**Georgia Department of Community Supervision
Georgia Commission on Family Violence**

 

**Application for Initial Certification for**

**Family Violence Intervention Program Facilitators**

***The Georgia Commission on Family Violence accepts FVIP Facilitators Initial Certification Applications on a rolling basis with prorated certification dates and fees.***

No application will be considered unless all of the items below have been submitted to the Georgia Commission on Family Violence.

* Completed Facilitator Certification Application (pages 2 - 14)
* Non-Refundable $150 Application Prorated Fee (page 15). Make Check or Money Order out to the Georgia Commission on Family Violence and include with your application.
* Recommendation Letter from Certified Facilitator
* Complete additional background check forms

**Due to mail delays, we request that you send an electronic copy of your application to**

**If your last name begins with A-K send application to Carol Chateau** **Carol.chateau@dcs.ga.gov**

**If your last name begins with L-Zsend application to Timothy Griffin** **Timothy.griffin@dcs.ga.gov**

An invoice will be sent to you to pay with a credit card. If you would like to pay with a check, mail payment to:

**Georgia Commission on Family Violence**

**Attn: FVIP Initial Facilitator Certification**

**2 Martin Luther King Jr. Drive, Ste 866 East Tower**

**Atlanta, Ga 30334**

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| **Facilitator Information** |
| ***Facilitator’s Legal Name: (First, Middle, Last)*** |
| ***Nickname/Alias/Goes By:*** |
| ***Date of Birth:*** |
| ***Social Security Number:*** |
| ***Email:***  |
| ***Phone (Work):*** |
| ***Phone (Cell):*** |
| ***Mailing Address (Street, City, State, Zip):*** |
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| ***Facilitator’s Race:**** African-American/Black
* Asian/Pacific Islander
* White/Caucasian
* Hispanic/Latino/a
* Native American
* Alaska Native/Pacific Islander
* Multi-Racial
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | ***Facilitator’s Gender:**** Man
* Woman
* Transgender
 | ***Facilitator’s Education Level:**** Less than high school
* Some high school
* High school graduate/GED
* Attended college
* College graduate (2 year)
* College graduate (4 year)
* Technical school graduate
* Some graduate school
* Master’s degree
* Doctorate/Professional degree
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **If Facilitator does not hold a 2 or 4 year degree, please list Facilitator’s experience as a group facilitator, instructor or counselor:** |

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| **Commission-Delivered Training***Complete the following grid with the 20 hours of Commission Delivered Training* |
| **Training Title** | **Location** | **Date** |
| ***FVIP Basics 1*** |  |  |
| ***FVIP Basics 2*** |  |  |
| ***FVIP Basics 3*** |  |  |

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| **Commission-Approved Training***Complete the following grid with the 40 hours of Commission-approved training. Please include any training certificates or documentation as proof of training completion* |
| **Training Title** | **Location** | **# of Approved FVIP CE Hours** | **Date** | **Instructor Name and Contact Information** |
| ***FVIP 101*** | ***Atlanta, GA*** | ***6*** | ***1/1/2019*** | ***Jane Doe (404)555-5555******janedoe@gmail.com*** |
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| **Community Education and Victim Advocacy***Complete the following grid with 40 hours of participation in community education and victim advocacy.* *15 of 40 hours must be from Task Force on Family Violence or coordinated community response to domestic violence meetings.*  |
| **Event** | **Type** | **Judicial Circuit** | **Date**  | **Time** | **Hours** | **Contact Person** |
| ***Family Violence Task Force Meeting*** | ***Task Force/CCR***  | ***Fulton*** | ***1/1/24*** | ***9:00 AM - 10:30 AM*** | ***1.5*** | ***Jane Doe, 404-555-5555 Jane@email.com*** |
| ***Volunteer at Hope House Domestic Violence Agency*** | ***Victim Advocacy*** | ***Stone Mountain*** | ***1/15/24*** | ***10:00 AM - 12:00 PM*** | ***2*** | ***Suzie Smith,*** ***404-333-3333*** |
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| **FVIP Participant Observer** *Complete the following grid documenting 36 hours as a participant observer in a certified FVIP with a certified facilitator.* |
| **Program** | **Location** | **Date** | **# of Hours** | **Certified Facilitator** |
| ***ABC FVIP*** | ***999 Atlanta Street******Atlanta, GA 55555*** | ***1/1/24*** | ***1.5*** | ***Jane Doe, 404-555-5555 Janedoe@email.com*** |
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| **FVIP Facilitator Trainee** *Complete the following grid with 36 hours of direct face-to-face contact as a facilitator trainee with a certified facilitator. A facilitator trainee may have direct face-to-face contact as a facilitator trainee after completing requirements outlined in 105-3-.05(1)(a)(1)(i) and 105-3-.05(1)(b)(1).* |
| **Program** | **Location** | **Dates** | **# of Hours and Type** | **Certified Facilitator** |
| ***ABC FVIP*** | ***999 Atlanta Street******Atlanta, GA 55555*** | ***1/1/24***  | ***1.5*** | ***Jane Doe, 404-555-5555 Janedoe@email.com*** |
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| **Principles of Practice** *Each facilitator trainee and certified facilitator shall adhere to the following Principles of Practice, submit a signed copy of the Principles of Practice upon certification and recertification and prominently display them in the program facility in which they are facilitating.* |
| 1. FVIP providers are advocates for victims of family and domestic violence who work to hold participants accountable for their acts of family and domestic violence. The highest priorities of FVIP providers are the safety, rights, and confidentiality of victims.
2. FVIP providers advocate that offenders of family and domestic violence be held accountable. FVIP providers should never collude with participants, minimize, tolerate or justify abusive and unacceptable behavior.
3. FVIP providers consult with victim advocates to ensure quality programming.
4. FVIP providers consistently act and communicate in ways that do not perpetuate discriminatory behavior, attitudes, or bias. FVIP providers treat all with dignity.
5. FVIP providers are not advocates or legal witnesses on behalf of participants and shall use caution when responding to requests for assessments, impressions, opinions, information, or testimony. FVIP providers will not state or imply that program completion will result in non-abusive behaviors or victim safety.
6. Anger management programs, couples counseling, and psychotherapy are not appropriate interventions for family and domestic violence and may place the victim at heightened risk. Ending violence and abuse and ensuring victim safety takes precedence over efforts to save relationships.
7. Educational group sessions must be the primary approach to family and domestic violence intervention. Substance abuse treatment, addictions treatment, and individual treatment are not appropriate interventions for family and domestic violence. However, providers may find participants benefit from these interventions separately, but only in addition to participation in an FVIP.
8. FVIPs alone do not create accountability. FVIP providers collaborate with community partners and participate in a larger coordinated community response to family and domestic violence.

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| **Code of Ethics***Each facilitator trainee and certified facilitator shall adhere to the following Code of Ethics and submit a signed copy upon certification and recertification.* |
| 1. I will make victim safety my first priority in working with participants who engage in acts of family or domestic violence. I will make participant accountability my second priority.
2. I will collaborate with domestic violence victim advocates to design and inform my FVIP work to ensure quality programming.
3. I will provide truthful, accurate, and complete statements to the criminal justice system, victim liaisons, the Department, the Commission, and other community partners.
4. I will report to the referral source and victim liaison any recent additional acts of family or domestic violence admitted to by an FVIP participant, when such reporting will not further endanger the victim or witness. Through consultation with the victim liaison, I will report to all appropriate legal authorities any suspected neglect and/or abuse of a child or protected adult.
5. I will report to the Commission any violations of the Rules for Family Violence Intervention Programs that I observe while certified as an FVIP facilitator.
6. I will conduct myself in my personal and professional life in a manner consistent with the principles of nonviolence and I will abide by a drug-free lifestyle. I will immediately disclose to my direct supervisor and the Commission if I commit, am arrested for, or have been convicted of any misdemeanor or felony crime.
7. I will avoid personal, professional, or business relationships that conflict with the interest of the FVIP and those it serves. I will not accept gifts, services, or benefits that impair my integrity, the integrity of the agency, or might invite special considerations.
8. I will avoid the appearance of impropriety. I will not engage in any behavior that I would be unwilling to disclose fully to my colleagues, legal authorities, and the public. I will not engage in sexual or romantic activities with participants, victims, or their family members for at least two (2) years after our last professional contact. Even at that time, I will not engage in such behaviors that could reasonably contribute to the suffering of any person(s) or the impairment of the FVIP efforts.
9. I will fully explain all program rules and policies, fee payment, enrollment, program standards, discharge, and completion requirements to participants. I will consistently apply program rules to all participants.
10. I will treat all program participants and the victims of their violence fairly. I will not discriminate on the basis of actual or perceived race, class, age, religion, educational attainment, ethnicity, national origin, handicaps, sex, gender identity, sexual orientation, or economic condition. To the best of my ability, I will work to ensure that all persons have equal access to FVIP resources and services.

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| **Background Check Requirement** |
| *Facilitators shall provide the Commission documentation and details of any of the following:**i. Conviction, guilty plea, or nolo contendere plea for any felony or misdemeanor.* *ii. Adjudication of guilt withheld for a felony or misdemeanor, including first offender act and conditional discharge sentencing.* *iii. Current charges of a violation of law.* *iv. Reports to the Department of Family and Children’s Services for child abuse or neglect.* *v. Protective orders issued against them, or bond conditions resulting from an arrest.* *vi. A finding of family or domestic violence made in divorce, custody, or visitation proceedings.* *vii. Any sanctions and revocations imposed by any professional licensing boards.*  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Name of Facilitator Signature of Facilitator Date |

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| **Background Check Authorization** |
| *I hereby authorize the Georgia Commission on Family Violence, OCGA 19-13-31, to receive all criminal history information pertaining to me anytime during the course of my certification as an FVIP facilitator in Georgia. I understand that convictions revealed from these background investigations may be used as a basis for removing me from consideration for FVIP certification.The Georgia Commission on Family Violence and the Department of Community Supervision reserve the right to perform criminal history and driver history checks of FVIP facilitators, owners, and directors at any time during their certification period.**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *(First) (Middle) (Last)**Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *(Name of all employers)**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *(Street)* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *(City) (State) (Zip Code)**Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature* |
| *GCFV Use Only:* * *No criminal history found through GCIC system check.*
* *Criminal history found that prohibits certification.*
* *Criminal history found that does not prohibit certification*
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| **Program Curriculum** |
| *(1) All FVIPs shall establish and comply with a written curriculum. Written curriculums must follow an educational model and include content for weekly sessions. FVIPs shall make all written curriculum available to the Commission and victim liaisons upon request. Best practice curriculums are included in the Department SOP.* *Curriculums must adhere to the following principles regarding family and domestic violence:* *(a) Power and Control. Program topics must follow a model that identifies and challenges family and domestic violence as an overall system of physical and emotional abuse where the participant chooses to use tactics of power and control over the victim. (b) Beliefs and Social Context. Program topics shall consistently identify and challenge participants’ personal beliefs and social contexts that support those beliefs and encourage the use of power and control tactics over the victim. (c) Effects. Program topics shall consistently identify and hold the participant accountable for the physical and emotional effects of the participant’s violence and abuse on victims, including children.* *(2) Curriculums shall address the following:* *(a) Identification of all forms of physical, emotional, economic, verbal and sexual abuse, and violence against an intimate partner; (b) Impact of family and domestic violence on the victim and the abuser, including short and long term effects; (c) Impact of family and domestic violence on children, including children who are abused and children who witness family or domestic violence, including short and long term effects; (d) Identification of family and domestic violence as primarily a learned behavior; (e) Emphasis on the responsibility of the batterer for his or her violence and abuse; (f) Identification of personal beliefs and societal and cultural values that legitimize and sustain violence and oppression, including sporadic and systematic acts of retribution and punishment; (g) Alternatives to violence and controlling behaviors; (h) Identification and promotion of relationship dynamics based on equality;* *(i) Attempts to improve participants’ ability to identify, articulate, and express emotions in a nonthreatening manner;* *(j) Promotion of accountability, self-examination, negotiation, and fairness; (k) Strategies to help participants develop and improve their support systems that promote and encourage a violence-free life; (l) The relationship between substance abuse, mental illness, and family and domestic violence; and (m) Identification of the behavioral, emotional, and physical cues that precede escalating violence.**(3) The Commission recognizes that men and women often use violence differently and that interventions for men and women need to be structured differently. Most curriculums are specifically designed for men who batter their intimate women partners. A different curriculum shall be used or developed by an FVIP providing classes to women who use violence against their intimate partners.* |
| Please list any and all curriculums for men’s classes that you use or have received training on: |
| Please list any and all curriculums for women’s classes that you use or have received training on: |
| ***I attest that the curriculums I use to facilitate FVIP classes meet the minimum requirements. I will make any curriculums available to the Commission and Victim Liaison upon request.*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Name of Facilitator Signature of Facilitator Date |

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| **Program Affiliation*****Please list all programs you will be affiliated with during certification.*** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |

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| **Minimum Victim Liaison Contact***FVIPs are required to have a contract with a victim liaison at all times during the course of their certification.* |
| Enrollment: A Victim Contact Request Form must be sent to the victim liaison within five (5) calendar days of a participant’s enrollment or re-enrollment in the FVIP. |
| Transfer: Transfer of a participant to another program will not be permitted unless the transfer has been approved by the court, other referral source, or the Commission. If approved, the FVIP the participant is transferring from shall notify the victim liaison of the participant’s transfer within four (4) calendar days. FVIPs who accept transferred participants must complete all procedures required of new participants.  |
| Completion: Within four (4) calendar days, FVIPs must notify all referral sources, including the courts, the Department (if applicable), the State Board of Pardons and Paroles (if applicable), and the victim (via the victim liaison), of a participant’s completion of an FVIP. |
| Termination: If a participant is terminated due to violence or threats of violence, the FVIP shall immediately contact all referral sources, including the courts, the Department (if applicable), the State Board of Pardons and Paroles (if applicable), and the victim (via the victim liaison). Within two (2) calendar days of terminating a participant, the FVIP shall notify all referral sources, including the courts, the Department (if applicable), the State Board of Pardons and Paroles (if applicable), and the victim (via the victim liaison) of a participant’s termination from an FVIP. If an FVIP has determined that a participant will be terminated, the FVIP will notify the victim liaison with a notice of intent to terminate two (2) calendar days prior to terminating the participant, when possible. |
| Duty to Warn: An FVIP may initiate contact with victims of family and domestic violence only through the victim liaison unless FVIP staff has a legal duty to warn the victim of immediate danger. FVIPs have a legal duty to warn the victim of immediate danger: The participant threatened to harm the victim, their child(ren) or other persons; The participant threatened to harm self; The facilitator’s reasonable belief that the victim is in immediate danger. |
| ***I have read and agree to the required minimum victim liaison contact for FVIPs.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Name of Facilitator Signature of Facilitator Date |

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| **Program Structure Requirements** |
| **Program Orientation Requirements***(a) Certified facilitators will conduct an orientation and/or application interview with candidates. Neither the orientation nor the application interview will count toward the twenty-four (24) class requirement. The orientation and/or application interview shall include determining previous incidents of abuse, identifying the source of referral, and obtaining victim contact information.* *(b) Certified facilitators shall require candidates to provide copies of any police reports, protection orders, probation conditions, and any other court orders related to their case prior to starting FVIP classes.* *(c) Certified facilitators may use assessment tools for evaluating candidates for the appropriateness of FVIP classes.* *(d) Certified facilitators may not use evaluation tools or clinical assessments for the purposes of predicting a candidate’s or participant’s future use of violence or propensity for violence.* *(e) Certified facilitators shall assess candidates for accessibility requirements under state law.*  |
| **Required Class Structure***(a) FVIPs shall require each participant to attend a minimum of twenty-four (24) weekly group classes. Participants may not attend more than one (1) class per week.* *(b) Classes shall be at least ninety (90) minutes in length. Administrative duties, including taking attendance and collecting fees, are prohibited during the ninety (90) minutes of instruction time. Breaks shall not be included in the ninety (90) minutes.* *(c) A certified facilitator may not hold a class with more than eight (8) participants if only one (1) certified facilitator is present. Two (2) certified facilitators may co-facilitate a class not to exceed sixteen (16) participants.* *(d) Participants may not have more than three (3) absences. A fourth absence must result in automatic termination from the FVIP.* *(e) Participants arriving late to class may attend class but not receive credit, and no payment shall be charged or received by the FVIP. If a participant is late to class three (3) times, it shall counted as one (1) absence.* *(f) Transfer of a participant to another program will not be permitted unless the transfer has been approved by the court, other referral source, or the Commission. If approved, the FVIP the participant is transferring from shall notify the victim liaison of the participant’s transfer within four (4) calendar days. FVIPs who accept transferred participants must complete all procedures required of new participants.* *(g) All participants in a class must be of the same gender identity.* *(h) Intimate or ex-intimate partners are not allowed to participate in the same class.* *(i) Participants must attend class in-person. No online classes will be approved.*  |
| **Prohibited Class Activities** *(a) FVIPs shall not give participants credit for anger management, DUI, or any other class for attending an FVIP class, nor shall an FVIP give participants credit for attending an anger management, DUI or any other class.* *(b) FVIPs shall not allow participants to provide personal favors in lieu of class fees or attendance.* *(c) FVIPs shall not require or permit victims to attend or participate in orientation, application interview, class, or FVIP activities in any way.* *(d) FVIPs shall not permit participants to violate any FVIP rules, procedures, or participant contract requirements without escalating consequences up to and including termination from the program.* |
| ***I have read and agree to the program structure requirements.***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Name of Facilitator Signature of Facilitator Date |

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| **Acknowledgements** |
| **Initial** | **Acknowledgement** |
|  | **Adherence to Program Standards, Policies, and Procedures***I have read the Family Violence Intervention Program Rules in their entirety and agree that I will adhere to all program standards, policies, and procedures contained therein that apply to my certification as a facilitator.*  |
|  | **Limitations on Eligibility for Certification***I do not have any family violence charges within the past five (5) years. If I have been charged with family or domestic violence within five (5) years, I will show proof that I have successfully completed a certified FVIP within the last two (2) years.* *I am not under any form of community supervision, administrative or otherwise, by any law enforcement agency or county, state or federal authority. This includes, but is not limited to, any form of misdemeanor or felony probation, pre-trial diversion, or parole.**My status as facilitator of an FVIP program poses no actual, potential, or apparent conflict of interest. I am in no position to exert undue influence, exploit, or take undue advantage of any participants.*  |
|  | **Notification to GCFV of Criminal History and Orders of Protection***I will report to the Commission by the next business day after release any arrest.I will report to the Commission any temporary protection or stalking orders of which they are a respondent by the next business day after service of the order.* |
|  | **Certification Dates***I understand that facilitators receive a two (2) year certification period. I will be required to provide proof of the following on my next recertification application: completing twelve (12) hours of Commission approved training obtained from January – December annually, evidence of attending three (3) Community Task Force on Family Violence meetings from January – December annually, and a $100 recertification fee.*  |
|  | **Current Mailing and Email Address***I will submit and maintain my current mailing address and email address with the Commission as any and all correspondence will be sent to the mailing address and email address on file.*  |
| ***I have read and agree to all above statements and acknowledgements.*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Name of Facilitator Signature of Facilitator Date |

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| **Prorated Certification Fee Calculation** |
| **If Submitting in January:** Submit a $150 certification fee. You will be on the certification cycle for that date. |
| **First time Applicants only If Submitting Between February and June:** You will be prorated to the previous January 1 certification date cycle**.** For example, if you submit your application in April 1, 2024, you will be prorated to January 2024 and assigned a January 1, 2026 recertification date. Calculation: $150 - [month x $6.25] = $\_\_\_\_\_\_\_ January = 0, February = 1, March = 2, April = 3, May = 4, June = 5 |
| **If Submitting Between July and December:**You will be prorated to the next January 1 certification date cycle.For example, if you submit your application on August 1, 2024, you will be prorated to January 1, 2025 and assigned a January 1, 2027 recertification date.Calculation: $150 + [month x $6.25] = $\_\_\_\_\_\_\_July = 6, August = 5, September = 4, October = 3, November = 2, December = 1 |

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| **Prorated Certification Requirements** |
| **If Submitting in January:** *For your first year, complete twelve (12) hours of Commission approved training obtained from January – December and attend three (3) Community Task Force on Family Violence meetings from January – December.**For your second year, complete twelve (12) hours of Commission approved training obtained from January – December and attend three (3) Community Task Force on Family Violence meetings from January – December.* |
| **If Submitting Between February and June:** *For your prorated year, complete six (6) hours of Commission approved training from your certification date through the end of the first year, and attend two (2) Community Task Force on Family Violence meetings.* *For your second year, complete twelve (12) hours of Commission approved training obtained from January – December and attend three (3) Community Task Force on Family Violence meetings from January – December.* |
| **If Submitting Between July and December:***For your prorated year, complete six (6) hours of Commission approved training from your certification date through the end of the first year, and attend two (2) Community Task Force on Family Violence meetings.* *For your first year, complete twelve (12) hours of Commission approved training obtained from January – December and attend three (3) Community Task Force on Family Violence meetings from January – December.**For your second year, complete twelve (12) hours of Commission approved training obtained from January – December and attend three (3) Community Task Force on Family Violence meetings from January – December.* |