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## REGISTRATION FORM

**DOMESTIC  
VIOLENCE  
CERTIFICATE OF  
ACHIEVEMENT**

**GENERAL  
ADVOCACY  
ISSUES**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of CEUs Requested: \_\_\_\_\_

Professional License #: \_\_\_\_\_

***I Prefer To Receive My Correspondence:***

- By Mail
- Via Email

***Amount Due:***

- NNADV Member Program Staff/Volunteer Certificate (Fee Waived)
  - NNADV Individual Member Certificate Fee (\$50 Fee)
  - Non-Member Certificate Fee (\$100 Fee)
- Please **DO NOT** include my name in a directory of certificate seekers (if you do not indicate otherwise here, we will make your contact information available to other participants).

***Registration form is continued on next page ...***

1. How did you hear about the Advocate Certificate Program?  
 NNADV website       NNADV newsletter       NNADV event  
 Co-worker       Other (please specify)\_\_\_\_\_
  
2. What agency/organizational requirements does this course meet (if any)?  


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3. Check appropriate box(es) indicating your support system with the AC program:  
 Supervisor       Co-worker       None
  
4. Are there other staff members in your organization currently enrolled in the AC program and provide their names:     Yes       No  


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5. How do you see the Advocate Certificate program assisting you in your current capacity? How will you apply this new knowledge?  


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6. How much time do you plan to invest to complete the course?  


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7. Please provide a projected time frame to complete the course:  
 6 months     12 months     Other (*please explain*):\_\_\_\_\_

***Please return both pages of this registration form, along with payment for applicable fees, to complete your enrollment process. The information contained in these documents will be made available to the Advocate Certificate respondents reviewing your materials.***

**Please submit this registration form to:**  
 NNADV Certificate Achievement Review Committee  
 220 S. Rock Blvd., Suite 7  
 Reno, NV 89502  
 FAX: (775) 828-9911

*NNADV/Web version/KH*