** Professional Standards Organizational Self-Assessment Summary**

Thank you for completing the Professional Standards Organizational Self-Assessment. The self-assessment tool is intended to provide guidance on your agency’s readiness to apply for voluntary accreditation. If you feel that your agency is prepared to move forward in the accreditation process, please submit this completed Summary to the Professional Standards Team at [sdvstandards@dcjs.virginia.gov](mailto:sdvstandards@dcjs.virginia.gov) by **September 26th, 2025**. Further instructions will be sent to you after **September 29th, 2025,** regarding the next steps for your agency in the accreditation process.

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| **Agency Information** | | |
| **Agency Name:** | | Click or tap here to enter text. |
| **Agency Address:** | | Click or tap here to enter text. |
|  | | |
| **Agency Contact** | | |
| **Name:** | Click or tap here to enter text. | |
| **Title:** | Click or tap here to enter text. | |
| **Email:** | Click or tap here to enter text. | |
| **Phone:** | Click or tap here to enter text. | |

**Type of Program (mark one): Type of Agency (mark one):**

Private Nonprofit  Sexual Assault Agency or Program

Public or Governmental Agency  Domestic Violence Agency or Program

Program within Umbrella Agency  Dual Agency or Program

**Are there any areas in which your agency will need technical assistance? If so, please specify those areas below.**

|  |
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| **Technical Assistance (TA) Needed:** |
| Click or tap here to enter text. | |

**The information on this summary is accurate and complete to the best of my knowledge.**

|  |  |  |
| --- | --- | --- |
| **Signature of Agency Contact** |  | **Date** |