



# ACCREDITATION APPLICATION

**Submit to:** Office of Victim Services Education and Certification  
1205 Pendleton Street  
Columbia, South Carolina 29201  
**Phone:** 803.734.0357  
**Fax:** 803.734.1428  
**E-mail:** ovsec@admin.sc.gov  
**www.ovsec.sc.gov**

## OVSEC OFFICE USE ONLY NOTICE OF DECISION | Course # \_\_\_\_\_

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

- APPROVED for \_\_\_\_\_ credit hours
- ACCREDITATION DENIED
- RETURNED for more information  
Please complete each item on this form indicated by the numbers circled:  
1 2 3 4 5 6 7 8 9 10

Act 141 Approved Training % \_\_\_\_\_

Date of above decision: \_\_\_\_\_

Signature \_\_\_\_\_

**This form and all required attachments are to be submitted at least 30 days prior to training.**

### 1. Program is:

Initial application

Renewal of previously approved program Course #: \_\_\_\_\_

### 2. Program title:

\_\_\_\_\_

### 3. Program date(s):

Begin Date: \_\_\_\_\_ End date: \_\_\_\_\_

### 4. Program location:

\_\_\_\_\_  
\_\_\_\_\_

### 5. Number of participants:

Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

### 6. Program hours:

Clock hours: \_\_\_\_\_ Credit hours: \_\_\_\_\_

### 7. Program paid for by:

Applicant organization

Participant fees of \$ \_\_\_\_\_ per participant

Grant

### 8. Population served:

- Domestic Violence  White Collar  Misdemeanor  General Crimes  Elder Abuse  Special Populations  Felony
- Drunk Driving  Child Abuse  Sexual Assault  Homicide
- Other (please list): \_\_\_\_\_

### 9. Sponsoring agency/organization:

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

Government agency (federal, state or local)  Private organization

Contact: \_\_\_\_\_

Title: \_\_\_\_\_ VSP#: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Please provide a web address if your course can be registered for online:

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### 10. Required attachments to this application:

- Time schedule (brochure, course outline, course description)
- Instructor name(s) (attach biography for each)
- Complete set of materials including evaluation

#### NOTICE:

**Presenters or instructors, who are registered VSPs,** can earn up to **6 hours** of annual credit for presenting at conferences and training sessions *approved by OVSEC*. This can be done by printing your name on the Presenters Training Sign-Out Sheet available at conferences and training sessions *approved by OVSEC*. The remaining **6 hours** must be attained by attending/participating in any approved OVSEC trainings.