** 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 submit an application for voluntary accreditation. **Please submit this completed summary to the Professional Standards Coordinator at** **sdvstandards@dcjs.virginia.gov** **by January 31, 2020**. Once you submit this summary, you will receive a confirmation email upon receipt. Further instructions will be sent to you after February 3, 2020 regarding next steps for your agency in the accreditation process.

|  |  |
| --- | --- |
| **Agency Name:**  | 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): The Agency is:**

[ ]  Private Non-Profit [ ]  Sexual Assault Crisis Center

[ ]  Public or Governmental Agency [ ]  Domestic Violence Program

[ ]  Program within Umbrella Agency [ ]  Dual Agency

**Based on the organizational self-assessment, is your program ready to apply for accreditation in 2020?**

[ ]  Ready [ ]  Not Ready

**To help us prepare and plan for supporting agencies’ needs, please share in what general areas your agency would need technical assistance (e.g. training, sample policies):**

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

**Note:** *Please attach an additional sheet of TA needs if necessary.*

**Would you like to apply for accreditation?** [ ]  Yes [ ]  No If no, please tell us why:

|  |
| --- |
| 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** |