

**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)
RENEWAL APPLICATION PACKET**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1561, note, Sexual Assault Response Coordinators and Sexual Assault Victim Advocates; 10 U.S.C. 136; DoD Directive 6495.01; DoD Instruction 6495.02; and DTM 14-001.

PRINCIPAL PURPOSE(S): The information provided on this form will be used to review and process applications for Sexual Assault Response Coordinator (SARC) and Sexual Assault Prevention and Response (SAPR) Victim Advocate (VA) certification.

ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html apply.

DISCLOSURE: Voluntary. However, if you are a SARC or SAPR VA and do not complete this form to become certified, you may be disqualified from the position. 10 U.S.C. 1561, note requires DoD to establish a certification program.

APPLICATION INSTRUCTIONS

All Sexual Assault Response Coordinators (SARC) and Sexual Assault Prevention and Response (SAPR) Victim Advocates (VA) must be Military or Department of Defense (DoD) civilian employees and must hold this DoD Sexual Assault Advocate Certification Program (D-SAACP) Certification to perform SARC or SAPR VA duties. There are four (4) Certification levels for D-SAACP. Please review the Application Worksheet (below) to determine the Level for which you qualify and which documents you must complete. Provide all required information and completed forms. (*Photocopies of training documentation/certificates are acceptable.*) Application deadlines: 31 October, 31 January, 30 April, and 31 July.

This Application Form, DD Form 2950-1, is for Renewal Applicants ONLY. If you are applying for the first time to D-SAACP, do not complete this form. Please use DD Form 2950, the Application Packet for New Applicants.

APPLICATION INSTRUCTIONS/WORKSHEET

Determine the position for which you are applying (if you are unsure, please confirm with your SAPR Program Manager):

- I am applying for certification as a SARC.
- I am applying for certification as a SAPR VA.

All Applicants must submit:

- Signed Application.** All information must be completed and application must be signed and dated (hand or digital).
- Signed D-SAACP Code of Ethics** (pages 4-5).
- Supervisor and Commander Statement of Understanding** (page 10).
- Two Letters of Recommendation.**

I am applying for certification as a SARC. The following two Letters of Recommendation are required (see exception below):

- A signed Letter of Recommendation from a Supervisor (page 12). The signing supervisor must be, at minimum, an O3, E7, CWO2, or GS-9 in each respective pay grade. The signing supervisor must be in my chain of command.
- A signed Letter of Recommendation from my Commanding Officer (page 13). The signing Commanding Officer must be, at minimum, an O6 or GS-15 and in my chain of command.

Exception: The first person in my chain of command and my Commanding Officer are the same person. I need to submit only one Letter of Recommendation. (Exception applicable only to SARCs.)

I am applying for certification as a SAPR VA. The following two Letters of Recommendation are required:

- A signed Letter of Recommendation from my supervising SARC (page 11).
- A signed Letter of Recommendation from my Supervisor (page 12). The signing supervisor must be, at minimum, an O3, E7, CWO2, or GS-9 in each respective pay grade and in my chain of command.

Note: The Commanding Officer and/or Supervisor signing your Letter(s) of Recommendation must confirm on that Letter that the required background screening has been completed. **Do not send a copy of the background investigation with your completed application.**

Training Documentation for 32 Hours of Continuing Education.

I am renewing my D-SAACP certification and have completed the 32 requisite hours of continuing education training courses. I am submitting Documentation of Continuing Education Training Courses (see Pages 14 - 15 for more details).

**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)
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APPLICATION INSTRUCTIONS/WORKSHEET *(Continued)*

Calculate Hours of Sexual Assault Advocacy Experience

In addition to DoD experience, you may count civilian or non-DoD experience towards your total hours, given that the experience was providing sexual assault victim advocacy services.

For full-time advocacy experience: Take the number of hours each week worked as a sexual assault victim advocate and multiply by 52 (weeks in a year) to calculate hours per year. Multiply that number by number of years served as a full time sexual assault victim advocate. If you served for less than one year, multiply by the number of weeks you served as a full-time sexual assault victim advocate.

Example: (40 hours per week) x (52 weeks) = 2,080 hours. (2,080 hours) x (5 years) = 10,400 hours.

For part-time advocacy experience: Take the number of hours providing sexual assault victim advocacy each week and multiply by 52 (weeks in a year) to calculate hours per year. Multiply that number by number of years served as part-time SARC/SAPR VA. If you served for less than one year, multiply by the number of weeks you served as a part-time SARC or SAPR VA by the number of hours per week.

Example: (8 hours per week) x (52 weeks) = 416 hours. (416 hours) x (2 years) = 832 hours.

- or -

For part-time advocacy experience: Take the number of times on call per year and multiply by average number of hours providing sexual assault victim advocacy per shift. Multiply that number by number of years served as a part-time SARC/SAPR VA.

Example: (30 times on call in a year) x (5 average number of hours providing victim advocacy per shift) = 150 hours.
(150 hours) x (3 years) = 450 hours.

Determine the Level to which you should apply:

I have **between 0 and 3,900 hours** experience providing sexual assault victim advocacy services.

Apply for renewal at a Level I.

I have **between 3,900 and 7,800 hours** experience providing sexual assault victim advocacy services. I have also provided sexual assault victim advocacy services on **three or more occasions** in the past two years. **Apply for renewal at a Level II.**

I have **between 7,800 and 15,600 hours** experience providing sexual assault victim advocacy services. I have also provided sexual assault victim advocacy services on **three or more occasions** in the past two years. **Apply for renewal at a Level III.**

I have **more than 15,600 hours** experience providing sexual assault victim advocacy services. I have also provided sexual assault victim advocacy services on **three or more occasions** in the past two years. **Apply for renewal at a Level IV.**

I have more than 3,900 hours experience providing sexual assault victim advocacy services, but **have not provided sexual assault victim advocacy services on three or more occasions** in the past two years. **Apply for renewal at a Level I.**

Verify and Evaluate Experience for Levels II, III, or IV.

Note: In addition to verifying hours of sexual assault victim advocacy experience, applicants must also have provided victim advocacy services in the past two years on three or more occasions, to one or more victims. See Verification of Sexual Assault Victim Advocacy Experience (pages 6 - 7) for further details.

I am already certified at Level I, but do not have enough time and/or the required Sexual Assault Victim Advocacy Experience for a higher level. I do not need to verify my sexual assault victim advocacy experience. I am not submitting Verification or Evaluations of additional Sexual Assault Victim Advocacy Experience. I am re-applying for renewal at Level I.

I am re-applying for renewal at my level of Level II, III, or IV. I do not need to verify my sexual assault victim advocacy experience.

I am applying for renewal and advancement to the next level in certification. **I must submit Verification(s) of Sexual Assault Victim Advocacy Experience** (pages 6 - 7) and **Evaluation(s) of Sexual Assault Victim Advocacy Experience** (pages 8 - 9).

Evaluation(s) of Sexual Assault Victim Advocacy Experience (pages 8 - 9). Submit completed Evaluation(s) of Sexual Assault Victim Advocacy Experience signed and dated by your supervisor(s) after determining the appropriate level to which you should apply.

Instructions for submittal can be found at www.sapr.mil.

Department of Defense Sexual Assault Advocate Certification Program (D-SAACP) RENEWAL APPLICATION		FOR CREDENTIALING BODY USE ONLY: Application ID Number
1. APPLICANT NAME		
a. LAST NAME	b. FIRST NAME	c. MIDDLE INITIAL
2. SERVING IN THE POSITION OF: <i>(X one)</i>		
<input type="checkbox"/> Sexual Assault Response Coordinator (SARC)		
<input type="checkbox"/> Sexual Assault Prevention and Response Victim Advocate (SAPR VA)		
3. AFFILIATION <i>(X one)</i>		
<input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> DoD AGENCY		
4. STATUS <i>(X as applicable)</i>		
<input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RESERVIST <input type="checkbox"/> ACTIVE DUTY RESERVIST <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> CIVILIAN		
5a. RANK	5b. GRADE	
6a. COMMAND (UNIT)	6b. INSTALLATION	
7. WORK TELEPHONE NUMBER <i>(Include area code/DSN/extensions)</i>	8. WORK EMAIL ADDRESS <i>(.mil or .gov email addresses only)</i>	
	<input type="checkbox"/> I do not have a .mil or .gov email address at this time. Please use my SARC or Supervisor's email address, which is given above.	
8.a. <input type="checkbox"/> PLEASE SEND TO MY OFFICIAL MILITARY ADDRESS:	8.b. <input type="checkbox"/> PLEASE SEND TO MY SARC'S OFFICIAL MILITARY ADDRESS:	
Commanding Officer	Commanding Officer	
_____	_____	
<i>(Command or Unit)</i>	<i>(Command or Unit)</i>	
ATTN: _____	ATTN: _____	
<i>(Rank and Name of Applicant)</i>	<i>(Rank and Name of SARC)</i>	
_____	_____	
<i>(Address of Command*)</i>	<i>(Address of Command*)</i>	
_____	_____	
<i>(Installation, City, FPO, or APO)</i> <i>(State)</i> <i>(ZIP Code)</i>	<i>(Installation, City, FPO, or APO)</i> <i>(State)</i> <i>(ZIP Code)</i>	
*Remember to include building or suite number if required in the official address.	*Remember to include building or suite number if required in the official address.	
It is the responsibility of the applicant to ensure that the credentialing body has the most current contact information at all times. For instructions on updating your contact information, please visit www.sapr.mil.		
9. The D-SAACP level for which I am applying is: <i>(X one)</i> <i>(See Application Worksheet on Page 1 for eligibility and required attachments.)</i>		
<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV		
10. TYPE OF CERTIFICATION APPLICATION <i>(X one)</i>		10a. CURRENT D-SAACP CERTIFICATION NUMBER
<input type="checkbox"/> RENEWAL AT SAME LEVEL <input type="checkbox"/> RENEWAL AT HIGHER LEVEL		
11. APPLICANT CERTIFICATION.		
I, the undersigned Applicant, hereby certify the information submitted on this application is true and accurate. I further certify the information reported on any enclosures is true and accurate. I further certify that I completed this application myself.		
a. SIGNATURE OF APPLICANT		b. DATE SIGNED <i>(YYYYMMDD)</i>

Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)
RENEWAL APPLICATION
SARC/SAPR VA CODE OF PROFESSIONAL ETHICS

Every Sexual Assault Response Coordinator (SARC) and Sexual Assault Prevention and Response Victim Advocate (SAPR VA) must act with integrity, treat all victims of sexual assault crimes with dignity and compassion, and uphold principles of justice for accused and accuser alike.

To these ends, this Code will govern the conduct of **SARC/SAPR VAs**:

I. In relationships with every victim, the SARC/SAPR VA shall:

1. Recognize the interests of the victim as a primary responsibility.
2. Respect the victim's civil and legal rights, subject only to laws requiring disclosure of information to appropriate other sources.
3. Respect the victim's rights to privacy and confidentiality, subject only to laws requiring disclosure.
4. Respond compassionately to each victim with personalized services.
5. Accept the victim's statement of events as it is told, withholding opinion or judgment, whether or not a suspected offender has been identified, arrested, convicted, or acquitted.
6. Provide services to every victim, within policy guidelines set by the DoD and the Services, without attributing blame, no matter what the victim's conduct was at the time of the victimization or at another stage of the victim's life.
7. Foster maximum self-determination on the part of the victim.
8. Serve as a victim advocate when assigned, and in that capacity, act on behalf of the victim's stated needs and within policy guidelines set by DoD and the Services.
9. Should one victim's needs conflict with another's, act with regard to one victim only after promptly referring the other to another qualified SARC/SAPR VA.
10. Have no personal or sexual relations with victims currently supported by SARCs or SAPR VAs or with alleged offenders, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
11. Make victim referrals to other resources or services only in the victim's best interest, avoiding any conflict of interest in the process, and do so in accordance with DoD regulations.

II. In relationships with colleagues, other professionals, and the public, the SARC/SAPR VA shall:

1. Conduct relationships with colleagues in such a way as to promote mutual respect and improvement of service.
2. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance field.
3. Take steps to quell negative, insubstantial rumors about colleagues and allied professionals.

Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)
RENEWAL APPLICATION
SARC/SAPR VA CODE OF PROFESSIONAL ETHICS *(Continued)*

II. *(Continued)*

4. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
5. Provide professional support, guidance, and assistance to new SARCs/SAPR VAs to the field in order to promote consistent quality and professionalism in victim assistance.
6. Obey all applicable Federal, DoD, and Service laws and regulations.

III. In her or his professional conduct, the SARC/SAPR VA shall:

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for victims.
2. Seek and maintain a proficiency in the delivery of services to victims.
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. In accordance with restricted reporting, applicable privileged communications, and all applicable Federal, DoD, and Service privacy laws and regulations, respect the privacy of information provided by the victims served before, during, and after the course of the professional relationship.
5. Clearly distinguish in public statements representing one's personal views from positions adopted by organizations for which she or he works or is a member, in accordance with Service policy.
6. Not use her or his official position to secure gifts, monetary rewards, or special privileges or advantages.
7. Notify competent authorities of the conduct of any colleague or allied professional that constitutes mistreatment of a victim or that brings the profession into disrepute.
8. Notify competent authorities of any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a victim, or from working cooperatively with colleagues or allied professionals, or from being impartial in the assistance of any victim.
9. Notify competent authorities immediately if charged, arrested, and/or convicted of any criminal activity.

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

CERTIFICATION: I, the undersigned applicant, hereby certify that I have read and agree to follow the Code of Professional Ethics for a SARC/SAPR VA. I understand that this Certification is subject to surrender on demand to my SAPR Program Manager for cause, and this action may be listed in my permanent record by my Senior Commander.

Print Applicant Name *(Last, First, Middle Initial)*: _____

Signature of Applicant: _____ Date Signed *(YYYYMMDD)*: _____

**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)
RENEWAL APPLICATION
VERIFICATION OF SEXUAL ASSAULT VICTIM ADVOCACY EXPERIENCE**

INSTRUCTIONS

COMPLETE this Verification of Sexual Assault Victim Advocacy Experience if you are:

- A renewal D-SAACP Applicant and are applying for a higher Level of Certification. Move up a Level in Certification.

DO NOT COMPLETE this Verification of Sexual Assault Victim Advocacy Experience if you are:

- A renewal D-SAACP Applicant applying to the same Level as your current Certification.
- A first time applicant. Use DD Form 2950. (This is DD Form 2950-1, the Renewal Application.)

Renewal Applicants: Applicants renewing their D-SAACP certification and applying for a higher Level than the Applicant's current Certification Level must submit Verification of Sexual Assault Victim Advocacy Experience (pages 6 - 7) to verify the required hours of sexual assault victim advocacy experience towards Level II, III, or IV Certification. Applicants should fill out the information on this page.

Signing Supervisor: Any person who supervised the Applicant's experience as a sexual assault victim advocate is authorized to verify and confirm the hours served. If the supervisor is unavailable, the Applicant may provide documentation (such as military/civilian evaluations, personnel records, resume, HR Position Description) to his/her current supervisor, who may sign Page 7 of Verification of Sexual Assault Victim Advocacy Experience. Do not send the supplementation documentation with DD Form 2950-1; the experience should be documented in the indicated area on this form only. If the Applicant was assigned several duties during the same time period, or worked in both a full-time and a part-time capacity, this may be indicated on page 6.

Multiple Positions: Please use multiple copies of the second page of Verification of Sexual Assault Victim Advocacy Experience (page 7) and request the appropriate supervisors confirm the hours worked in sexual assault victim advocacy. Provide one signed verification per position.

Note: Applicants who will simultaneously serve as both a SARC and SAPR VA should only list the SARC position during that time period. It is understood that the duties of a SARC include providing victim advocacy services to sexual assault victims.

SEXUAL ASSAULT VICTIM ADVOCACY EXPERIENCE

I have held the following position(s) for the stated duration and the supervisor(s) who can verify my experience are:

1. POSITION	2. YYYYMMDD	to	3. YYYYMMDD	4. HOURS	5. SUPERVISOR
Examples: SARC, SAPR VA, crisis line volunteer	20110301		20130228	4,160	Jane Doe
6. TOTAL HOURS:					

**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)
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VERIFICATION OF SEXUAL ASSAULT VICTIM ADVOCACY EXPERIENCE**

_____ provided direct service to those victimized by sexual assault
(Name of applicant)

at _____ in the capacity of _____
(Name of installation/command/agency) (Position title - SARC, SAPR VA or other)

from _____ to _____ and worked _____ hours per week during this time.
(YYYYMMDD) (YYYYMMDD)

The position was (X): _____ full time _____ part time. (If position was held as a collateral duty, please mark as part time.)

CONFIRMATION

I confirm the information on this Verification of Sexual Assault Victim Advocacy Experience is accurate to the best of my knowledge.

a. NAME	b. TITLE/POSITION	c. OFFICE/TELEPHONE NUMBER
d. SIGNATURE		e. DATE (YYYYMMDD)

Use additional copies of this page for each position held by this Applicant.

Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)
RENEWAL APPLICATION
EVALUATION OF SEXUAL ASSAULT VICTIM ADVOCACY EXPERIENCE

INSTRUCTIONS

COMPLETE this Evaluation if you are:

- **A renewal D-SAACP Applicant and are applying to move up a Level in Certification.**

DO NOT COMPLETE this Evaluation if you are:

- **A renewal D-SAACP Applicant applying to the same Level as your current Certification.**
- **A first time applicant. Use DD Form 2950.** (This is DD Form 2950-1, the Renewal Application.)

Evaluation of Sexual Assault Victim Advocacy Experience: In addition to the Level II, III, and IV minimum hours requirement, Applicants must submit evaluations of **three** instances or occasions within the past two years where the Applicant provided victim advocacy services to a person victimized by sexual assault.

Evaluator: The person(s) evaluating the Applicant's victim advocacy services may be any person with authority and/or in a position to have observed and evaluated the Applicant's knowledge, skill, and work experience as a SARC, SAPR VA, civilian victim advocate, or any other position where the Applicant provided sexual assault victim advocacy services. The evaluation may be from the same evaluator, or from up to three different evaluators.

What may be evaluated: Any instance or occasion where the Applicant provided victim advocacy services to a sexual assault victim may be evaluated. Three separate instances need to be evaluated.

The evaluations submitted may be for services provided to the same victim. Therefore, a SARC or SAPR VA assisting a victim in an extensive or complex case can have three victim advocacy evaluations for support to one victim. Likewise, an applicant who has worked with several victims may obtain evaluations of experience with different victims.

Example: An example of an experience that may be evaluated includes, but is not limited to: providing/explaining reporting options; attendance at medical examination(s); attending investigatory interview; assisting a victim before, during, and after a legal interview; and providing support before and after meetings of the victim and his/her supervisor. Each of these examples alone should be sufficient for one evaluation.

Only three (3) victim advocacy response evaluations are required. Print additional copies of Evaluation pages as necessary.

Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)
RENEWAL APPLICATION
EVALUATION OF SEXUAL ASSAULT VICTIM ADVOCACY EXPERIENCE

For the Evaluator: Please describe three instances or occasions within the past two years where you observed the Applicant provide victim advocacy services to a sexual assault victim. For example: "I observed the Applicant providing support during a legal interview. During that time, the Applicant provided the victim with the support to speak honestly and suggested when a break was needed."

If you have not observed three occasions, the Applicant must submit additional Evaluation form(s) from additional evaluator(s).

I AM EVALUATING THE APPLICANT FOR (X one) 1 2 3 OF THE REQUIRED VICTIM ADVOCACY OBSERVATIONS.
DESCRIPTION(S):

Keeping in mind the Applicant's victim advocacy experience you have observed, please respond to the following prompts:

1. DESCRIBE THE APPLICANT'S DEMONSTRATED SKILLS AND ABILITIES THAT QUALIFY HIM OR HER FOR AN ADVANCED CERTIFICATION.

2. DID THE APPLICANT PROVIDE THE VICTIM(S) WITH VIABLE OPTIONS THAT ADDRESS HIS/HER NEEDS?

YES NO

3. DID THE APPLICANT ADVOCATE ON BEHALF OF THE VICTIM TO OTHER PROFESSIONALS (such as with Command, case management, and/or medical) IN A PROFESSIONAL AND TIMELY MANNER?

YES NO

4. WHAT IS THE QUALITY OF VICTIM ADVOCACY ASSISTANCE THAT THE APPLICANT PROVIDED?

EXCELLENT GOOD FAIR POOR

5. ADDITIONAL COMMENTS

6. EVALUATOR NAME (Print)

7. TITLE/POSITION

8. OFFICE

9. SIGNATURE

10. DATE SIGNED (YYYYMMDD)

Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)
RENEWAL APPLICATION
SUPERVISOR AND COMMANDER STATEMENT OF UNDERSTANDING

This page is to be completed by the SAPR Victim Advocate's Supervisor, and Commander.

SUPERVISOR'S INITIALS	a. I understand if the SAPR VA (full-time, collateral duty, or volunteer) is responding after duty hours on a case, it may impact his/her ability to report to work the following day.
	b. I also understand that the SAPR VA (full-time, collateral duty, or volunteer) may have to be absent from the work area in order to accompany victim(s) to various other referral appointments, interviews, case management group meetings, and if a case proceeds to an Article 32, UCMJ, investigative hearing, pre-trial hearings, or a court-martial/trial (in military or civilian court), the SAPR VA may be absent from the work area during the hearing/trial.
	c. I understand that I will be informed of any absences from the work center as soon as possible.
	d. I understand the SAPR VA (full-time, collateral duty, or volunteer) will not report any details of the case to me, nor will I ask them for any details.
	e. I understand the responsibilities of the SAPR VA (full-time, collateral duty, or volunteer) and am willing to support them.
	f. If I should encounter any problems or concerns, I may contact the SARC.

SUPERVISOR

a. PRINTED NAME (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE (YYYYMMDD)

COMMANDER (*O6, GS 15 or higher in the Applicant's chain of command*) (*N/A if same as Supervisor*)

a. PRINTED NAME (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE (YYYYMMDD)

The SARC and Supervisor will maintain a copy of this sheet for their files.

**RENEWAL APPLICATION
RECOMMENDATION BY SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)**

(For Renewing SAPR VAs Only)

(To be completed by the SARC who will be supervising the SAPR VA when providing victim advocacy services.)

DATE:

FROM:

TO: D-SAACP REVIEW COMMITTEE

SUBJECT: Recommendation as a Sexual Assault Prevention and Response Victim Advocate

I highly recommend _____ to be recertified as a
(Name of applicant)
Sexual Assault Prevention and Response Victim Advocate (SAPR VA). This individual has served as a
SAPR VA for _____ years.

I regularly communicate with this applicant and therefore I am confident of his/her moral character, professional abilities, and willingness to perform the duties of a SAPR VA. I am confident that this individual understands the required duties and I have reviewed the Professional Code of Ethics with them, and I am confident he/she will maintain victim privacy, as required by law and policy. I trust this individual to provide the highest quality of advocacy required to the victims of sexual assault.

_____ has completed the required 32 hours of continuing
(Name of applicant)
education and understands the certification requirements for providing direct victim advocacy services.

Confirmation: I affirm the information on the recommendation letter is complete and accurate.

(Name)

(Title)

(SARC's D-SAACP Certification ID Number and Valid Thru Date)

(SARC's Email Address)

(Signature)

(Date)

**RENEWAL APPLICATION
RECOMMENDATION BY SUPERVISOR**

(For Renewing SARCs and SAPR VAs)

(To be completed by the first E7, CWO2, O3, or GS 9 or higher in the Applicant's chain of command.)

DATE:

FROM:

TO: D-SAACP REVIEW COMMITTEE

SUBJECT: Recommendation of _____
(Name of applicant)
as a _____
(Sexual Assault Response Coordinator or Sexual Assault Prevention and Response Victim Advocate)

I highly recommend _____ as a _____.
(Name of applicant) *(SARC or SAPR VA)*

I have spoken with the applicant on _____, and believe I can attest to their
(date)
moral character, professional abilities and willingness to perform the duties of a _____.
(SARC or SAPR VA)

I am confident that this individual understands the required duties, and I am confident that he/she will maintain victim privacy, as required by law and policy. This individual epitomizes the highest standards and qualities of the Service and is above reproach.

I have confirmed the following *(Initial each box)*:

	The required background investigation and screening has been completed on this date: <i>(Do not send a copy of the background investigation.)</i> _____
	This individual is not a subject of an open Criminal, Inspector General Investigation, and/or formal Equal Opportunity Complaint. This has been verified with installation law enforcement.
	This individual has not been convicted of a sexual assault-related offense, domestic violence, child abuse, violent crime, or felony offense inconsistent with SARC/SAPR VA duties.
	This individual is not a registered sex offender.
	This individual has completed the 32 hours of continuing education required of a SARC or SAPR VA and understands the certification requirements for providing direct victim advocacy.

Confirmation: I affirm the information on this recommendation letter is complete and accurate.

(Name)

(Rank/Grade/Service)

(Title)

(Telephone Number)

(Signature)

(Date)

RENEWAL APPLICATION RECOMMENDATION BY COMMANDING OFFICER

(For Renewing SARCs Only)

(To be completed by an O6, GS 15 or higher in the Applicant's chain of command.)

I fall under the exception: the first person in my chain of command and senior commander are the same person and meets the rank requirements of O6, GS 15, or above.

DATE:

FROM:

TO: D-SAACP REVIEW COMMITTEE

SUBJECT: Recommendation of _____
(Name of applicant)
as a Sexual Assault Response Coordinator (SARC).

I have spoken with _____ on _____, and highly recommend
(Name of applicant) *(Date)*
the applicant as a SARC. I can attest to his/her moral character, professional abilities, and willingness to perform the responsibilities expected of a SARC. This individual has served as a SARC SAPR VA for _____ years
(X as applicable) and we communicate regularly.

The SARC and I discussed *(initial each box)*:

	The responsibilities expected of a SARC, and I am confident he/she will maintain victim privacy, as required by law and policy.
	The expectations of the SAPR program at this Command/Installation.
	Our strategy in promoting and furthering the implementation of the Sexual Assault Prevention and Response program.

I have confirmed the following *(initial each box)*:

	This individual is not a subject of an open Criminal, Inspector General Investigation, and/or formal Equal Opportunity Complaint. This has been verified with installation law enforcement.
	The required background investigation and screening has been completed on this date: <i>(Do not send a copy of the background investigation.)</i> _____
	This individual has not been convicted of a sexual assault-related offense, domestic violence, child abuse, violent crime, or felony offense inconsistent with SARC/SAPR VA duties.
	This individual is not a registered sex offender.
	This individual has completed the 32 hours of continuing education required of a SARC and understands the certification requirements for providing direct victim advocacy.

This individual has my complete trust in providing victim advocacy to those Service Members that I am responsible for. He/she has demonstrated the highest standards and qualities that epitomize the Service ethos.

Confirmation: I affirm the information on this recommendation letter is complete and accurate.

(Name)

(Rank/Grade/Service)

(Title)

(Telephone Number)

(Signature)

(Date)

**RENEWAL APPLICATION
DOCUMENTATION OF CONTINUING EDUCATION TRAINING:
EXTERNAL TRAINING COURSES**

Use this page to document training/courses not provided by the Service (i.e., training at a local rape crisis center) and where a certificate of attendance was not provided.

COURSE 1

1. DATE(S) OF COURSE	2. NUMBER OF CLOCK HOURS	3. TITLE OF COURSE
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4. BRIEF DESCRIPTION OF COURSE

5. NAME(S) OF INSTRUCTOR(S)	6. TITLE(S) OF INSTRUCTOR(S)
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7. TRAINER/SPONSOR ORGANIZATION REPRESENTATIVE

a. NAME (<i>Print</i>)	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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COURSE 2

1. DATE(S) OF COURSE	2. NUMBER OF CLOCK HOURS	3. TITLE OF COURSE
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4. BRIEF DESCRIPTION OF COURSE

5. NAME(S) OF INSTRUCTOR(S)	6. TITLE(S) OF INSTRUCTOR(S)
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7. TRAINER/SPONSOR ORGANIZATION REPRESENTATIVE

a. NAME (<i>Print</i>)	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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COURSE 3

1. DATE(S) OF COURSE	2. NUMBER OF CLOCK HOURS	3. TITLE OF COURSE
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4. BRIEF DESCRIPTION OF COURSE

5. NAME(S) OF INSTRUCTOR(S)	6. TITLE(S) OF INSTRUCTOR(S)
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7. TRAINER/SPONSOR ORGANIZATION REPRESENTATIVE

a. NAME (<i>Print</i>)	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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