

**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)  
APPLICATION PACKET FOR NEW APPLICANTS**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 1561, note, Sexual Assault Response Coordinators and Sexual Assault Victim Advocates; 10 U.S.C. 136; DoD Directive 6495.01; DoD Instruction 6495.02; and DTM 14-001.

**PRINCIPAL PURPOSE(S):** The information provided on this form will be used to review and process applications for Sexual Assault Response Coordinator (SARC) and Sexual Assault Prevention and Response (SAPR) Victim Advocate (VA) certification.

**ROUTINE USE(S):** The DoD "Blanket Routine Uses" found at:  
<http://dpclid.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx> apply.

**DISCLOSURE:** Voluntary. However, if you are a SARC or SAPR VA and do not complete this form to become certified, you may be disqualified from the position. 10 U.S.C. 1561, note requires DoD to establish a certification program.

**APPLICATION INSTRUCTIONS**

All Sexual Assault Response Coordinators (SARC) and Sexual Assault Prevention and Response (SAPR) Victim Advocates (VA) must be Military or Department of Defense (DoD) civilian employees and must hold this DoD Sexual Assault Advocate Certification Program (D-SAACP) Certification to perform SARC or SAPR VA duties. There are four (4) Certification levels for D-SAACP. Please review the Application Worksheet (below) to determine the Level for which you qualify and which documents you must complete. Provide all required information and completed forms. (*Photocopies of training documentation/certificates are acceptable.*) Application deadlines: 31 October, 31 January, 30 April, and 31 July.

**If you are currently certified through D-SAACP and are renewing your certification, do not complete this form. Please use DD Form 2950-1, the Renewal Application.**

**APPLICATION WORKSHEET**

**Determine the position for which you are applying (if you are unsure, please confirm with your SAPR Program Manager):**

- I am applying for certification as a SARC.
- I am applying for certification as a SAPR VA.

**All Applicants must submit:**

- Signed Application.** All information must be completed and application must be signed and dated (hand or digital).
- Signed D-SAACP Code of Ethics** (pages 4-5).
- Supervisor and Commander Statement of Understanding** (page 10).
- Two Letters of Recommendation.**

I am applying for certification as a SARC. The following two Letters of Recommendation are required (see exception below):

- A signed Letter of Recommendation from a Supervisor (page 12). The signing supervisor must be, at minimum, an O3, E7, CWO2, or GS-9 in each respective pay grade. The signing supervisor must be in my chain of command.
- A signed Letter of Recommendation from my Commanding Officer (page 13). The signing Commanding Officer must be, at minimum, an O6 or GS-15 and in my chain of command.

**Exception:** The first person in my chain of command and my Commanding Officer are the same person. I need to submit only one Letter of Recommendation. (Exception applicable only to SARCs.)

I am applying for certification as a SAPR VA. The following two Letters of Recommendation are required:

- A signed Letter of Recommendation from my supervising SARC (page 11).
- A signed Letter of Recommendation from my Supervisor (page 12). The signing supervisor must be, at minimum, an O3, E7, CWO2, or GS-9 in each respective pay grade and in my chain of command.

**Note:** The Commanding Officer and/or Supervisor signing your Letter(s) of Recommendation must confirm on that Letter that the required background screening has been completed. **Do not send a copy of the background investigation with your completed application.**

**Training Documentation.**

I have completed the requisite National Advocate Certification Program (NACP) pre-approved training course(s). I am submitting a certificate of course completion. (See [www.trynova.org](http://www.trynova.org) for approved courses.) Certificate must reflect name, location, dates and numbers of hours for the training course and signature of official Service/NGB trainer.

**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)**  
**APPLICATION PACKET FOR NEW APPLICANTS**

**APPLICATION WORKSHEET** *(Continued)*

**Calculate Hours of Sexual Assault Advocacy Experience**

In addition to DoD experience, you may count civilian or non-DoD experience towards your total hours, given that the experience was providing sexual assault victim advocacy services.

**For full-time advocacy experience:** Take the number of hours each week worked as a sexual assault victim advocate and multiply by 52 (weeks in a year) to calculate hours per year. Multiply that number by number of years served as a full time sexual assault victim advocate. If you served for less than one year, multiply by the number of weeks you served as a full-time sexual assault victim advocate.

Example: (40 hours per week) x (52 weeks) = 2,080 hours. (2,080 hours) x (5 years) = 10,400 hours.

**For part-time advocacy experience:** Take the number of hours providing sexual assault victim advocacy each week and multiply by 52 (weeks in a year) to calculate hours per year. Multiply that number by number of years served as part-time SARC/SAPR VA. If you served for less than one year, multiply by the number of weeks you served as a part-time SARC or SAPR VA by the number of hours per week.

Example: (8 hours per week) x (52 weeks) = 416 hours. (416 hours) x (2 years) = 832 hours.

- or -

For part-time "on-call" advocacy experience: Take the number of times on call per year and multiply by average number of hours providing sexual assault victim advocacy per shift. Multiply that number by number of years served as a part-time SARC/SAPR VA.

Example: (30 times on call in a year) x (5 average number of hours providing victim advocacy per shift) = 150 hours.

(150 hours) x (3 years) = 450 hours.

**Determine the Level for which you should apply:**

I have **between 0 and 3,900 hours** experience providing sexual assault victim advocacy services.  
**Apply as a Level I.**

I have **between 3,900 and 7,800 hours** experience providing sexual assault victim advocacy services. I have also provided sexual assault victim advocacy services on **three or more occasions** in the past two years. **Apply as a Level II.**

I have **between 7,800 and 15,600 hours** experience providing sexual assault victim advocacy services. I have also provided sexual assault victim advocacy services on **three or more occasions** in the past two years. **Apply as a Level III.**

I have **more than 15,600 hours** experience providing sexual assault victim advocacy services. I have also provided sexual assault victim advocacy services on **three or more occasions** in the past two years. **Apply as a Level IV.**

I have more than 3,900 hours experience providing sexual assault victim advocacy services, but **have not provided sexual assault victim advocacy services on three or more occasions** in the past two years. **Apply as a Level I.**

**Verify and Evaluate Experience for Levels II, III, or IV.**

**Note:** In addition to verifying hours of sexual assault victim advocacy experience, applicants must also have provided victim advocacy services in the past two years on three or more occasions, to one or more victims. See Verification of Sexual Assault Victim Advocacy Experience (pages 6 - 7) for further details.

I am applying at Level I. Therefore, I do not need to submit Verification or Evaluations of Sexual Assault Victim Advocacy Experience.

I am applying for Level II, III or IV. **I must submit Verification(s) of Sexual Assault Victim Advocacy Experience** (pages 6 - 7) and **Evaluation(s) of Sexual Assault Victim Advocacy Experience** (pages 8 - 9).

**Evaluation(s) of Sexual Assault Victim Advocacy Experience** (pages 8 - 9). Submit completed Evaluation(s) of Sexual Assault Victim Advocacy Experience signed and dated by your supervisor(s) after determining the appropriate Level to which you should apply.

Instructions for submittal can be found at [www.sapr.mil](http://www.sapr.mil).

<b>Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)</b> <b>NEW APPLICATION</b>	<b>FOR CREDENTIALING BODY USE ONLY:</b> Application ID Number
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<b>1. APPLICANT NAME</b>		
a. LAST NAME	b. FIRST NAME	c. MIDDLE INITIAL

<b>2. APPLYING FOR THE POSITION OF:</b> <i>(X one)</i> <input type="checkbox"/> Sexual Assault Response Coordinator (SARC) <input type="checkbox"/> Sexual Assault Prevention and Response Victim Advocate (SAPR VA)
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<b>3. AFFILIATION</b> <i>(X one)</i> <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> DoD AGENCY
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<b>4. STATUS</b> <i>(X as applicable)</i> <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RESERVIST <input type="checkbox"/> ACTIVE DUTY RESERVIST <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> CIVILIAN
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<b>5a. RANK</b>	<b>5b. GRADE</b>
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<b>6a. COMMAND (UNIT)</b>	<b>6b. INSTALLATION</b>
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<b>7. WORK TELEPHONE NUMBER</b> <i>(Include area code/DSN/extensions)</i>	<b>8. WORK EMAIL ADDRESS</b> <i>(.mil or .gov email addresses only)</i>  <input type="checkbox"/> I do not have a .mil or .gov email address at this time. Please use my SARC or Supervisor's email address, which is given above.
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<b>8.a. <input type="checkbox"/> PLEASE SEND TO MY OFFICIAL MILITARY ADDRESS:</b> Commanding Officer  _____ <i>(Command or Unit)</i> ATTN: _____ <i>(Rank and Name of Applicant)</i>  _____ <i>(Address of Command*)</i>  _____ <i>(Installation, City, FPO, or APO)                      (State)                      (ZIP Code)</i>	<b>8.b. <input type="checkbox"/> PLEASE SEND TO MY SARC'S OFFICIAL MILITARY ADDRESS:</b> Commanding Officer  _____ <i>(Command or Unit)</i> ATTN: _____ <i>(Rank and Name of SARC)</i>  _____ <i>(Address of Command*)</i>  _____ <i>(Installation, City, FPO, or APO)                      (State)                      (ZIP Code)</i>
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*Remember to include building or suite number if required in the official address.	*Remember to include building or suite number if required in the official address.
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**It is the responsibility of the applicant to ensure that the credentialing body has the most current contact information at all times. For instructions on updating your contact information, please visit [www.sapr.mil](http://www.sapr.mil).**

<b>9. The D-SAACP level for which I am applying is:</b> <i>(X one)</i> <i>(See Application Worksheet on Pages 1-2 for eligibility and required attachments.)</i> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b>10. APPLICANT CERTIFICATION.</b>  I, the undersigned Applicant, hereby certify the information submitted on this application is true and accurate. I further certify the information reported on any enclosures is true and accurate. <b>I further certify that I completed this application myself.</b>
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a. SIGNATURE OF APPLICANT	b. DATE SIGNED (YYYYMMDD)
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**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)**  
**NEW APPLICATION**  
**SARC/SAPR VA CODE OF PROFESSIONAL ETHICS**

Every Sexual Assault Response Coordinator (SARC) and Sexual Assault Prevention and Response Victim Advocate (SAPR VA) must act with integrity, treat all victims of sexual assault crimes with dignity and compassion, and uphold principles of justice for accused and accuser alike.

To these ends, this Code will govern the conduct of **SARC/SAPR VAs**:

I. In relationships with every victim, the SARC/SAPR VA shall:

1. Recognize the interests of the victim as a primary responsibility.
2. Respect the victim's civil and legal rights, subject only to laws requiring disclosure of information to appropriate other sources.
3. Respect the victim's rights to privacy and confidentiality, subject only to laws requiring disclosure.
4. Respond compassionately to each victim with personalized services.
5. Accept the victim's statement of events as it is told, withholding opinion or judgment, whether or not a suspected offender has been identified, arrested, convicted, or acquitted.
6. Provide services to every victim, within policy guidelines set by the DoD and the Services, without attributing blame, no matter what the victim's conduct was at the time of the victimization or at another stage of the victim's life.
7. Foster maximum self-determination on the part of the victim.
8. Serve as a victim advocate when assigned, and in that capacity, act on behalf of the victim's stated needs and within policy guidelines set by DoD and the Services.
9. Should one victim's needs conflict with another's, act with regard to one victim only after promptly referring the other to another qualified SARC/SAPR VA.
10. Have no personal or sexual relations with victims currently supported by SARCs or SAPR VAs or with alleged offenders, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
11. Make victim referrals to other resources or services only in the victim's best interest, avoiding any conflict of interest in the process, and do so in accordance with DoD regulations.

II. In relationships with colleagues, other professionals, and the public, the SARC/SAPR VA shall:

1. Conduct relationships with colleagues in such a way as to promote mutual respect and improvement of service.
2. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance field.
3. Take steps to quell negative, insubstantial rumors about colleagues and allied professionals.

**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)**  
**NEW APPLICATION**  
**SARC/SAPR VA CODE OF PROFESSIONAL ETHICS** *(Continued)*

II. *(Continued)*

4. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
5. Provide professional support, guidance, and assistance to new SARCs/SAPR VAs to the field in order to promote consistent quality and professionalism in victim assistance.
6. Obey all applicable Federal, DoD, and Service laws and regulations.

III. In her or his professional conduct, the SARC/SAPR VA shall:

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for victims.
2. Seek and maintain a proficiency in the delivery of services to victims.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, gender, disability, ethnicity, race, national origin, religious belief, or sexual orientation.
4. In accordance with restricted reporting, applicable privileged communications, and all applicable Federal, DoD, and Service privacy laws and regulations, respect the privacy of information provided by the victims served before, during, and after the course of the professional relationship.
5. Clearly distinguish in public statements representing one's personal views from positions adopted by organizations for which she or he works or is a member, in accordance with Service policy.
6. Not use her or his official position to secure gifts, monetary rewards, or special privileges or advantages.
7. Notify competent authorities of the conduct of any colleague or allied professional that constitutes mistreatment of a victim or that brings the profession into disrepute.
8. Notify competent authorities of any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a victim, or from working cooperatively with colleagues or allied professionals, or from being impartial in the assistance of any victim.
9. Notify competent authority immediately if charged, arrested, and/or convicted of any criminal activity.

IV. In her or his responsibility to any other profession, the SARC/SAPR VA will be bound by the ethical standards of the allied profession of which she or he is a member.

**CERTIFICATION: I, the undersigned applicant, hereby certify that I have read and agree to follow the Code of Professional Ethics for a SARC/SAPR VA. I understand that this Certification is subject to surrender on demand to my SAPR Program Manager for cause, and this action may be listed in my permanent record by my Senior Commander.**

Print Applicant Name *(Last, First, Middle Initial)*: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date Signed  
*(YYYYMMDD)*: \_\_\_\_\_



**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)  
NEW APPLICATION  
VERIFICATION OF SEXUAL ASSAULT VICTIM ADVOCACY EXPERIENCE**

\_\_\_\_\_ provided direct service to those victimized by sexual assault  
*(Name of applicant)*

at \_\_\_\_\_ in the capacity of \_\_\_\_\_  
*(Name of installation/command/agency) (Position title - SARC, SAPR VA or other)*

from \_\_\_\_\_ to \_\_\_\_\_ and worked \_\_\_\_\_ hours per week during this time.  
*(YYYYMMDD) (YYYYMMDD)*

The position was (X): \_\_\_\_\_ full time \_\_\_\_\_ part time. (If position was held as a collateral duty, please mark as part time.)

**CONFIRMATION**

I confirm the information on this Verification of Sexual Assault Victim Advocacy Experience is accurate to the best of my knowledge.

<b>a. NAME</b>	<b>b. TITLE/POSITION</b>	<b>c. OFFICE/TELEPHONE NUMBER</b>
<b>d. SIGNATURE</b>		<b>e. DATE (YYYYMMDD)</b>

**Use additional copies of this page for each position held by this Applicant.**

**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)**  
**NEW APPLICATION**  
**EVALUATION OF SEXUAL ASSAULT VICTIM ADVOCACY EXPERIENCE**

**INSTRUCTIONS**

**COMPLETE this Evaluation if you are:**

- **A first time D-SAACP Applicant and are applying to Level II, III, or IV.**

**DO NOT COMPLETE this Evaluation if you are:**

- **A first time D-SAACP Applicant and are applying to Level I.**
- **A renewal applicant at any Level. Use DD Form 2950-1, the Renewal Application.**

**Evaluation of Sexual Assault Victim Advocacy Experience:** In addition to the Level II, III, and IV minimum hours requirement, Applicants must submit evaluations of **three** instances or occasions within the past two years where the Applicant provided victim advocacy services to a sexual assault victim.

**Evaluator:** The person(s) evaluating the Applicant's victim advocacy services may be any person with authority and/or in a position to have observed and evaluated the Applicant's knowledge, skills, and work experience as a SARC, SAPR VA, civilian victim advocate, or any other position where the Applicant provided sexual assault victim advocacy services. The evaluations may be from the same evaluator, or from up to three different evaluators.

**What may be evaluated:** Any instance or occasion where the Applicant provided victim advocacy services to a sexual assault victim may be evaluated. Three separate instances need to be evaluated.

The evaluations submitted may be for services provided to the same victim. Therefore, a SARC or SAPR VA assisting a victim in an extensive or complex case can have three victim advocacy evaluations for support to one victim. Likewise, an applicant who has worked with several victims may obtain evaluations of experience with different victims.

**Example:** An example of an experience that may be evaluated includes, but is not limited to: providing/explaining reporting options; attendance at medical examination(s); attending investigatory interview; assisting a victim before, during, and after a legal interview; and providing support before and after meetings of the victim and his/her supervisor. Each of these examples alone should be sufficient for one evaluation.

**Only three (3) victim advocacy response evaluations are required. Print additional copies of Evaluation pages as necessary.**



Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)

NEW APPLICATION

EVALUATION OF SEXUAL ASSAULT VICTIM ADVOCACY EXPERIENCE

**For the Evaluator:** Please describe three instances or occasions within the past two years where you observed the Applicant provide victim advocacy services to a sexual assault victim. For example: "I observed the Applicant providing support during a legal interview. During that time, the Applicant provided the victim with the support to speak honestly and suggested when a break was needed."

If you have not observed three occasions, the Applicant must submit additional Evaluation form(s) from additional evaluator(s).

I AM EVALUATING THE APPLICANT FOR (X one)  1  2  3 OF THE REQUIRED VICTIM ADVOCACY OBSERVATIONS.  
DESCRIPTION(S):

Keeping in mind the Applicant's victim advocacy experience you have observed, please respond to the following prompts:

1. DESCRIBE THE APPLICANT'S DEMONSTRATED SKILLS AND ABILITIES THAT QUALIFY HIM OR HER FOR AN ADVANCED CERTIFICATION.

2. DID THE APPLICANT PROVIDE THE VICTIM(S) WITH VIABLE OPTIONS THAT ADDRESS HIS/HER NEEDS?

YES  NO

3. DID THE APPLICANT ADVOCATE ON BEHALF OF THE VICTIM TO OTHER PROFESSIONALS (such as with Command, case management, and/or medical) IN A PROFESSIONAL AND TIMELY MANNER?

YES  NO

4. WHAT IS THE QUALITY OF VICTIM ADVOCACY ASSISTANCE THAT THE APPLICANT PROVIDED?

EXCELLENT  GOOD  FAIR  POOR

5. ADDITIONAL COMMENTS

6. EVALUATOR NAME (Print)

7. TITLE/POSITION

8. OFFICE

9. SIGNATURE

10. DATE SIGNED (YYYYMMDD)

**Department of Defense Sexual Assault Advocate Certification Program (D-SAACP)**  
**NEW APPLICATION**  
**SUPERVISOR AND COMMANDER STATEMENT OF UNDERSTANDING**

This page is to be completed by the SAPR Victim Advocate's Supervisor, and Commander.

SUPERVISOR'S  
INITIALS

a. I understand if the SAPR VA (full-time, collateral duty, or volunteer) is responding after duty hours on a case, it may impact his/her ability to report to work the following day.

b. I also understand that the SAPR VA (full-time, collateral duty, or volunteer) may have to be absent from the work area in order to accompany victim(s) to various other referral appointments, interviews, case management group meetings, and if a case proceeds to an Article 32, UCMJ, investigative hearing, pre-trial hearings, or a court-martial/trial (in military or civilian court), the SAPR VA may be absent from the work area during the hearing/trial.

c. I understand that I will be informed of any absences from the work center as soon as possible.

d. I understand the SAPR VA (full-time, collateral duty, or volunteer) will not report any details of the case to me, nor will I ask them for any details.

e. I understand the responsibilities of the SAPR VA (full-time, collateral duty, or volunteer) and am willing to support them.

f. If I should encounter any problems or concerns, I may contact the SARC.

**SUPERVISOR**

a. PRINTED NAME (*Last, First, Middle Initial*)

b. SIGNATURE

c. DATE (YYYYMMDD)

**COMMANDER** (*N/A if same as Supervisor*)

a. PRINTED NAME (*Last, First, Middle Initial*)

b. SIGNATURE

c. DATE (YYYYMMDD)

The SARC and Supervisor will maintain a copy of this sheet for their files.

**NEW APPLICATION**  
**RECOMMENDATION BY SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)**  
*(For SAPR VAs Only)*

*(To be completed by the SARC who will be supervising the SAPR VA when providing victim advocacy services.)*

DATE:

FROM:

TO: D-SAACP REVIEW COMMITTEE

SUBJECT: Recommendation as a Sexual Assault Prevention and Response Victim Advocate

I highly recommend \_\_\_\_\_ to be certified as a  
*(Name of applicant)*  
Sexual Assault Prevention and Response Victim Advocate (SAPR VA).

I have conducted an interview with this individual on \_\_\_\_\_, and I have confidence in  
*(Date)*  
his/her moral character, professional abilities, and willingness to perform the duties of a SAPR VA. I am confident that this individual understands the required duties and I have reviewed the Professional Code of Ethics with them, and I am confident he/she will maintain victim privacy, as required by law and policy.

\_\_\_\_\_ has completed the required pre-approved SAPR VA  
*(Name of applicant)*  
training and understands the certification requirements for providing direct victim advocacy services.

**Confirmation: I affirm the information on the recommendation letter is complete and accurate.**

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(SARC's D-SAACP Certification ID Number and Valid Thru Date)*

\_\_\_\_\_  
*(SARC's Email Address)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

**NEW APPLICATION  
RECOMMENDATION BY SUPERVISOR**

(For SARCs and SAPR VAs)

(To be completed by the first E7, CWO2, O3, or GS 9 or higher in the Applicant's chain of command.)

DATE:

FROM:

TO: D-SAACP REVIEW COMMITTEE

SUBJECT: Recommendation of \_\_\_\_\_  
(Name of applicant)  
as a \_\_\_\_\_  
(Sexual Assault Response Coordinator or Sexual Assault Prevention and Response Victim Advocate)

I highly recommend \_\_\_\_\_ as a \_\_\_\_\_.  
(Name of applicant) (SARC or SAPR VA)

I have spoken with the applicant on \_\_\_\_\_, and I can attest to their moral  
(date)  
character, professional abilities and willingness to perform the duties of a \_\_\_\_\_.  
(SARC or SAPR VA)

I am confident that this individual understands the required duties, and I am confident that he/she will maintain victim privacy, as required by law and policy.

I have confirmed the following (Initial each box):

	The required background investigation and screening has been completed on this date <i>(Do not send a copy of the background investigation.)</i> _____
	This individual is not a subject of an open Criminal, Inspector General Investigation, and/or formal Equal Opportunity Complaint. This has been verified with installation law enforcement.
	This individual has not been convicted of a sexual assault-related offense, domestic violence, child abuse, violent crime, or felony offense inconsistent with SARC/SAPR VA duties.
	This individual is not a registered sex offender.
	This individual has completed the NACP pre-approved training required of a SARC or SAPR VA and understands the certification requirements for providing direct victim advocacy services.

**Confirmation: I affirm the information on this recommendation letter is complete and accurate.**

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Rank/Grade/Service)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

**NEW APPLICATION  
RECOMMENDATION BY COMMANDING OFFICER**

*(For SARCs Only)*

*(To be completed by an O6, GS 15 or higher in the Applicant's chain of command.)*

I fall under the exception: the first person in my chain of command and senior commander are the same person and meets the rank requirements of O6, GS15, or above.

DATE:

FROM:

TO: D-SAACP REVIEW COMMITTEE

SUBJECT: Recommendation of \_\_\_\_\_  
*(Name of applicant)*  
as a Sexual Assault Response Coordinator (SARC).

I have spoken with \_\_\_\_\_ on \_\_\_\_\_, and highly recommend  
*(Name of applicant)* *(Date)*  
the applicant as a SARC. I can attest to his/her moral character, professional abilities, and willingness to perform the responsibilities expected of a SARC.

The SARC and I discussed *(initial each box)*:

	The responsibilities expected of a SARC, and I am confident he/she will maintain victim privacy, as required by law and policy.
	The expectations of the SAPR program at this Command/Installation.
	Fostering a climate that overcomes barriers to reporting sexual assaults.

I have confirmed the following *(initial each box)*:

	This individual is not a subject of an open Criminal, Inspector General Investigation, and/or formal Equal Opportunity Complaint. This has been verified with installation law enforcement.
	The required background investigation and screening has been completed on this date _____ <i>(Do not send a copy of the background investigation.)</i>
	This individual has not been convicted of a sexual assault-related offense, domestic violence, child abuse, violent crime, or felony offense inconsistent with SARC/SAPR VA duties.
	This individual is not a registered sex offender.
	This individual has completed the NACP pre-approved training required of a SARC and understands the certification requirements for providing direct victim advocacy services.

**Confirmation: I affirm the information on this recommendation letter is complete and accurate.**

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Rank/Grade/Service)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*