



**Minimum Standards for Abuse Intervention Programs (AIP)
Facilitator Application Form C**

Thank you for your interest in becoming a certified Abuse Intervention facilitator! Please submit this form with the program’s required application contents to Terri Noone at tnoone@icadvinc.org in a PDF format.

Applicants seeking facilitator certification are required to pay a one-time fee of \$150.00 upon registering to attend the AIP Academy. ICADV will not review the application until payment is received. Payment should be processed through our website or sent via check. This fee includes the registration costs for the AIP Academy.

Please note that the application review process may take longer if there are requested revisions or a significant number of applications in the queue for review.

Application Requirements:

1. Proof of participation (certificate) in an ICADV AIP Academy.
2. Proof of participation (certificate) in the programs’ AIP curriculum. This can be facilitated by the curriculum developer (i.e. Duluth/Emerge/Family Peace Initiative) or a certified AIP program supervisor. Curriculum must be approved by ICADV.

Facilitator Information

Organization/Agency Name:	
Program Name:	
Primary Address:	
City:	
Zip:	
Telephone:	
Website:	
Facilitator Name	
Email	

PROVIDER CODE OF ETHICS: The applicant must submit a signed code of ethics for all staff engaged in the programming. The signed code of ethics must be submitted to ICADV with the application.

1. I will make victim safety my first priority in working with people who use violence.
2. I will immediately report to all appropriate legal authorities any suspected neglect, and/or abuse of a child or protected adult.
3. I will immediately report to ICADV any practice by untrained or unqualified persons, any unethical conduct, and/or unprofessional modes of practice by my program or other organizations.
4. I will be vigilant against becoming an advocate/witness on *behalf of a participant* and must use caution when responding to requests for impressions, opinions, information, or testimony.
5. I will not misrepresent my qualifications, education, experience, affiliations, or memberships.
6. I will not make representations implying that program completion is an indicator of future nonviolence.
7. I will immediately disclose to my direct supervisor if I commit, am arrested for, charged with, or convicted of any civil or criminal crime/action related to intimate partner violence including but not limited to domestic battery; physical violence; neglect or abuse of a child, protected adult, or animal; invasion of privacy; confinement; strangulation; stalking; sexual assault; sexual misconduct.
8. I will avoid personal, professional, or business relationships that conflict with the interest of the AIP and those it serves.
9. I will never engage in a ***dual relationship*** with a present or past program participant, a victim or former victim of a participant, or a family member of a participant that would compromise their health and well-being, the integrity of the AIP, impair professional judgment, and/or increase the risk of exploitation.
10. I will avoid the appearance of impropriety. I will not engage in any behavior with any persons that I would be unwilling to disclose fully to my colleagues, legal authorities, and the public.
11. I will not accept gifts, services, or benefits that impair my integrity, the integrity of the agency, or might invite special considerations from present or past program participant, a victim or former victim of a participant, or a family member of a participant.
12. I will not discriminate because of actual or perceived race, class, age, religion, educational attainment, ethnicity, national origin, disabilities, sex, gender identity, sexual orientation, or economic condition.
13. I will treat all program participants and the victims harmed by their violence compassionately and equitably.
14. I will work to ensure that all participants, especially the most marginalized, have equal access to AIP resources and services. This includes ***but is not limited to*** considerations and accommodations for language access, literacy, and disabilities.
15. I will fully explain all program rules and policies, fee payment, enrollment, program standards, discharge, and completion.
16. I will enforce consistent program rules to all participants.
17. I will never lessen program quality or duration for financial or personal reasons.
18. I will maintain the privacy of participants to all parties not involved in the matter. (i.e. other participants, my friends and family, the general public, etc.)
19. I will adhere to the code of ethics/conduct required by other entities and/or licensure, if applicable. (i.e. NASW, APA, ICAADA, ACA, Marriage and Family, etc.)

I agree to adhere to the Code of Ethics:

Facilitator Signature

Date Signed

REQUIREMENTS FOR NEW FACILITATORS:

1. No individual with an **active** order of protection or no contact order can train to become a facilitator.
2. No individual with an **order of protection or no contact order** issued in the **five years** prior to date of hire can train to become a facilitator.
3. No individual with **domestic violence charges** in the **five years** prior to the date of hire can train to become a facilitator.
4. No individual that has **participated in the applicant's AIP** in the **five years** prior to the date of hire can train to become a facilitator.
5. No individual with **sexual violence charges** in the **five years** prior to the date of hire can train to become a facilitator.
6. No individual with **child abuse or neglect charges and/or involvement with DCS** in the five years prior to the date of hire can train to become a facilitator.

I affirm I meet the requirements above and agree to follow the Code of Ethics:

Facilitator Signature

Date Signed

I affirm I have done my due diligence completing required records checks and could not find any violations of the requirements above:

Supervisor Signature

Date Signed