



Non-Accredited Certification Request

Submit to: SC Office of the Attorney General
Department of Crime Victim Services
Training, Provider Certification and Statistical Analysis
Phone: 803.734.0925
E-mail: cvst@scaq.gov
http://ovsec.sc.gov

CVST OFFICE USE ONLY

NOTICE OF DECISION

(To be completed by accreditation office and returned to the applicant.)

- APPROVED for ___ credit hours
- DENIED
- RETURNED for more information
Please complete each item on this form indicated by the numbers circled:
- 1 2 3 4 5

Date of above decision: _____

Signature

Each Victim Service Provider (VSP) who attends a training that was not submitted to CVST for accreditation by the sponsor, must complete this request within 30 days after attending training in order to possibly receive credit. Proof of attendance must be submitted within 30 days (example: certificate of attendance/ completion, etc.). If certificates are not issued, a notarized letter from the trainer/ presenter can also be submitted.

1. Victim Service Provider's (VSP) information:

Name: Job Title:

VSP #: Contact Email:

2. Employer's information:

Agency Name: Address:

Phone:

3. Training sponsor /organization:

Government agency (federal, state or local) Private organization

Name: Phone:

Address: Fax:

City: State: Zip:

Email:

4. Training Program information:

Title: **PROGRAM DATES:** Begin date:

Location: End date:

PROGRAM TIMES: Begin time:

End time:

5. Program topic(s):

Domestic Violence White Collar Misdemeanor General Crimes Elder Abuse Special Populations Felony

Drunk Driving Child Abuse Sexual Assault Homicide Other (please list):

Signature of Applicant: _____

Date: _____

IMPORTANT:

The following documentation must be attached in order to be considered for VSP credit: training brochure, detailed training agenda, course outline / description, and a proof of attendance.