

National Crisis Responder Credentialing Program (NCRCP)

The National Organization for Victim Assistance

Certification Instructions

This page is for reference only. Please retain for your records.

Goals of the NCRCP:

- To promote active and regular development and training in the area of crisis response.
- To provide a measure of validation that a responder has a minimum level of training and experience which can be valuable information
- To identify a network of trained responders in the event of the need for mutual aid.

Certification Checklist (please include in this order):

- o Application (received either in February 1-28 or August 1-31)
- o Two letters of recommendation on professional letterhead (specifically for NCRCP)
- o One or more Intervention Evaluation Forms
- o Documented NOVA Basic and Advanced Training
- o Verified fifty (50) hours of direct experience working with people in crisis situations
- o Documented fifty (50) hours of continuing education from other disaster-related programs
- o Completed National Incident Management System courses 100, 200, 700 and 800
- o Current background check
- o \$150 fee (check, money order or credit card)
- o All documents and copies included, signed and notarized where requested

Please complete this application and mail to:

NCRCP Applications
National Organization for Victim Assistance (NOVA)
Courthouse Square, 510 King Street, Suite 424
Alexandria, Virginia 22314

phone: 703-535-6682

Email questions by visiting <http://www.trynova.org/ContactUs>

**National Crisis Responder Credentialing Program (NCRCP)
The National Organization for Victim Assistance
(New applications only)**

NCRCP USE ONLY

Date received:	Credential number:
<input type="radio"/> Approval Recommended	<input type="radio"/> More information Needed

CONTACT INFORMATION

Your full name:	
Work phone:	
Home Phone:	
Fax:	
Email address:	
Home Mailing Address:	
Current position title: (paid or volunteer)	
Agency* name:	
Agency contact:	
Agency contact phone:	
Agency email:	
Agency Mailing Address:	
Please send mail to	<input type="radio"/> Home address <input type="radio"/> Work address

*If you are not affiliated with an organization or agency, write "SELF"

EXPERIENCE VERIFICATION

Total hours of real or practiced experience:

NOVA Group Facilitator/Scribe Crisis Intervention

Sessions in either a practice (classroom) or actual (crisis) situation, locally or in the field.

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Date:

NOVA Individual Crisis Intervention

Sessions in either a practice (classroom) or actual (crisis) situation, locally or in the field.

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Date:

EVALUATION VERIFICATION ONE (Responses Confidential)

To be completed by someone with the authority to evaluate the Applicant's work performance related to the crisis intervention/response services by the Applicant. This form must be sealed in an envelope by the evaluator and returned to Applicant for inclusion in the Applicant's NCRCP application submission packet.

Name of Applicant:

Name of Evaluator/Title:

Evaluator Address:

Phone Number:

Email Address:

What is your relationship to the Applicant?

How long have you known the Applicant?

In the individual or group interventions where you observed the Applicant, what type of crisis victim/survivor was the Applicant serving?

Observed intervention

Location:

Group or Individual

1. Was the Applicant able to create a physically safe and emotionally secure environment for the victim(s)/survivor(s)? YES NO
2. Was the Applicant able to hear the victim(s)/survivor(s) ventilation and provide appropriate validation? YES NO
3. Was the Applicant able to provide useful prediction and preparation to help the victim(s)/survivor(s) consider ways to cope after the intervention?
 YES NO
4. Was the Applicant able to provide valid education to the victim(s)/survivor(s) on trauma reactions and practical issues?
 YES NO
5. Was the Applicant able to remain calm and professional if conflict arose with the individual or the group? YES NO N/A
6. Was the Applicant able to identify potentially serious trauma reactions that needed referral to a mental health professional, or, if not relevant in the cases you observed, do you think the Applicant is capable of identifying such situations and making appropriate referrals? YES NO
7. If you have any additional comments or concerns about the interventions that you observed, please explain here:

Based upon your opinion, do the Applicant's demonstrated skills and abilities qualify him or her for credentialing as a NOVA crisis responder at the national level? YES NO

EVALUATION VERIFICATION TWO (Responses Confidential)

To be completed by someone with the authority to evaluate the Applicant's work performance related to the crisis intervention/response services by the Applicant. This form must be sealed in an envelope by the evaluator and returned to Applicant for inclusion in the Applicant's NCRCP application submission packet.

Name of Applicant:

Name of Evaluator/Title:

Evaluator Address:

Phone Number:

Email Address:

What is your relationship to the Applicant?

How long have you known the Applicant?

In the individual or group interventions where you observed the Applicant, what type of crisis victim/survivor was the Applicant serving?

Observed intervention

Location:

Group or Individual

1. Was the Applicant able to create a physically safe and emotionally secure environment for the victim(s)/survivor(s)? YES NO
2. Was the Applicant able to hear the victim(s)/survivor(s) ventilation and provide appropriate validation? YES NO
3. Was the Applicant able to provide useful prediction and preparation to help the victim(s)/survivor(s) consider ways to cope after the intervention? YES NO
4. Was the Applicant able to provide valid education to the victim(s)/survivor(s) on trauma reactions and practical issues? YES NO
5. Was the Applicant able to remain calm and professional if conflict arose with the individual or the group? YES NO N/A
6. Was the Applicant able to identify potentially serious trauma reactions that needed referral to a mental health professional, or, if not relevant in the cases you observed, do you think the Applicant is capable of identifying such situations and making appropriate referrals? YES NO
7. If you have any additional comments or concerns about the interventions that you observed, please explain here:

Based upon your opinion, do the Applicant's demonstrated skills and abilities qualify him or her for credentialing as a NOVA crisis responder at the national level? YES NO

EVALUATION VERIFICATION THREE (Responses Confidential)

To be completed by someone with the authority to evaluate the Applicant's work performance related to the crisis intervention/response services by the Applicant. This form must be sealed in an envelope by the evaluator and returned to Applicant for inclusion in the Applicant's NCRCP application submission packet.

Name of Applicant:

Name of Evaluator/Title:

Evaluator Address:

Phone Number:

Email Address:

What is your relationship to the Applicant?

How long have you known the Applicant?

In the individual or group interventions where you observed the Applicant, what type of crisis victim/survivor was the Applicant serving?

Observed intervention

Location:

Group or Individual

1. Was the Applicant able to create a physically safe and emotionally secure environment for the victim(s)/survivor(s)? YES NO
2. Was the Applicant able to hear the victim(s)/survivor(s) ventilation and provide appropriate validation? YES NO
3. Was the Applicant able to provide useful prediction and preparation to help the victim(s)/survivor(s) consider ways to cope after the intervention? YES NO
4. Was the Applicant able to provide valid education to the victim(s)/survivor(s) on trauma reactions and practical issues? YES NO
5. Was the Applicant able to remain calm and professional if conflict arose with the individual or the group? YES NO N/A
6. Was the Applicant able to identify potentially serious trauma reactions that needed referral to a mental health professional, or, if not relevant in the cases you observed, do you think the Applicant is capable of identifying such situations and making appropriate referrals? YES NO
7. If you have any additional comments or concerns about the interventions that you observed, please explain here:

Based upon your opinion, do the Applicant's demonstrated skills and abilities qualify him or her for credentialing as a NOVA crisis responder at the national level? YES NO

TRAINING & EDUCATION VERIFICATION

Total hours of associated crisis/disaster related training & education*: Please attach certificates	
Course provider: Course:	Hours: Date(s):
Course provider: Course:	Hours: Date(s):
Course provider: Course:	Hours: Date(s):
Course provider: Course:	Hours: Date(s):
Course provider: Course:	Hours: Date(s):
Course provider: Course:	Hours: Date(s):
Course provider: Course:	Hours: Date(s):
Course provider: Course:	Hours: Date(s):
Course provider: Course:	Hours: Date(s):
Course provider: Course:	Hours: Date(s):
* Training documentation might include but is not limited to NOVA Training of Trainers, International Critical Incident Stress Foundation, FEMA, Association of Traumatic Stress Specialists, American Red Cross, Salvation Army academic courses, etc. If you have questions about whether training qualifies, please contact NOVA.	

NATIONAL INCIDENT MANAGEMENT SYSTEM VERIFICATION

<input type="checkbox"/>	NIMS 100	Date:
<input type="checkbox"/>	NIMS 200	Date:
<input type="checkbox"/>	NIMS 700	Date:
<input type="checkbox"/>	NIMS 800	Date:

BACKGROUND CHECK VERIFICATION

<input type="checkbox"/>	I verify that I have obtained an official background check or report of Computerized Criminal History and provided documentation.
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NCRCP PAYMENT

Credentialing Fee is \$150 for two years (renewal is \$75)	
Payment form*:	<input type="checkbox"/> Check to "NOVA" <input type="checkbox"/> Money order to "NOVA"
	<input type="checkbox"/> VISA/MasterCard/American Express
Credit Card Number:	
Expiration Date:	
Name on Card:	
Billing Address on File with Issuing Bank:	
*Payment Terms: Returned checks, declined money orders or declined credit cards are subject to a \$25 fee.	

NCRCP PROGRAM DISCLAIMER

NCRCP is a voluntary NOVA national credentialing entity for crisis responders and providers. NCRCP makes every effort to ensure that applicants meet the minimum standards to be credentialed.

NCRCP makes every effort to ensure that applicants' information represents appropriate crisis response training, education and experience. But NCRCP cannot guarantee the accuracy of the information provided by applicants.

NCRCP has no educational, legal, statutory, regulatory or investigative authority to ensure that applicants are qualified or competent to provide services to survivors of crises.

NCRCP reserves the right to make changes in the application requirements and processes at any time and without notice.

By completing this application and signing below with notarization, I understand the following:

- I am submitting my all my information in order to verify that I meet the minimum standards required for the NOVA Nation Crisis Response Credentialing Program (NCRCP).
- As a credentialed crisis responder in good standing with NOVA, I will continue with training, education and experience in the area of community crisis and disaster response.
- I have sought to provide information that is true and accurate to the best of my ability.
- I have read and agree with the *Code of Professional Ethics for Crisis Responders* and have never been terminated from a position, paid or voluntary, because of a violation of ethical standards.
- I have read and understand the NCRCP Disclaimer.

Signature

Date

Printed Name

NOTARIZATION

Sworn to and subscribed before me this _____ day of _____, _____.

Notary signature

**National Organization for Victim Assistance
Code of Professional Ethics for Crisis Responders
PLEASE RETAIN FOR YOUR RECORDS**

I. In relationships with victims, witnesses or survivors, the Crisis Responder shall:

1. Recognize the interests of the victims, witnesses or survivors as a primary responsibility.
2. Respect and protect the civil and legal rights of victims, witnesses or survivors.
3. Respect the privacy and confidentiality rights of victims, witnesses or survivors, subject only to laws or regulations requiring disclosure of information to appropriate other sources.
4. Respond compassionately to each victim, witness or survivor, withholding personal opinion, and accepting each person's statement of events and reactions as it is told.
5. Provide services to each person without attributing blame, no matter what the person's conduct was at the time of the victimization or at another stage of the person's life.
6. Foster maximum self-determination on the part of the victims, witnesses or survivors.
7. Serve as an advocate when requested and, in that capacity, act on behalf of the victims', witnesses' or survivors' stated needs without regard to personal convictions and within accepted legal parameters.
8. Provide individuals with personalized services, working for their welfare without concern about personal gain.
9. Should one person's needs conflict with another's, act with regard to one person only after promptly referring the other to another qualified Crisis Responder.
10. Maintain a professional relationship with victims, witnesses or survivors at all times while providing crisis intervention, companionship, post-trauma counseling and other services.
11. Make prompt referrals to other resources or services only in the best interest of the person served, avoiding any conflict of interest in the process.
12. Respect the religious or spiritual beliefs and practices of victims, witnesses or survivors and refer them promptly to appropriate spiritual leaders when requested.
13. Proactively affirm positive coping strategies and hope for the future in the aftermath of tragedy.
14. Provide opportunities for colleague Crisis Responders to seek appropriate services when traumatized by a crisis event.

II. In relationships with colleagues, other professionals, and the public, the Crisis Responder shall:

1. Conduct relationships with colleagues in such a way as to promote respect and improvement of service.
2. Make statements that are critical of colleagues only if they are verifiable and constructive in purpose.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as Crisis Response professionals.
4. Take steps to quell negative, insubstantial rumors about colleagues and allied professionals.
5. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
6. Provide professional support, guidance, and assistance to Crisis Responders who are new to the field in order to promote consistent quality and professionalism in crisis response.
7. Seek to ensure that volunteers in crisis response have access to the training, supervision, resources, and support required in their efforts to assist victims, witnesses or survivors after traumatic events.
8. Act to promote disaster and violence prevention as a public service and as an adjunct to crisis response efforts.
9. Respect the laws of the state or country in which one is working, while working to change those that may be unjust or discriminatory.

III. In her or his professional conduct, the Crisis Responder shall:

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for victims, witnesses or survivors.
2. Seek and maintain proficiency through continuing education and practice in the delivery of services to victims, witnesses or survivors.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, gender, disability, ethnicity, race, national origin, religious belief, or sexual orientation.

4. Not reveal to the public the name or other identifying information about victims, witnesses or survivors served without clear permission or legal requirements to do so.
5. While engaging in crisis response work on behalf of NOVA, avoid making any public statements unless clearly directed to do so by NOVA, and if so directed, avoid making statements on public policies that are in conflict with NOVA's policies.
6. Not use her or his official position to secure gifts, monetary rewards, or special privileges or advantages.
7. Report to NOVA's Crisis Response Coordinator or NOVA's management team the conduct of any colleague or allied professional that constitutes mistreatment of victims, witnesses or survivors or that brings the profession into disrepute.
8. Report to competent authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to victims, witnesses or survivors, or to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any victims, witnesses or survivors.

IV. In his or her responsibility to any other profession, the Crisis Responder will be bound by the ethical standards of the allied profession of which she or he is a member.

