

Colorado Domestic Violence Offender Management Board
Application for Specific Offender Populations

APPLICATION FOR SPECIFIC OFFENDER POPULATIONS



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>

December 30, 2008

Colorado Domestic Violence Offender Management Board
Application for Specific Offender Populations

REQUIREMENTS

- A. Qualifications for Treating Domestic Violence Female Offenders
 - 1. Experiential hours
 - 2. Supervision or peer consultation
 - 3. Statement of Compliance
 - 4. Training hours – submit certificates

- B. Qualifications for Treating Domestic Violence Same Sex Offenders
 - 1. Experiential hours
 - 2. Supervision or peer consultation
 - 3. Statement of Compliance
 - 4. Training hours – submit certificates

Colorado Domestic Violence Offender Management Board
Application for Specific Offender Populations

SECTION I

A.1. Female Offender Population Experiential Hours

Reference Standards, Section 10

Directions for Applicant:

Please have your clinical supervisor complete this form.

Please note: Your supervisor must have expertise in working with female offenders.

Reference Standards, Section 10.04 Experiential Hours

If a provider is applying to work with female offenders as defined in Section 10.0 and Appendix B regarding treatment in a specific offender population, the provider shall have 50 face-to-face client contact hours with the female offender population. These hours can be with both offender and non-offender populations. If applicant does not have 50 face-to-face client contact hours with this population, the applicant must document expertise with this population and detail how that expertise was gained--please attach to packet.

I, _____ do hereby verify that
(Clinical Supervisor)

_____, has completed
(Applicant's Name)

50 face-to-face client contact hours with the **female offender population** as required by the *Standards*, Specific Offender Population, Section 10.04

(Clinical Supervisor's Signature) Date

(Name of Agency Where Experience Was Gained)

Colorado Domestic Violence Offender Management Board
Application for Specific Offender Populations

SECTION I

A. 2. Supervision/Peer Consultation for Treating Domestic Violence Female Offenders

Reference Standards, Section 10.05 Supervision

I, _____ do hereby verify that I am providing supervision/peer consultation
(Clinical Supervisor/Peer Consultant)

for _____ as required by the *Standards, Section 10.05* regarding
(Applicant/Provider)

_____ and that this supervision/peer consultation began on _____.
(specific offender population) (Date)

This supervision/peer consultation consists of ____ hours a month of group and ____ hours a month of individual supervision.

If this supervision includes electronic modes, please indicate type, how, when and what type of review will be used as well as how and when face-to-face supervision will occur _____

(Peer/Clinical Supervisor's Signature)

Date

Colorado Domestic Violence Offender Management Board
Application for Specific Offender Populations

SECTION I

A3. Female Offender Population Statement of Compliance

I have read and understand, and my program is in compliance with, Section 10.0 Specific Offender Populations of the *Standards for Treatment with Court Ordered Domestic Violence Offenders* and Appendix B in their entirety and agree to comply with the *Standards*. I have answered all questions on this application fully and my answers are complete and true to the best of my knowledge. I further understand that false statements or material misstatements in this application are cause for non-approval or for removal from the Approved Provider List.

Signature of Applicant: _____

Date _____

Applicant Name (type or print legibly): _____

Colorado Domestic Violence Offender Management Board
Application for Specific Offender Populations

SECTION II

B. 1. Same Sex Offender Experiential Hours

Reference Standards, Section 10.04 and 10.08 and Appendix B

Directions for Applicant:

Please have your clinical supervisor complete this form.

Please note: Your supervisor must have expertise working with same sex offenders

If a provider is applying for approval to work with same sex offenders as defined in Section 10.04 and 10.08 regarding treatment of a specific offender population, the provider shall have 50 face-to-face client contact hours with the gay or lesbian population. These hours can be with both offender and non-offender populations. If applicant does not have 50 face-to-face client contact hours with this population, the applicant must document expertise with this population and detail how that expertise was gained--please attach to packet.

I, _____ do hereby verify that
(Clinical Supervisor)

_____, has completed
(Applicant's Name)

50 face-to-face client contact hours with same sex populations as required by the *Standards*, Specific Offender Population, Section 10.04

(Clinical Supervisor's Signature)

Date

(Name of Agency Where Experience Was Gained)

Colorado Domestic Violence Offender Management Board
Application for Specific Offender Populations

SECTION II

B. 2. Supervision or Peer Consultation for Same Sex Offenders

Reference Standards, Appendix B and Section 10.05 Supervision.

I, _____ do hereby verify that I am providing and will continue to
(Clinical Supervisor)
provide supervision for _____ as required by the *Standards*
(Applicant/Provider)
Section 10.05 regarding _____ and that this supervision began on
(specific offender population)

(date).

This supervision consists of ____ hours a month of group and ____ hours a month of individual supervision.

If this supervision includes electronic modes, please indicate type, how, when and what type of review will be used as well as how and when face-to-face supervision will occur _____

(Clinical Supervisor's Signature) Date

Colorado Domestic Violence Offender Management Board
Application for Specific Offender Populations

SECTION II

B 3. Same Sex Offender Statement of Compliance

I have read and understand, and my program is in compliance with, Section 10.0 Specific Offender Populations of the *Standards for Treatment with Court Ordered Domestic Violence Offenders* and Appendix B in their entirety and agree to comply with the *Standards*. I have answered all questions on this application fully and my answers are complete and true to the best of my knowledge. I further understand that false statements or material misstatements in this application are cause for non-approval or for removal from the Approved Provider List.

Signature of Applicant: _____

Date _____

Applicant Name (type or print legibly): _____