MASSACHUSETTS OFFICE FOR VICTIM ASSISTANCE
MOVA
VICTIM & WITNESS ASSISTANCE BOARD

SAFEPLAN Certification
Advocate Information Form

TO BE COMPLETED BY THE SENIOR SAFEPLAN ADVOCATE OR HOST AGENCY DIRECTOR
AND SUBMITTED TO THE SAFEPLAN PROGRAM COORDINATOR AT MOVA

Host Agency: _____

SAFEPLAN Advocate/Volunteer/Intern: _____

Completion of Domestic Violence Counselor Training
Date: _____
Number of hours: _____

Completion Rape Crisis Counselor Training
Date: _____
Number of hours: _____

Completion of SAFEPLAN Certification Training
Date: _____

Shadowing Components (20 hours)
Date(s): _____

Courts Where Shadowing Took Place: _____
_____
_____

SAFEPLAN Advocate/Volunteer/Intern Signature: _____
Date: _____
AND
Senior SAFEPLAN Advocate Signature: _____
Date: _____
OR
Executive Director/Program Director Signature: _____
Date: _____

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