

Georgia Advocate Certification Program (GACP) Instructions for **Basic & Advanced Renewal**

Background

The Prosecuting Attorneys' Council of Georgia has established the Georgia Advocate Certification Program (GACP) to allow prosecution-based victim advocates the opportunity to seek and maintain certification as a continuing effort to provide recognizable credibility, mobility options and standardization within the field in the State of Georgia.

Designations

The first step towards gaining Georgia Certification is to gain the NACP Basic Advocate Credential Status through the National Advocate Credential Program (NACP). **Include certificate with GACP application submission.** NOTE: The NACP Provisional Credential Status will **not** be recognized as a pre-requisite. See www.TheNACP.org

SECTION I

RENEWAL (required every 2 years - MUST APPLY BEFORE EXPIRATION on Certificate)

Maintain *at least* NACP **Basic** Advocate Credential Status *and* GACP **Basic** Georgia Certification

32 Hours Continuing Education applicable to victim services within the past two years (*attach proof with hours attended, certificates etc.*)

Certifications Page

Completed Experience, Verification & Recommendation Form (signed by DA/SG or VS Director)

Code of Professional Ethics signed by applicant

Georgia Advocate Certification Program (GACP)
APPLICATION

Applicant Full Name:	
Application Type	Renewal
Basic Georgia Certification	<input type="checkbox"/>
Advanced Georgia Certification	<input type="checkbox"/>

Applicant Contact Information:	
Home Phone:	
Work Phone:	
Cell Phone:	
Email Address:	
Home Mailing Address:	
Current Position Title (<i>paid or volunteer</i>):	
Agency/Organization:	
Agency/Organization Mailing Address:	
Send Mail to (<i>please select one</i>):	_____ Home or _____ Work Address

CERTIFICATION & CONTINUING EDUCATION REQUIREMENTS

SECTION II: Must hold NACP for GACP Certification NACP Basic Advocate Credential
See www.TheNACP.org

Do you currently hold any National Advocate Credentialing Program (NACP) status?

_____ **Yes** _____ **No**

If so, what status and specialties?

***Note: Provisional is not accepted for GACP**

- _____ **Basic** _____ **Intermediate** _____ **Advanced**
- _____ **Comprehensive Services Specialist**
- _____ **Domestic Violence Specialist**
- _____ **Child Abuse Specialist**
- _____ **Homicide Specialist**
- _____ **Sexual Assault Specialist**
- _____ **Drunk Driving Specialist**
- _____ **Campus Advocacy Specialist**
- _____ **Program Management Specialist**

SECTION III: Continuing Education Renewal: Basic & Advanced
Required: 32 hours training applicable to victim services field within the past two years *(must attach proof of completion with # of hours attended)* *(Attach additional sheets if needed)*
Ex. Certificates as Proof of Attendance

Name of Training:	Date:	# of hours



Applicant's Full Name

EXPERIENCE

Please list your experience as an advocate including your place(s) of employment (*include volunteer positions*), your duties, and your length of service at each (copy & attach additional sheets as needed):

Employed:

Name of Agency/Address:

Length of Service:

Title/Summary of Duties:

EMPLOYMENT VERIFICATION & RECOMMENDATION

I hereby certify that the above-listed applicant provided direct services to victims of crime in the capacity outlined above in a full/part-time/volunteer (Circle one) position and has worked the time-frame as indicated above. I, as the District Attorney, Solicitor-General or Director of Victim Services recommend that the applicant be approved as a Georgia credentialed advocate.

Signature _____ Date _____

Printed Name _____ Title _____

Phone _____ Email _____

Please note: before final approval from our GACP Committee, your employment status will be verified to ensure employment is still in a prosecution based office during time of review.



CERTIFICATIONS

Read each of the following and sign confirmation below:

- (A) I, the undersigned applicant, hereby certify that the information submitted on this application is true and accurate. I further certify that the information reported on any enclosures is true and accurate.
- (B) I, the undersigned applicant, hereby certify that I have never been convicted of any crime stemming from an act of violence or threat thereof, any felony, or any criminal act with respect to a child.
- (C) I, the undersigned applicant, hereby certify that I have read and agree to follow the attached *Code of Professional Ethics for Victim Witness Assistance Providers*.
- (D) I, the undersigned applicant, hereby certify that I have never been terminated from a volunteer or paid position due to conduct that is in violation of the *Code of Professional Ethics for Victim Witness Assistance Providers*.

***If I am unable to make the above certifications, I have attached an explanation with this application.

Under O.C.G.A. §16-10-71, I certify under penalty of perjury that the above Certifications are true and correct. I further certify that the information reported on any enclosures is true and accurate.

Signature of Applicant _____ Date _____

Printed Name _____ Title _____

Phone Number _____ Email _____

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

Notary Public, State of Georgia



CODE of PROFESSIONAL ETHICS
for VICTIM WITNESS ASSISTANCE PROVIDERS

Victims of crime and the criminal justice system expect every Victim Witness Assistance Provider, paid or volunteer to act with integrity, to treat all victims and survivors of crime with dignity and compassion, and to uphold principles of justice for the accused and accuser alike. To these ends, this Code of Professional Ethics will govern the conduct of Victim Witness Assistance Providers:

- I. *In relationships with every person served, the Victim Witness Assistance Provider shall:*
 1. Accurately represent his or her professional title, qualifications, and/or credentials in relationships with persons served.
 2. Maintain a high standard of professional conduct.
 3. Achieve and maintain a high level of professional competence.
 4. Refrain from behaviors that communicate victim blame, suspicion regarding victim accounts of the crime, condemnation for past behavior, or other judgmental, anti-victim sentiments.
 5. Recognize the interests of the person served as a primary responsibility.
 6. Respect and protect the civil and legal rights of the person served while using the utmost care not to provide legal advice.
 7. Respect the rights to privacy and confidentiality of the person served, subject only to laws or regulations requiring disclosure of information to appropriate other sources.
 8. Respond compassionately to each person served with personalized services.
 9. Accept the statement of events as it is told by the person served, withholding opinion or judgment.
 10. Provide services to every person served without attributing blame.
 11. Foster maximum self-determination on the part of the person served.
 12. Serve as a victim advocate when requested and, in that capacity, act on behalf of the stated needs of the person served without regard to personal convictions and within the rules of the prosecutor's office.
 13. Should the needs of one person served conflict with another's, act with regard to one person served only after promptly referring the other to another qualified Victim Witness Assistance Provider.
 14. Not engage in personal, physical, and emotional relationships with person served

which exploit professional trust or could impair your objectivity and professional judgment.

15. Make referrals to other resources or services only in the best interest of the person served, avoiding any conflict of interest in the process.
16. Should a colleague or allied professional express a need for assistance, notify and seek guidance from an immediate supervisor and/or your elected prosecutor.
17. Not reveal the name or other identifying information about a person served or a case to the public without clear permission from the person served or legal requirements to do so.

II. *In relationships with colleagues, other professionals, and the public*, the Victim Witness Assistance Provider shall:

1. Conduct relationships in such a way as to promote mutual respect, confidence, and improvement of services.
2. Serve the public interest by contributing to the improvement of systems that impact victims of crime.
3. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
4. Seek to ensure that volunteers in victim assistance have access to the training, supervision, resources, and support required in their efforts to assist persons served.
5. Act to promote crime and violence prevention as a public service and an adjunct to victim assistance.

III. *In her or his professional conduct*, the Victim Witness Assistance Provider shall:

1. Understand his or her legal responsibilities, limitations, and the implications of his or her actions within the service delivery setting, and perform duties in accord with laws, regulations, policies, and legislated rights of persons served.
2. Maintain high personal and professional standards in the capacity of a service provider and advocate for persons served.
3. Seek and maintain a proficiency in the delivery of services to persons served.
4. Not discriminate or engage in retaliation against any victim, employee, colleague, allied professional, or member of the public on the basis of age, sex/gender, color, (dis)ability, race/ethnicity, social class, economic status, education, marital status, residency, national origin, religious affiliation, political affiliation, sexual orientation, genetic information or health status.
5. Not make public statements representing one's personal views or those positions adopted by the agency for which she or he works or is a member.
6. Not solicit, accept, or agree to accept gifts, loans, gratuities, hospitality, services, special privileges or advantages.
7. Report to appropriate authorities the conduct of any colleague or allied professional (including self) that constitutes mistreatment of a person served or that brings the profession into disrepute.

8. Report to appropriate authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a person served, or to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any person served.

IV. *In her or his responsibility to any other profession*, the Victim Witness Assistance Provider will be bound by the ethical standards of the allied profession of which she or he is a member.

I, the undersigned applicant, hereby certify that I have read and agree to follow the *Code of Professional Ethics for Victim Witness Assistance Providers*.

Print Applicant Name: _____

Signature of Applicant: _____ Date: _____

