ___ A nonrefundable check for \$150.00 made payable to GDC for each Judicial Circuit in which the FVIP intends to operate;
- ___ A signed Receipt of Victim Contact Standard Operating Procedure (SOP) Acknowledgement Statement on page 5 for each Judicial Circuit in which the FVIP intends to operate. Please contact the Office of Certification and Monitoring to obtain a copy of the Victim Contact SOP;
- ___ A signed Receipt of Rules of Board of Corrections (Chapter 125-4-9) Acknowledgement Statement on page 6 for each Judicial Circuit in which the FVIP intends to operate;
- ___ An up-to-date list on page 7 of all your FVIP facilitators, facilitator trainees, and supervisors sorted by FVIP location. Please provide one of the following for each facilitator and facilitator trainee:
 - For recently hired facilitators or trainees, please complete the Summary of Qualifications for Newly Hired Facilitators and GCIC Consent forms, pages 8-12;
 - or
 - For facilitators or trainees whose qualifications were previously submitted to GDC and accepted, please complete the Summary of Continuing Education Requirements for Facilitators Previously Registered with GDC on pages 13-14.
- ___ A copy of each of the following documents:
 - The most up-to-date contract between your FVIP and your victim liaison's DHR-certified shelter or GCFV-approved victim advocacy organization as detailed in the Victim Contact SOP. Please provide a copy for each Judicial Circuit in which the FVIP intends to operate;
 - The contract all participants are required to sign (Board of Corrections Rules, Chapter 125-4-9-.09(a));
 - The forms your FVIP uses to notify probation and your Victim Liaison Organization of an FVIP participants' completion or termination from your FVIP;
 - Proof of **general liability** insurance of at least one million dollars for the FVIP program.



**CERTIFICATION APPLICATION FOR
FAMILY VIOLENCE INTERVENTION PROGRAMS (FVIPS)**
Georgia Department of Corrections

NAME OF PROGRAM: _____

NAME OF AFFILIATED, ATTACHED, OR UMBRELLA ORGANIZATIONS:

PRIMARY MAILING ADDRESS: _____

PRIMARY OFFICE ADDRESS: _____

PRIMARY CONTACT: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____ WEB SITE: _____

OWNER OR EXECUTIVE DIRECTOR: _____

TELEPHONE NUMBER FOR OWNER OR EXECUTIVE DIRECTOR: _____

MAILING ADDRESS FOR OWNER OR EXECUTIVE DIRECTOR:

JUDICIAL CIRCUIT TO BE SERVED: (Please note: A separate application and application fee is required for each Judicial Circuit in which the FVIP intends to operate.)

ADDITIONAL ADDRESSES WHERE CLASSES ARE CONDUCTED WITHIN THIS JUDICIAL CIRCUIT:

TERMS AND CONDITIONS:

It is understood and agreed upon by the undersigned that:

- I have read the enclosed Board Rules for FVIP Certification, Chapter 125-4-9, (“Rules”) and the enclosed Victim Contact Standard Operating Procedure IQ01-0002 (“SOP”) in their entirety and agree that this FVIP will adhere to all program standards, policies, and procedures contained therein that apply to this organization’s certification as an FVIP;
- I understand that the Rules and the Victim Contact SOP apply for all court-ordered FVIP participants. FVIP participants may be court-ordered through either a court sentence for a conviction or as a condition of a protective order.
- My program agrees to use the Monthly Participants’ Fee Report form on page 14 to collect a one-time \$20 fee from program participants and forward this fee on to GDC before the tenth day of each month;
- Any proposed changes in the certification process as approved, will be submitted in writing by GDC and, upon notification to the program, shall be deemed incorporated into and shall become a part of this approval; and,
- This approval is subject to renewal every two years.

NOTICE: Any misstatement or misrepresentation made in the application process may be cause for denial or revocation of certification.

Owner or Executive Director (please print)

Owner or Executive Director (signature)

Date

GEORGIA DEPARTMENT OF CORRECTIONS
VICTIM CONTACT SOP IQ01-0002
ACKNOWLEDGEMENT STATEMENT

I acknowledge that I have received and read the Department's procedure governing victim contact by family violence intervention volunteers, employees, agents, directors, and owners. I understand that the Department prohibits such contact unless I have a legal duty to warn the victim, and except through a paid, subcontracted victim liaison employed or designated by a DHR-certified or GCFV-approved domestic violence organization. I further understand that failure to abide by the terms and conditions of the Department's victim contact policy may result in the denial, suspension or revocation of FVIP certification.

Owner or Executive Director's Name

Owner or Executive Director's Signature

Date

(Last revised 05-06-05)

GEORGIA DEPARTMENT OF CORRECTIONS
BOARD RULES FOR FVIP CERTIFICATION, CHAPTER 125-4-9
ACKNOWLEDGEMENT STATEMENT

I acknowledge that I have received and read the Department's Board Rules for FVIP Certification, Chapter 125-4-9. I understand that failure to abide by the terms and conditions of the Department's Board Rules for FVIP Certification, Chapter 125-4-9, by family violence intervention volunteers, employees, agents, directors, or owners may result in the denial, suspension or revocation of FVIP certification.

Owner or Executive Director's Name

Owner or Executive Director's Signature

Date

(Last revised 05-06-05)

**SUMMARY OF INITIAL REQUIREMENTS
FOR NEWLY HIRED FACILITATORS:**

All FVIP facilitators must meet the following training requirements in order to facilitate FVIP classes. Answer the following as completely as possible. If necessary, use additional sheets to answer only the questions asked.

- Do you have an undergraduate degree? Yes No
 If “no,” please describe at least two years of equivalent experience you have involving batterers and victims or victim advocates. If “yes,” please list your educational credentials beyond high school.

- Do you have at least 84 hours of direct face-to-face experience facilitating, co-facilitating, or participating as a trainee in a male batterers’ class using a power and control model? Yes No

If yes, please describe your experience:

Describe Experience	Location	Hours	Contact Name, Title, & Ph. #

- Have you participated in at least 40 hours of coordinated community response to domestic violence, which can include participation in local task force meetings, victim advocacy, policy and protocol development and implementation, and task force development? Yes No

If yes, describe your experience:

Describe Experience	Location	Hours	Contact Name, Title, & Ph. #

- Have you completed at least 40 hrs of **GCFV-approved** training? Yes No
If “yes,” please complete the following:

Describe Experience	Location	Hours	Contact Name, Title, & Ph. #

- Have you completed 4 hours of experiential education, including traveling with police on family violence cases, attending court during domestic violence cases, or observing probation officers supervise family violence probationers? Yes No

If yes, please detail your experience:

Describe Experience	Location	Hours	Contact Name, Title, & Ph. #

NOTICE: Any misstatement or misrepresentation made in the application process may be cause for denial or revocation of my FVIP's certification.

Facilitator's Name

Facilitator's Signature

Date

Owner or Executive Director's Name

Owner or Executive Director's Signature

Date

To be completed and submitted for all Newly Hired/Registered FVIP Facilitators:

GCIC/NCIC

Criminal/Driver History Record Information Consent/Request Form

Georgia Department of Corrections

Actual Date of Inquiry: ____/____/____

Requestor's Name: Greg Loughlin, FVIP Certification Manager
Agency/Division: Office of Certification and Monitoring, GDC
Phone Number: 404-657-3412

Purpose of this inquiry: Employment (X)
Criminal Investigation () Case # _____
Firearms Recertification ()

I hereby authorize the Georgia Department of Corrections to receive any Criminal History / Driver History Record information pertaining to me which may be in the files of any Federal, State, or Local Criminal Justice Agency at any time.

Full Name *(Please Print)*

Name of FVIP(s) where you work

Race

Gender

Date of Birth

Social Security Number

Driver's License Number

Home Address

City

State

Zip Code

Place of Birth (City, State)

Height

Weight

Hair Color

Signature of Individual

Date

All FVIP facilitators who have met initial training requirements must continue to meet the following continuing education requirements in order to facilitate FVIP classes. Answer the following as completely as possible. If necessary, use additional sheets to answer only the questions asked.

- Have you obtained at least 8 hours annually of GCFV-approved facilitator training during the past two years? Yes No

If yes, please detail the training:

Name of Training	Location/Date	Hours	Contact Name, Title, & Ph. #

- Have you participated in at least 4 hours annually of experiential education with other members of the coordinated community response to domestic violence over the past two years? Yes No

If yes, describe your experience:

Describe Experience	Location/Date	Hours	Contact Name, Title, & Ph. #

NOTICE: Any misstatement or misrepresentation made in the application process may be cause for denial or revocation of my FVIP’s certification.

Facilitator’s Name

Facilitator’s Signature

Date

Owner or Executive Director’s Name

Owner or Executive Director’s Signature

Date

GEORGIA DEPARTMENT OF CORRECTIONS
Office of FVIP Certification & Monitoring

MONTHLY PARTICIPANTS' FEE REPORT

Submit this report with your monthly payment (payable to the GA Department of Corrections) by the tenth of each month, to the Georgia Department of Corrections, Attn: FVIP Certification, 2 Martin Luther King, Jr. Drive, SE, Room 1570, East Tower, Atlanta, GA 30334. One (1) copy must be retained in your files for monitoring and re-certification purposes.

Name of Program: _____ Report for Month of: _____ Date Submitted: _____

Address: _____ Phone #: _____

Check #: _____ Check Date: _____ Amount: \$_____

Signature of Authorized FVIP Representative: _____

Class Participants

(Attach additional sheets if necessary to list all participants and fees.)

NAMES	Gender	Site where participant attends class	County from which referral originated	Name of Victim Liaison Organization responsible for contacting victim	\$20 FEE PAID
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
				TOTAL COLLECTED:	\$

