

VSP Recertification Application

NCVAN Victim Service Practitioner Certification Academy

Recertification Application

Name

First Name

Last Name

Social Security #:

Birthdate:

Driver's License #:

Driver's License State:

Title:

Agency:

Agency Address:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Agency Phone Number

Area Code

Phone Number

Home Address:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Phone Number:

Area Code

Phone Number

E-mail

Month and Year Certification Expired:

Statement of Verification and Authorization:

I shall remain proficient in professional practice and performance of professional functions, and shall regard as a primary responsibility, the service obligation to victims and the victim assistance profession.

I authorize the North Carolina Victim Assistance Service Practitioner Certification Program to conduct a background inquiry to verify the statements and information on this application, other documentation that I have provided, and other areas that may include proper employment, consumer credit, criminal convictions, motor vehicle history, and other reports. I authorize all previous employers or other persons who have knowledge of me, or my records to release such information to the North Carolina Victim Assistance Network Victim Service Practitioner Certification Program. I hereby release any individual, agency, and the North Carolina Victim Assistance Network Victim Service Practitioner Certification Program from all claims or liabilities whatsoever that may arise from the disclosure of such information.

I understand the North Carolina Victim Assistance Network Victim Service Practitioner Certification Program reserves the right to refuse any application for Recertification.

I agree that all information presented is accurate to the best of my knowledge and that any false information will be sufficient cause for rejection of the application.

Signature

Date

Month Day Year