

**OHIO ADVOCATE NETWORK (OAN)
FOR TRAINING & REGISTRATION**

NEW APPLICATION

OAN USE ONLY										TYPE		
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OAN USE ONLY: DATE RECEIVED

PLEASE TYPE OR PRINT IN BLACK INK

REGISTERED ADVOCATE (RA) STATUS REQUESTED:

- Registered Advocate (minimum hours = 1950)
 Registered Advocate w/ advanced standing (minimum hours = 5850)
 Registered Advocate w/senior standing (minimum hours = 9750)

SECTION 1. APPLICANT INFORMATION

NAME _____

HOME ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

PHONE (home) _____ (work) _____
(cell) _____ (fax) _____

E-MAIL ADDRESS _____

AGENCY/ORGANIZATION _____

AGENCY ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

Please send all OAN Correspondence to my: ___ Home Address ___ Work Address

SECTION 2. PROFESSIONAL/VOLUNTEER EXPERIENCE – SERVICES TO CRIME VICTIMS

List ONLY the agencies and/or organizations with whom you are/have been employed (in a paid or volunteer capacity) to provide direct services crime victims. If a listed agency or organization is not primarily a victim service program, you may only include the portion of your paid and/or volunteer hours spent providing direct services to crime victims. Begin with your current position and include all applicable direct service hours for each agency/organization with which you are/have been employed. Please attach additional pages as necessary.

Complete and attach a Notarized Memorandum of Confirmation form for each agency listed

CURRENT AGENCY NAME: _____

Position(s) held: _____

Dates Employed: FROM: _____ TO: _____

Specified Discipline: General/Multi Crime: _____ DV: _____ SA: _____ HOM/OMVI: _____

Total # of Paid Hours Accrued: _____ Total # of Volunteer Hours Accrued: _____

AGENCY NAME: _____

Position(s) held: _____

Dates Employed: FROM: _____ TO: _____

Specified Discipline: General/Multi Crime: _____ DV: _____ SA: _____ HOM/OMVI: _____

Total # of Paid Hours Accrued: _____ Total # of Volunteer Hours Accrued: _____

AGENCY NAME: _____

Position(s) held: _____

Dates Employed: FROM: _____ TO: _____

Specified Discipline: General/Multi Crime: _____ DV: _____ SA: _____ HOM/OMVI: _____

Total # of Paid Hours Accrued: _____ Total # of Volunteer Hours Accrued: _____

TOTAL HOURS ACCRUED for all listed agencies/organizations: PAID: _____ VOLUNTEER: _____
(REMINDER: Total Hours must be equal to or greater than the required minimum (1950, 5850 or 9750) for the status being requested.)

OHIO ADVOCATE NETWORK

FOR TRAINING AND REGISTRATION

Memorandum of Confirmation (MOC)

SECTION 3. Verification of Employment History of Individual Applicant

PLEASE TYPE OR PRINT IN BLACK INK

A NOTARIZED MOC MUST BE COMPLETED FOR EACH AGENCY LISTED IN SECTION 2

PLEASE NOTE THE FOLLOWING:

1. This form should be filled out by an individual authorized to verify the applicants paid and/or volunteer employment history with the named agency. The authorized individual should currently hold the position of Agency Director, Board of Directors Member, Staff Supervisor, Volunteer Coordinator, Personnel Director (or similarly defined position) for the named agency - and need not have been the person in direct supervision of the applicant during the applicant's period of employment.

2. Separate Memoranda of Confirmation for a named agency must be completed if any of the following apply:

- the applicant was employed in both a paid and a volunteer capacity with the named agency
- the applicant held more than one distinctly different position with the named agency
- the applicant was employed in both a part-time and a full-time capacity with the named agency

Name of Applicant: _____

Name of Agency: _____

Name of Authorized Individual: _____

Authorized Individual Business Phone Number: _____

I, _____, _____ certify that the Applicant
(Authorized Individual) (Title)

_____ provided direct services to victims of crime while employed at
(Applicant Name)

_____ and while serving in the capacity of _____
(Named Agency) (Position Title)

between _____ and _____.
(Start Date) (End Date, or, Current Date)

Initial Where Appropriate Below:

I further certify that this position was a _____ Paid position / _____ Volunteer position.

I further certify that this position was a _____ Full-time position / _____ Part-time position.

I further certify that the Applicant worked _____ hours per week during the employment period.

I further certify that the total number of hours worked during the employment period was _____.

I affirm the above information is true and accurate according to agency employment records.

(Signature of Authorized Individual)

(Date)

Sworn to and subscribed before me this _____ Day of _____, _____

Notary Public _____

New Application

SECTION 4. TRAINING

To be approved for Registered Advocate (RA) status, at any level, a minimum of 20 hours of pre-registration training is required of all new applicants. The Training Area Guidelines (TAG) List contains the mandatory training topics for new applicants. Refer to SERIES A on the TAG List.

Documentation of training is required and must be submitted prior to final RA approval.

YES	NO	Initial the appropriate yes/no line for each statement below:
_____	_____	I have completed 20 hours of pre-registration training from the TAG List SERIES A
_____	_____	My pre-registration training includes all 9 SERIES A Basic Topic Categories
_____	_____	My pre-registration training includes all 5 SERIES A Specialized Basic Topic Categories in my specified discipline
_____	_____	I have completed the Ohio Attorney General’s B.A.S.I.C.S. Academy

SECTION 5. CERTIFICATIONS

Read each of the following certifications and sign/date where appropriate

<p>Certification A: I, the undersigned applicant, hereby certify that the information submitted in this application is true and accurate. I further certify that the information reported on the enclosed Memorandum of Confirmation is true and accurate.</p> <p>Applicant Signature: _____ Date: _____</p>
<p>Certification 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 involving a child victim.</p> <p>Applicant Signature: _____ Date: _____</p>
<p>Certification C: I, the undersigned applicant, hereby certify that I have read and agree to follow the National Organization for Victim Assistance (NOVA) Code of Professional Ethics.</p> <p>Applicant Signature: _____ Date: _____</p>
<p>Certification D: I the undersigned applicant, hereby certify that I have never been terminated from a volunteer or paid position due to conduct in violation of the National Organization for Victim Assistance (NOVA) Code of Professional Ethics.</p> <p>Applicant Signature: _____ Date: _____</p>
<p>Certification E: <i>I, the undersigned applicant, <u>am unable</u> to make the above certification(s) _____. I have attached an explanation with my application.</i></p> <p>Applicant Signature: _____ Date: _____</p>

SECTION 6. NOTARIZATION

Sworn and subscribed before me this _____ day of _____, _____

Notary Public _____

INSTRUCTIONS FOR SUBMITTING APPLICATION

- SUBMIT ORIGINAL AND 1 COPY OF THE APPLICATION AND PRE-REGISTRATION TRAINING DOCUMENTATION:** The Ohio Advocate Network for Training & Registration
c/o Greene County Prosecutor’s Office Victim/Witness Division, 61 Greene Street, Xenia, Ohio 45385
- RETAIN A COPY OF THE COMPLETE APPLICATION FOR YOUR RECORDS.**
- ENCLOSE PAYMENT** – A registration fee of \$25.00 is required for New Applicants. *Payment will only be accepted in the form of an Agency Check, Money Order, or Cashiers Check, made payable to Ohio Advocate Network.* If you are a NACP Credentialed Advocate in good standing, the \$25 fee will be waived. Provide a copy of NACP card or certificate.
- REGISTRATION RENEWAL IS DUE EVERY TWO YEARS** – Registration expires two years from the date of original approval (January or July). You will receive a Registration Renewal Notice at the mailing address you designated in this application (Section 1). *You must notify OAN in writing of any change in address or designation.*