

State of Nevada
Committee on Domestic Violence

555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101
Tel# (702) 486-5714 Fax# (702) 486-3768

Application For Certification Of Domestic Violence Treatment Programs

This form should be filled out in accordance with NAC 228 to apply for certification as a domestic violence treatment program.

Program Information

Program Name: _____

Physical Address: _____
Street / P.O. Box City State Zip

Mailing Address: _____
Street / P.O. Box City State Zip

Phone #: _____ Fax #: _____

Program Manager: _____

Email Address: _____

Declaration

I hereby declare, under penalty of perjury, that all information provided and attached to this application is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

Print Name of Supervisor

Print Name of Program Manager

Original Signature of Supervisor Date

Original Signature of Program Manager Date

You must fill out this form in its entirety and check this box to indicate that you are aware that incomplete applications will NOT be considered and may be returned to you.

Submission

Please send completed application and all supporting materials to:

Committee on Domestic Violence
c/o Office of the Attorney General
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Application For Certification Of Domestic Violence Treatment Programs

General Information and Instructions

Please be advised that applying for certification as a batterer's treatment provider consists of an in-depth application process. The following items will be needed to assist you in completion of an application for certification of treatment:

1. Application for Certification of Domestic Violence Treatment Programs
2. Certification Guide for Treatment Programs / Standards
3. Chapter 228 of the Nevada Administrative Code (NAC)
4. Request for Approval of New Supervisor Form
5. Request for Approval of New Provider Form

To apply for certification you will need to review NAC 228 and implement procedures, write position papers, obtain necessary documents, develop written policies, and outline model plans needed to comply with the NAC as detailed in the Certification Guide. Please note the following:

- Documents must be in a *loose-leaf 3-ring* binder
- An original *plus one additional copy* of the application must be submitted
- Label each section individually: The Certification Guide for Treatment Programs must be used as the basis for your application. Numbers on the sections in your application must coincide with the Standard Numbers in the Certification Guide.
- Position papers should clearly express the agency's position or philosophy under which they will operate and a basis for those philosophies. Position papers need be no longer than three (3) or four (4) sentences long.
- All supporting documentation including copies of degrees and proof of training must be included for each provider and supervisor.

Disclaimers

- Applications must be received 60 days prior to the next regularly scheduled meeting for review. Program will be notified of the meeting date in accordance with the Nevada Open Meeting Law.
- Application materials will not be returned.
- Certification of a treatment program is based on the information provided in this Application, and the results of compliance as rated on the Certification Guide, which may use a variety of methods.
- A program must be certified before it can conduct business.
- The certification is valid for one year and the program must apply for re-certification before the current certificate expires.

Committee Actions – For Committee Use Only

 Certified

 Full Certification

 Conditional Certification

 Not Certified

 Failed Certification

Reviewed by: _____

Reasons for action: _____
