

VICTIM SERVICES PRACTITIONER DESIGNATION REQUIREMENTS

BACKGROUND

The Office of the Attorney General established the **Victim Services Practitioner Designation** in 1995 to document an individual's successful participation in the "Victim Services Practitioner Designation" course. A participant who completes the Designation has been provided information on the basic issues and concerns related to victims of violent crime and the role of a victim advocate.

INITIAL DESIGNATION

An individual will automatically receive the designation of **Victim Services Practitioner** upon completion of **all segments** of the "Victim Services Practitioner Designation" course offered by the Office of the Attorney General, Florida Crime Prevention Training Institute (FCPTI).

RENEWING THE DESIGNATION

The **Victim Services Practitioner Designation** is valid for a period of four years from the date that appears on the "Victim Services Practitioner" designation certificate. ***(It is the responsibility of the individual to renew his/her designation if he/she wishes to remain current.)*** To renew the designation, a Victim Services Practitioner must meet the following requirements and file the appropriate forms and paperwork prior to the expiration of the designation:

- Applicant must have completed a minimum of 40 hours of additional out-service victim services related training in a seminar, course or workshop setting;
- Of the 40 hours of training required above, at least sixteen (16) hours must be from victim advocate training courses offered through FCPTI; and
- Apply for renewal of the designation with the Office of the Attorney General and provide copies of all certificates on which you base the renewal, including a copy of your original designation certificate and any subsequent renewal certificates.

NOTE: These requirements are only valid from October 1st through September 30th and are subject to change every October 1st.

VICTIM SERVICES PRACTITIONER DESIGNATION REQUIREMENTS

Continuation

EXPIRED CERTIFICATES

If an individual allows his or her designation to expire, he or she must complete all of the above requirements during a period not to exceed 12 months from the date of expiration.

In the event the individual has allowed the designation to expire for a period of more than 12 months from the date of the expiration, additional steps must be taken. The individual must complete 24 hours of Victim Advocate Training offered through FCPTI and an additional 16 hours of other victim services related training for a total of 40 hours within a 12-month period.

APPLICATION FOR RENEWAL

To apply for renewal of the Victim Services Practitioner Designation, an individual must complete a "Victim Services Practitioner Renewal Application". Mail the completed renewal application along with the required supporting documentation to the Office of the Attorney General, FCPTI/Victim Services, PL-01, The Capitol, Tallahassee, Florida 32399-1050.

VICTIM SERVICES PRACTITIONER RENEWAL APPLICATION

(PLEASE TYPE OR PRINT)

Section I. Applicant Information

Name: _____
(As it appears on designation certificate)

Agency: _____

Address: _____

City, State and Zip: _____

(Telephone Number)

(Fax Number)

Birth Month ____ Day ____ Last four digits of SSN: ____

Month, Day and Year of Designation Certificate: ____/____/____
(Please provide copies of your original certificate and any renewals)

Section II. Victim Services Related Training Courses Completed (Any combination courses offered by FCPTI)

A. Victim Advocate Training Provided by FCPTI: (Please provide a copy of your certificates)

Course Title: _____

Date(s) Attended: _____

B. Victim Advocate Training Provided by FCPTI: (Please provide a copy of your certificates)

Course Title: _____

Date(s) Attended: _____

C. Victim Advocate Training Provided by FCPTI:

(Please provide a copy of your certificates)

Course Title: _____

Date(s) Attended: _____

D. Victim Advocate Training Provided by FCPTI:

(Please provide a copy of your certificates)

Course Title: _____

Date(s) Attended: _____

E. Additional Victim Services Related Training *(Must be at least 24 hours and include copies of certificates for documentation of attendance. Attach additional pages if necessary):*

1) Name of Course: _____

Name of Training Agency or Organization: _____

Date of Training: _____ Number of Training Hours: _____

2) Name of Course: _____

Name of Training Agency or Organization: _____

Date of Training: _____ Number of Training Hours: _____

3) Name of Course: _____

Name of Training Agency or Organization: _____

Date of Training: _____ Number of Training Hours: _____

4) Name of Course: _____

Name of Training Agency or Organization: _____

Date of Training: _____ Number of Training Hours: _____

5) Name of Course: _____

Name of Training Agency or Organization: _____

Date of Training: _____ Number of Training Hours: _____

6) Name of Course: _____

Name of Training Agency or Organization: _____

Date of Training: _____ Number of Training Hours: _____

7) Name of Course: _____

Name of Training Agency or Organization: _____

Date of Training: _____ Number of Training Hours: _____

Section III: Signatures and Certification

A. Applicant Signature: _____

B. Supervisor's Certification and Signature:

I certify that the applicant has received the training listed above and the training listed is related to the provision of services to victims of violent crimes.

Supervisor Signature: _____

Date: _____

Printed Name of Supervisor: _____

Title: _____