

## Victim Counselor Application RENEWAL

Name:	Program:
Home Address:	Program Address:
Phone:	Program Phone:
Email:	Position:
	Start Date:

**Continued Training Requirements- 4 hours**  
A total of 2 hours may be book or video

Date	Title	Hours	Subject	Trainer

Consultations

Date	Case Consultant: Must be a CDAA (Minimum of 4)

Site Supervisor Signature:	Date:
Has this applicant completed 40 hours of direct service?	YES      NO
Approved	YES      NO
If not approved, why?	