

**Department of Defense Sexual Assault Advocate Certification Program**  
**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; and DoD Instruction 6495.02.

**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 Representative (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](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 SARCs and SAPR VAs must be Military or DoD civilian employees and must hold this certification to be assigned SARC or SAPR VA duties (effective October 1, 2013).

There are four (4) Certification levels for Department of Defense Sexual Assault Advocate Certification Program (D-SAACP). Please read the information under each of the levels listed on the application page to determine the level for which you qualify. Provide all required information and completed forms.

**ALL APPLICANTS** must include the following attachments:

1. A signed D-SAACP SARC/SAPR VA Code of Professional Ethics (pages 4 and 5 of 10).
2. Two (2) signed Letters of Recommendation (pages 9 and 10 of 10). *(Exception for SARCs only: when the first person in the chain of command and senior commander are the same person, only one (1) signed Letter of Recommendation is required.)*
  - a. For SARCs, one (1) signed letter each from: (1) First person in the chain of command; i.e., First Officer (O-3 or above) or Senior Non-Commissioned Officer (E-7 or above) or a supervisor, and (2) Senior Commanding Officer (page 10 of 10).
  - b. For SAPR VAs, one (1) signed letter each from: (1) SARC (page 9 of 10) and (2) first person in the chain of command; i.e., First Officer (O-3 or above) or Senior Non-Commissioned Officer (E-7 or above) or supervisor (page 10 of 10).

**NEW APPLICANTS:** In addition to the requirements for all Applicants, as described above, applications must also include:

1. Completed New Application form (Page 2 of 10).
2. Memorandum of Confirmation/Evaluation form (pages 6 - 8 of 10) *(not required for applicants applying for a Level I certification) (See page 6 of 10 for further instructions for completing the Memorandum of Confirmation/Evaluation.)*
3. Certification of Completion of 40 hours of National Advocate Credentialing Program (NACP) pre-approved training *(photocopy is acceptable)*.

**RENEWAL APPLICANTS:** In addition to the requirements for all Applicants, as described above, applications must also include:

1. Completed Renewal Application form (Page 3 of 10).
2. Memorandum of Confirmation/Evaluation form (pages 6 - 8 of 10) *(not required for Level I renewing Applicants or for Applicants renewing at the same level as the Applicant's current Certification level)*.
3. Documentation of **32 clock hours** of D-SAACP related continuing education. A list of acceptable continuing education courses can be found at [www.sapr.mil](http://www.sapr.mil).

**TRANSFERRING APPLICANTS:** Those who currently have the civilian NACP Credential will need to complete the same requirements as all Applicants in order to obtain D-SAACP Certification.

**Instructions for submittal can be found at [www.sapr.mil](http://www.sapr.mil).**

<b>Department of Defense Sexual Assault Advocate Certification Program</b> <b>NEW APPLICATION</b>		<b>FOR CREDENTIALING BODY USE ONLY:</b> Unique Identifier:	
<b>1. APPLICANT NAME</b>			
a. LAST NAME		b. FIRST NAME	
		c. MIDDLE INITIAL	
<b>2. SERVING IN THE POSITION OF: (X one)</b>			
<input type="checkbox"/> Sexual Assault Response Coordinator (SARC)		<input type="checkbox"/> Sexual Assault Prevention and Response Victim Advocate (SAPR VA)	
<b>3. AFFILIATION (X one)</b>			
<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> ARMY	
		<input type="checkbox"/> MARINE CORPS	
		<input type="checkbox"/> NAVY	
		<input type="checkbox"/> NATIONAL GUARD BUREAU	
<b>4. GRADE/RANK</b>		<b>5. INSTALLATION/COMMAND</b>	
<b>6. INSTALLATION/COMMAND ADDRESS (Certification card will be sent to this address)</b>			
a. STREET			
b. CITY		c. STATE	
		d. ZIP CODE	
		e. COUNTRY	
<b>7. WORK TELEPHONE NUMBER (Include area code/DSN/extensions)</b>		<b>8. WORK EMAIL ADDRESS</b>	
<b>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 <a href="http://www.sapr.mil">www.sapr.mil</a>.</b>			
<b>9. The D-SAACP level for which I am applying is: (X one)</b>			
<input type="checkbox"/> <b>Level I:</b> Includes part-time and additional-duty SARC's and SAPR VAs. This is required in order to fulfill the role of SARC or SAPR VA and to deploy as a SARC or SAPR VA. Application for Level I certification is permitted for those full-time SARC's and SAPR VAs who do not yet meet the minimum hours required for Level II, III, or IV. <i>(See Application Instructions on Page 1 for required attachments.)</i>			
<input type="checkbox"/> <b>Level II:</b> For full-time SARC's and SAPR VAs. <i>(See Application Instructions on Page 1 for required attachments.)</i> Along with required attachments listed on Page 1, the application must also include Memoranda of Confirmation/Evaluation (pages 6 - 8 of 10) verifying 3,900 hours (two years) of specialized experience and observation of three (3) or more of the Applicant's sexual assault case responses within the last two (2) years completed and signed by the supervisor(s) and evaluator(s).			
<input type="checkbox"/> <b>Level III:</b> Optional for full-time SARC's and SAPR VAs. <i>(See Application Instructions on Page 1 for required attachments.)</i> Along with required attachments listed on Page 1, the application must also include Memoranda of Confirmation/Evaluation (pages 6 - 8) verifying 7,800 hours (four years) of specialized experience and observation of three (3) or more of the Applicant's sexual assault case responses within the past two (2) years completed and signed by the supervisor(s) and evaluator(s).			
<input type="checkbox"/> <b>Level IV:</b> Optional for full-time SARC's and SAPR VAs. <i>(See Application Instructions on Page 1 for required attachments.)</i> Along with required attachments listed on Page 1, the application must also include Memoranda of Confirmation/Evaluation (pages 6 - 8) verifying 15,600 hours (eight years) of specialized experience and observation of three (3) or more of the Applicant's sexual assault case responses within the past two (2) years completed and signed by the supervisor(s) and evaluator(s).			
<b>10. I am submitting the following items with my application: (X all that apply)</b>			
<input type="checkbox"/> D-SAACP SARC/SAPR VA Code of Professional Ethics (pages 4 - 5 of 10) <b>signed</b> by Applicant.			
<input type="checkbox"/> Memorandum of Confirmation/Evaluation completed and <b>signed</b> by my supervisor(s) and evaluator(s) (pages 6 - 8 of 10) <i>(not required for Level I certification)</i> .			
<input type="checkbox"/> Two (2) signed Letters of Recommendation (pages 9 and 10 of 10).			
<input type="checkbox"/> I fall under the exception - my first person in my chain of command and senior commander are the same person, and am submitting one (1) Letter of Recommendation <b>signed</b> by him or her.			
<input type="checkbox"/> Certificate of Completion of 40 hours NACP pre-approved training <i>(a photocopy is acceptable in lieu of the original)</i> .			
<b>11. APPLICANT CERTIFICATION.</b>			
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.			
a. SIGNATURE OF APPLICANT		b. DATE SIGNED (YYYYMMDD)	

<b>Department of Defense Sexual Assault Advocate Certification Program</b> <b>RENEWAL APPLICATION</b>		<b>FOR CREDENTIALING BODY USE ONLY:</b> Unique Identifier:	
<b>1. APPLICANT NAME</b>			
a. LAST NAME		b. FIRST NAME	
		c. MIDDLE INITIAL	
<b>2. SERVING IN THE POSITION OF: (X one)</b> <input type="checkbox"/> Sexual Assault Response Coordinator (SARC) <input type="checkbox"/> Sexual Assault Prevention and Response Victim Advocate (SAPR VA)			
<b>3. AFFILIATION (X one)</b> <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> NATIONAL GUARD BUREAU			
4. GRADE/RANK		5. INSTALLATION/COMMAND <input type="checkbox"/> (X here if this is different from previous applications)	
<b>6. INSTALLATION/COMMAND ADDRESS (Certification card will be sent to this address)</b>			
a. STREET			
b. CITY		c. STATE	
		d. ZIP CODE	
		e. COUNTRY	
7. WORK TELEPHONE NUMBER (Include area code/DSN/extensions)		8. WORK EMAIL 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 <a href="http://www.sapr.mil">www.sapr.mil</a> .			
<b>9. TYPE OF RENEWAL (X one)</b> <input type="checkbox"/> RENEWAL AT SAME LEVEL <input type="checkbox"/> RENEWAL WITH UPGRADE TO THE NEXT LEVEL			
<b>10. The D-SAACP level for which I am applying is: (X one)</b>			
<input type="checkbox"/> <b>Level I:</b> Includes part-time and additional-duty SARCs and SAPR VAs. This is required in order to fulfill the role of SARC or SAPR VA and to deploy as a SARC or SAPR VA. Application for Level I certification is permitted for those full-time SARCs and SAPR VAs who do not yet meet the minimum hours required for Level II, III, or IV. <i>(See Application Instructions on Page 1 for required attachments.)</i>			
<input type="checkbox"/> <b>Level II:</b> For full-time SARCs and SAPR VAs. <i>(See Application Instructions on Page 1 for required attachments.)</i> If applying for a higher level than the Applicant's current Certification, the application must also include along with the required attachments listed on Page 1: Memoranda of Confirmation/Evaluation (pages 6 - 8) verifying 3,900 hours (two years) of specialized experience and observation of three (3) or more of the Applicant's sexual assault case responses (within the past two (2) years) completed and signed by the supervisor(s) and evaluator(s).			
<input type="checkbox"/> <b>Level III:</b> Optional for full-time SARCs and SAPR VAs. <i>(See Application Instructions on Page 1 for required attachments.)</i> If applying for a higher level than the Applicant's current Certification, the application must also include along with the required attachments listed on Page 1: Memoranda of Confirmation/Evaluation (pages 6 - 8) verifying 7,800 hours (four years) of specialized experience and observation of three (3) or more of the Applicant's sexual assault case responses (within the past two (2) years) completed and signed by the supervisor(s) and evaluator(s).			
<input type="checkbox"/> <b>Level IV:</b> Optional for full-time SARCs and SAPR VAs. <i>(See Application Instructions on Page 1 for required attachments.)</i> If applying for a higher level than the Applicant's current Certification, the application must also include along with the required attachments listed on Page 1: Memoranda of Confirmation/Evaluation (pages 6 - 8) verifying 15,600 hours (eight years) of specialized experience and observation of three (3) or more of the Applicant's sexual assault case responses (within the past two (2) years) completed and signed by the supervisor(s) and evaluator(s).			
<b>11. I am submitting the following items with my application: (X all that apply)</b>			
<input type="checkbox"/> D-SAACP SARC/SAPR VA Code of Professional Ethics (pages 4 - 5 of 10) <b>signed</b> by Applicant.			
<input type="checkbox"/> Memorandum of Confirmation/Evaluation completed and <b>signed</b> by my supervisor(s) and evaluator(s) (pages 6 - 8 of 10) <i>(not required for Level I renewal Applicants or for Applicants renewing at the same level as the Applicant's current Certification level).</i>			
<input type="checkbox"/> Two (2) signed Letters of Recommendation (pages 9 and 10 of 10).			
<input type="checkbox"/> I fall under the exception - my first person in my chain of command and senior commander are the same person, and am submitting one (1) Letter of Recommendation <b>signed</b> by him or her.			
<input type="checkbox"/> Documentation of 32 clock hours of D-SAACP related continuing education <i>(a photocopy is acceptable in lieu of the original).</i>			
<b>12. APPLICANT CERTIFICATION.</b> 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.			
a. SIGNATURE OF APPLICANT		b. DATE SIGNED (YYYYMMDD)	

**Department of Defense Sexual Assault Advocate Certification Program  
(D-SAACP)  
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.

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.

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**  
**MEMORANDUM OF CONFIRMATION/EVALUATION**

**INSTRUCTIONS**

**1. Requirements:** New Applicants applying for the first time to Levels II, III, or IV must submit Memorandum of Confirmation (Pages 6 - 7) verifying the required hours of sexual assault victim advocacy experience. (The number of required hours is on Page 1 of DD Form 2950.)

New Applicants applying for the first time to levels II, III, or IV must also submit Evaluations (Page 8) for three case responses observed within the past two (2) years. See instruction #3 below for further details.

Renewal Applicants applying for a higher Certification level than the Applicant's current Certification must also submit a Memorandum of Confirmation (Pages 6 - 7) verifying the required hours of sexual assault victim advocacy experience, as well as Evaluations (Page 8) for three case responses observed within the past two (2) years. See Instruction #3 for further details.

**2. Memorandum of Confirmation:** To complete the Memorandum of Confirmation, the person authorized to verify the Applicant's experience as a SARC or SAPR VA or other work or volunteer assignment in sexual assault victim assistance must complete the information on Page 7.

If the Applicant was assigned with several duties during the same time period, or worked in both a full-time and a part-time capacity, this may be indicated on the second page.

**3. Evaluation:** To complete the Evaluation on Page 8, the person(s) evaluating the Applicant's case response(s) can be any person with authority and/or in a position to have observed and evaluated the Applicant's knowledge, skills, and work performance as a SARC, SAPR VA, or a civilian victim advocate, as it relates to the provision of services to those victimized by sexual assault.

In addition to the Level II, III, and IV minimum hours requirements, Applicants must submit evaluations of three (3) case responses within the most recent two (2) years.

A "case response" is defined as the Applicant's serving in a sexual assault victim advocacy role during any part of a victim's experience - including, but 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.

The evaluations submitted may be for the same victim. Therefore, a SARC or SAPR VA assisting a victim in an extensive or complex case can have three case responses on this one victim or "case". An advocate who has several cases may obtain the observation of case responses on separate cases.

The evaluations can be from the same evaluator, or from up to three different evaluators.

**4. Multiple Positions:** For any prior or additional victim assistance work or volunteer assignment, this form may be copied and completed by the persons authorized to verify and/or evaluate the Applicant's experience for each assignment.

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

D-SAACP, as the official certification process for DoD SARCs and SAPR VAs, makes every effort to ensure that applicants meet the requirements of time, experience, and primary and continuing education standards to attain the Level I, II, III or IV D-SAACP certification. D-SAACP makes every effort to ensure that applicants offer a good faith representation of victim service experience and advocacy through the Memorandum of Confirmation, the Evaluation, letters of recommendation and follow-up contact. D-SAACP cannot guarantee the accuracy of the information provided by the applicant. D-SAACP reserves the right to request further information and/or verification from an applicant at any time and without notice.

**1. APPLICANT INFORMATION**

a. FULL NAME (*Last, First, Middle Initial*)

b. INSTALLATION/COMMAND MAILING ADDRESS

## MEMORANDUM OF CONFIRMATION

1. I, \_\_\_\_\_, certify that the applicant  
(Name of certifier)

\_\_\_\_\_, provided direct service to those  
(Name of applicant)  
victimized by sexual assault at

\_\_\_\_\_ in the capacity of  
(Name of installation/command/agency)

\_\_\_\_\_ and  
(Position 1 - SARC, SAPR VA or other)

\_\_\_\_\_.  
(Position 2 - SARC, SAPR VA or other)

### 2. POSITION 1.

The Applicant provided these services from \_\_\_\_\_ to \_\_\_\_\_  
(Start date - YYYYMMDD) (End date - YYYYMMDD)

and worked \_\_\_\_\_ hours per week as a (X as applicable):

<input type="checkbox"/>
<input type="checkbox"/>

Full-time

Part-time

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SARC

SAPR VA

Other

### 3. POSITION 2 (as applicable).

The Applicant provided these services from \_\_\_\_\_ to \_\_\_\_\_  
(Start date - YYYYMMDD) (End date - YYYYMMDD)

and worked \_\_\_\_\_ hours per week as a (X as applicable):

<input type="checkbox"/>
<input type="checkbox"/>

full-time

part-time

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SARC

SAPR VA

Other

Use additional copies of this page if more positions have been held by this Applicant.

### 4. CONFIRMATION.

I affirm the information on this Memorandum of Confirmation is accurate according to the best of my knowledge. I also affirm that I have, or have requested someone who has, observed this Applicant in his or her sexual assault response intervention and I have, or the other observer has, completed the attached Evaluation.

a. SIGNATURE

b. DATE (YYYYMMDD)

c. TITLE

## EVALUATION

### To be completed for D-SAACP Certification Applicants applying for Level II, III or IV only.

This evaluation should be completed by someone with the authority and/or in a position to have observed and can evaluate the Applicant's knowledge, skills, and work performance as a SARC, SAPR VA, or civilian victim advocate, as it relates to the provision of services to those victimized by sexual assault. Observation of at least three (3) sexual assault case responses within the past two (2) years is required for Certification at Levels II, III, and IV and, for Renewal Applicants, those Applicants renewing at a higher level than current Certification level. More than one observer may complete a copy of the form; please use separate copies of this form if different individuals observed and are evaluating the Applicant's case responses.

#### For the Evaluator:

Keeping in mind the Applicant's case responses you have observed, please answer the following questions with Yes, No, or Not Applicable, and provide the number and type of case responses observed (for example, "2 case responses observed where the Applicant explained the reporting options;" or "1 case response observed where the Applicant provided assistance during a medical examination;" or "2 case responses observed, one where the Applicant answered questions following the investigatory interview, and one where the Applicant discussed with the victim the options and benefits of chaplain and psychological support") as well as additional comments in block 13 at the end of this form.

1. Was the Applicant knowledgeable about the services, system, etc., and able to convey information accurately to the victim?  
☐ YES ☐ NO ☐ NOT APPLICABLE
2. Was the Applicant able to use listening skills to ascertain the victim's needs?  
☐ YES ☐ NO ☐ NOT APPLICABLE
3. Was the Applicant sensitive to the victim's needs and concerns and able to convey that to the victim?  
☐ YES ☐ NO ☐ NOT APPLICABLE
4. Was the Applicant able to provide the victim with viable options that addressed the victim's identified needs and concerns?  
☐ YES ☐ NO ☐ NOT APPLICABLE
5. Was the Applicant able to address questions the victim posed and provide accurate answers or to obtain the answers if the advocate was unable to answer them?  
☐ YES ☐ NO ☐ NOT APPLICABLE
6. Was the Applicant able to provide timely case status information to the victim in order to keep the victim informed as the case progressed through the system, if applicable?  
☐ YES ☐ NO ☐ NOT APPLICABLE
7. Was the Applicant able to document victim contacts in a timely, objective manner?  
☐ YES ☐ NO ☐ NOT APPLICABLE
8. Was the Applicant able to remain objective and professional throughout the interaction?  
☐ YES ☐ NO ☐ NOT APPLICABLE
9. Was the Applicant able to remain calm and professional if conflict arose with the victim?  
☐ YES ☐ NO ☐ NOT APPLICABLE
10. Was the Applicant able to advocate on behalf of the victim with other professionals?  
☐ YES ☐ NO ☐ NOT APPLICABLE
11. Was the Applicant able to remain calm and professional if conflict arose with other professionals?  
☐ YES ☐ NO ☐ NOT APPLICABLE
12. Based upon your opinion, do the Applicant's demonstrated skills and abilities qualify him or her for certification?  
☐ YES ☐ NO ☐ NOT APPLICABLE

13. **ADDITIONAL COMMENTS.** *(Please include here the number and type of case responses observed and evaluated on this form. D-SAACP welcomes any additional comments or explanation regarding any of the questions you may have about the Applicant.)*

14. EVALUATOR NAME (Print)

15. TITLE/POSITION

16. OFFICE

17. SIGNATURE

18. DATE SIGNED (YYYYMMDD)



**RECOMMENDATION FROM DoD SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)**

DATE:

FROM:

TO: D-SAACP NATIONAL ADVOCATE CREDENTIALING PROGRAM COMMITTEE

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

I highly recommend \_\_\_\_\_  
(Name of applicant)  
to be certified as a Sexual Assault Prevention and Response Victim Advocate (SAPR VA).

I have conducted an interview with this individual on \_\_\_\_\_, and believe I can  
(date)  
attest to their moral character, professional abilities and willingness to perform the duties of a SAPR VA.  
I am confident that this individual understands the duties that will be required, and have the assurance  
they will maintain the victim's privacy, as required by law and policy.

\_\_\_\_\_ has completed the required pre-approved SAPR VA  
(Name of applicant)  
training and understands the certification requirements for providing direct victim assistance.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

**RECOMMENDATION FROM SUPERVISOR AND/OR SENIOR COMMANDING OFFICER**

DATE:

FROM:

TO: D-SAACP NATIONAL ADVOCATE CREDENTIALING PROGRAM COMMITTEE

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

I highly recommend \_\_\_\_\_  
(Name of applicant)  
as a \_\_\_\_\_  
(Sexual Assault Response Coordinator or Sexual Assault Prevention and Response Victim Advocate)

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 duties that will be required, and have the assurance they  
will maintain the victim's privacy, as required by law and policy. I have verified with my installation law  
enforcement officials that this person is not currently under investigation for any criminal offense, and the  
requisite background check has been completed. I further certify that this person does not carry a  
conviction for a sexual offense or a requirement to register as a sexual offender.

\_\_\_\_\_ has completed the required pre-approved SARC or  
(Name of applicant)  
SAPR VA training and understands the certification requirements for providing direct victim assistance.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Rank/Service, if applicable)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

Copies to: Member  
SARC