

HB23-1178 DOMESTIC VIOLENCE AND CHILD ABUSE TRAINING AFFIDAVIT

A professional trainer shall conduct the required training set forth in subsection (5) of this section. The professional trainer shall have substantial experience in assisting survivors of domestic violence or child abuse. A professional trainer may include a professional representing a victim service provider. (See §14-10-127.5, C.R.S.)

“Victim service provider” means a nonprofit, nongovernmental or tribal organization or rape crisis center, including of a state or tribal nation, that is subject to section 13-90-107 (1)(k)(i) and assists or advocates for domestic violence, dating violence, sexual assault, or stalking victims, including domestic violence shelters, faith-based organizations, and other organizations with a documented history of effective work concerning domestic violence, dating violence, sexual assault, or stalking. (See §14-10-127.5, C.R.S.)

The professional trainer shall rely on evidence-based and peer-reviewed research conducted by recognized experts or research conducted in the field by recognized domestic violence victim advocates that focuses on the types of abuse described in §14-10-127.5(5)(b) and shall not include theories, concepts, or belief systems in the required training that are not supported by evidence-based and peer-reviewed research or research conducted in the field by recognized domestic violence victim advocates. (See §14-10-127.5, C.R.S.)

The coordinator of a training program is not able to sign this affidavit on behalf of the presenter. The signer of this affidavit must be the professional who delivered the content.

I, _____, meet the requirements to be a professional trainer, as detailed in §14-10-127.5, C.R.S. I presented the training session titled

_____ on _____ date for:

_____ clock hours of domestic violence _____ clock hours of child abuse

****check all that apply****

The training course focused on domestic violence; and/or child abuse, including:

<input type="checkbox"/>	child sexual abuse
<input type="checkbox"/>	physical abuse
<input type="checkbox"/>	emotional abuse
<input type="checkbox"/>	coercive control
<input type="checkbox"/>	implicit and explicit bias, including biases relating to parties with disabilities
<input type="checkbox"/>	long-term and short-term impacts of domestic violence and child abuse on children

	victim and perpetrator behavioral patterns and relationship dynamics within the cycle of violence
	traumatic effects of domestic violence on children, adults and families
	traumatic effects of child abuse and child sexual abuse

VERIFICATION OF PROFESSIONAL TRAINER

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the ____ day of _____, _____, at _____.

(date) (month) (year) (city or other location, and state OR country)

(Printed name)

(Signature)

By signing, you are not verifying attendance for the course, you are only acknowledging you qualify as a professional trainer per the requirements above and confirming the course content regarding hours of domestic violence and/or child abuse.