

**STATE OF CONNECTICUT**

**DOMESTIC VIOLENCE OFFENDER PROGRAM STANDARDS ADVISORY COUNCIL**

**Domestic Violence Provider Application - Individual**



**INDIVIDUAL**  
**Applicants must meet the following eligibility requirements:**

1. Licensed by the State of Connecticut Department of Public Health **or** supervised by someone who is.
2. Agree to the program standards provider agreement.
3. Have a minimum of a bachelor's degree in social science, human service, or related field.
4. Complete a minimum of 40 hours of didactic training on domestic violence and offender services.

Last Name		First Name	Date of Birth
Street Address			City/Town
Zip Code	State	County(s) Served	
E-mail Address		Phone Number	
Degree & Course of Study		Educational Institution	
City / State		Supervisor (for individuals not licensed by the 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?	YES NO
If yes, please list all:	
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: \_\_\_\_\_