



Nevada Department of
Health and Human Services
DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH

State of Nevada
Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, NV 89701
Phone: 775-684-1030 Fax: 775-684-1073



Application for Training Credits

A person who wishes to offer or teach a course of continuing education or formal training in domestic violence or a provider of treatment or supervisor of treatment who wishes to obtain credit for a course of continuing education or approval for formal training in domestic violence that has not been approved by the Division must complete and submit the following application.

Applicant Information

Name of Requestor: _____

Agency Affiliation: _____

Address: _____
Street / P.O. Box City State Zip

Telephone: _____ Fax: _____

Email Address: _____

Are you or your program applying to offer to teach a course? Yes No **OR**

Are you a supervisor or provider of treatment requesting course credit? Yes No

Course Information

Title of Course: _____

Date: _____ Time: _____ Location: _____

Name of Course Instructor: _____

Address of Course Instructor: _____
Street / P.O. Box City State Zip

Is this course conducted via distance media? Yes No

This course is to be used for: Formal Training Continuing Education Units Both

Has this course been approved by other licensing boards? Yes No

If yes, please list: _____

Purpose of Course:

Attendance requirements:

COURSE CREDIT & COURSE HOURS BEING REQUESTED/PROVIDED

***Total number of credits requested: _____**

Number of services to victim's hours: _____

Number of offender hours: _____

Total number of course hours: _____

***Course Credit Information: (60 minutes is equal to one credit)**

Training Checklist

Please indicate that you have enclosed the required documentation for each item by checking “yes.” For any item that you have checked “no” please explain in the comments section.

Documentation Enclosed	Yes	No	Comments
Resume of course instructor.			
Attach copy of Course Syllabus & Curriculum (This must include details on dates, times, and course objectives).			
Content of the information that will be provided to persons enrolled in the course (includes all course content, online, written, given in speech format, etc.)			
Copy of written evaluation of the course to be given to each attendee at the end of the course.			
Copy of the certificate to be presented to each attendee at the completion of the course.			
Copy of brochure, mailing, etc. advertising course.			

Notes

*The Division of Public and Behavioral Health will retain all documents but will treat them as proprietary and will not disseminate them unless required to by law.

I hereby declare, under penalty of perjury, that all information provided and attached to this application is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

 Print Name of Applicant

 Original Signature of Applicant

 Date

You must fill out this form in its entirety. Incomplete applications will NOT be considered and may be returned to you.

Training Content Standards

Examples of Appropriate Subjects for Formal Training & Continuing Education in Domestic Violence

1. Confidentiality;
2. Ethics;
3. Domestic violence laws of this State;
4. The provisions of this chapter;
5. Dynamics of power and tactics used by perpetrators of domestic violence to control their victims;
6. Gender roles, socialization and the nature and function of violence;
7. Movement of victims to shelters and safety and sensitivity toward victims;
8. Substance abuse and domestic violence;
9. The use of violent self-defense by victims;
10. The effects of violence on children;
11. Post-traumatic stress;
12. Cultural competency and diversity;
13. Programs to intervene concerning perpetrators of domestic violence and community response to domestic violence;
14. Facilitation of group therapy;
15. Procedures for intake and assessment;
16. Use of meditation for self-control;
17. Epigenetic attachment disorders;
18. Use of questions for self-evaluation;
19. The curriculum used by the agency for whom the recipient of the training is serving;
20. Treatment methodologies for perpetrators of domestic violence;
21. Intimacy skills; or
22. Any combination of above subjects.

Please send completed application and all supporting materials to:

Bureau of Health Care Quality and Compliance
Domestic Violence Formal Training & Continuing Education Coordinator
727 Fairview Drive, Suite E
Carson City, NV 89701

	<u>Approved</u>	<u>Missing Information</u>	<u>Denied</u>
Staff Use			
Only:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____