

New Jersey Association of Domestic Violence Professionals
a program of the
New Jersey Coalition for Battered Women

NJADVP Application Form for Certified Trainer Status

Demographic Information

Name _____ Daytime Phone _____

Address _____

E-mail _____

Name of Employer _____

Business Address _____

Job Title _____ DVS# _____

Highest Degree Earned _____

Other Certifications _____

Core Curriculum Category (ies) in which you are seeking approval as a Certified Trainer:

- | | |
|--|---|
| ---Basic Domestic Violence Knowledge | ---Domestic Violence in Special Populations |
| ---Legal | ---Group Counseling Skills |
| ---Intervention Skills | ---Substance Abuse |
| ---Cultural Issues | ---Mental Health Issues |
| ---Values-Attitudes Towards Violence | ---Sexual Abuse |
| ---Parenting Skills | ---Gender Issues and Empowerment |
| ---Confidentiality & Counseling Ethics | ---Community Organizing |
| ---Community Resources & Networking | ---Prevention |

Application Checklist:

- | | |
|---------------------|-------------------------------|
| ---Application Form | ---Training Outline(s) |
| ---Resume | ---References and Evaluations |
| ---Signature Sheet | ---Application Fee |

NJADVP Use Only:

- | | |
|--------------------|---------------------------|
| -----Date Received | -----Effective date |
| -----Check # | -----Approval letter sent |

**NJADVP c/o NJCBW 1670 Whitehorse-Hamilton Square Road
Trenton, NJ 08690-3541**