STATE OF CONNECTICUT

DOMESTIC VIOLENCE OFFENDER PROGRAM STANDARDS ADVISORY COUNCIL

Domestic Violence Provider Application - Agency

AGENCY

Applicants must meet the following eligibility requirements:

1. Employ both supervisory and direct service staff that meet the minimum education, experience, and training qualifications.
2. Provide regular and on-going professional supervision.
3. Agree to the program standards provider agreement.
4. Offer continuing education and/or training to staff - a minimum of 12 hours per year.

Agency Name		
Street Address		City/Town
Zip Code	State	County(s) Served

E-mail Address	Phone Number
Supervising Clinician	Degree & Course of Study
Educational Institution	City / State
State Department of Public Health License Number	License Type
License Validation Number	Valid Through

Are you now, or have you ever been, licensed as a professional clinician in any other state? If yes, please list all:	YES NO
Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?	YES NO
Have you ever been censured, disciplined, dismissed or expelled from any hospital, nursing home, clinic, professional partnership, corporation, or similar health practice organization?	YES NO
Do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body, in Connecticut or out of state?	YES NO

NOTARIZATION: On this_______ day of ____________________ 20______, the above referenced individual personally appeared before me, who being duly sworn says that he/she is the person referred to in the foregoing application, and that the statements made herein or on any document attached hereto are true in every respect.

Sworn to before me this _______ day of _________________ 20 ______.

Signature of Applicant__________________________ Signature of Notary Public _________________________

My Commission Expires: __________________________

MLMV1 3-16