

APPLICATION FOR DV CLINICAL SUPERVISOR LEVEL PLACEMENT ON THE APPROVED PROVIDER LIST



COLORADO DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD

**COLORADO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE**

700 Kipling Street, Suite 1000
Denver, CO 80215
Tel: (303) 239-4528 or 1-800-201-1325 (in Colorado only)
Fax: (303) 239-4491
<http://dcj.state.co.us/odvsom>

Required Documentation

Reference the Standards, Section 9.03

PLEASE NOTE: There is no fee if you are a DVOMB Approved Provider Listed at the Full Operating Level and wish to obtain your DV Clinical Supervisor Level.

In addition to all Full Operating Level requirements, the following is a list of all documentation required for DV Clinical Supervisor Approval:

- 1. Hold a professional mental health license from the Colorado Department of Regulatory Agencies (DORA). Certifications such as CAC I, II or III and LAC do not meet this requirement.**
- 2. 49 hours of training specific to substance abuse and addiction, *Section 9.03 I, (B)***
 - a. CAC II or higher will fulfill this requirement. Please send a copy of your CAC Certification OR
 - b. Submit copies of training certificates.
- 3. 21 hours of training in clinical supervision, *Section 9.03 I, (C)***
 - a. CAC III or LAC will fulfill this requirement. Please send a copy of your CAC Certificate or LAC OR
 - b. Submit copies of training certificates.
- 4. 75 additional hours of face-to-face client contact hours working with domestic violence offenders with a minimum of one (1) year of DV treatment provision at the Full Operating Level, *Section 9.03, I (D)***

Note: These hours are in addition to the required hours for Full Operating Level Approval.

 - a. Provide a letter from a Full Operating Level Provider documenting the 75 face-to-face client contact hours.
- 5. 100 hours of providing general clinical supervision during the past five years, *Section 9.03, I (E)***
 - a. Provide a letter from a Full Operating Level Provider documenting the 100 hours of providing general clinical supervision OR
 - b. Provide a letter from a Full Operating Level Clinical Supervisor documenting your intent to obtain ongoing consultation regarding supervision until your 100 hours are obtained.

Statement of Compliance for Clinical Supervisors

Reference the Standards, Section 9.03 (G) (H)

I have read and understand the *Standards for Treatment with Court Ordered Domestic Violence Offenders* in their entirety and agree to provide supervision in accordance with *the Standards*.

I confirm that I have read and understand the DVOMB Application Policies pertaining to the responsibilities of DV Clinical Supervisors. (Reference Standards 9.0, including 9.04, Entry Level Application, Full Operating Level Application and Provisional Application packets.)

I further agree to inform the Board in writing of all applicants/providers that I currently supervise. I will also advise the Board of any additions or deletions of applicants/providers from my supervision.

Applicant/Provider Name (type or print legibly)

Signature of Applicant/Provider

(Date)

Verification of Ongoing Peer Consultation

Reference the Standards, 9.03, II (A)

Directions to Provider: Complete this form only if we do not have a current one on file.

I, _____ do hereby verify that I am a licensed
(Licensed Approved Provider)

and Approved Domestic Violence Offender Treatment Provider. I further verify that I participate in peer consultation for a minimum of two hours per month per the Standards, Section 9.03, II (A)

with _____
(Applicant/Provider)

Peer consultation may include electronic modes of consultation (such as telephone, audio/videotape, teleconferencing, and Internet). If electronic modes of consultation are utilized, face-to-face consultation shall occur on no less than a quarterly basis. Standards, 9.03, Section II, (B)

(Signature of Licensed Approved Provider)

Date

Offender Evaluations

1. Submit two (2) court ordered formal written summaries of dv offender evaluations that you, the Provider, have conducted.
2. Submit two (2) offender treatment plans that you, the Provider, have designed (on the same clients as identified in the evaluations in item #1 above)
3. Submit two (2) offender contracts that you, the Provider, have designed (on the same clients as identified in items # 1 and 2 listed above).