



# FADVS

Florida Association of Directors of Volunteer Services

## CERTIFICATION PROGRAM

### **HISTORY OF THE CERTIFICATION PROGRAM**

In 1987, the Florida Association of Directors of Volunteer Services (FADVS) organized a committee whose purpose was to develop a statewide certification program that would promote and recognize professionalism in the field of volunteer management. Through its implementation on March 21, 1990, Florida became the third state to develop a comprehensive certification program for its membership.

### **GOALS AND OBJECTIVES**

The overall goals of the Certification program are focused in three major areas:

1. To set professional standards by which directors may evaluate their level of proficiency and competence within a standardized review process.
2. To recognize excellence and validate professionalism in volunteer management.
3. To increase knowledge through the promotion of continuing education on an ongoing basis with the Certification Maintenance Program. To remain certified, individuals will need to re-certify every four years.

# **CERTIFICATION REQUIREMENTS**

All certification applicants must fulfill these requirements:

1. Active FADVS member in good standing for at least one year.
2. Have acquired experience and/or education as follows:
  - A. Bachelor's Degree and one year of experience as a health care volunteer services director,  
OR:
  - B. Two years of experience as a health care volunteer services director, without a college degree.
  - C. Have attended a minimum of 20 hours of continuing education programs appropriate to the field of volunteer management and approved by the Educational Committee of the Certification program (not beyond two years prior to application) (form attached).
3. Payment of \$75.00 certification application fee (non-refundable).
4. After receipt of the completed application and application fee, the Certification Committee will review the application, and if approved, will email the examination to the designated proctor listed by the candidate as the representative from their organization.
5. The proctor will email the Certification Committee Chair to advise him/her once the exam has been completed.
6. The candidate will be informed, within seven (7) business days of receipt of the exam, as to the status of the examination and whether certification is to be awarded.

## **RESOURCES AND PREPARATION FOR THE EXAMINATION**

Candidates for certification are strongly encouraged to prepare for the examination utilizing volunteer management resources, including those provided by FADVS, AHVRP, SHVL, and other volunteer professional organizations.



## POSITION/PROGRAM DATA

Position Title:
Years in Present Position:
Years in Healthcare Organization:
# of Active Volunteers:
# of Teen Volunteers:
# of Auxilians:
Others:
Name of C.E.O.:
Name of Direct Supervisor:
Percent of Time Managing Volunteers:
Other Responsibilities:

## EDUCATION

High School Graduate:	Name:
College Graduate:	Name:
Years Attended:	City/State:
Year Graduated:	Degree(s):
Other Education:	Specify:
Other Education:	Specify:

## VOLUNTEER ORGANIZATIONAL MEMBERSHIPS

ORGANIZATION	YEAR JOINED	LEADERSHIP POSITION HELD
FADVS		
AHVRP		
Other:		

## PREVIOUS PROFESSIONAL EXPERIENCE

(List most recent positions first)

Position:	Dates:
Organization:	Location:
Position:	Dates:
Organization:	Location:

## RE-CERTIFICATION EDUCATION HOUR SUMMARY

Serving as a role model in our field requires learning/discovery, experience, education, and development. An intentional blend of learning activities (training sessions, educational conferences, board leadership, mentoring others, etc.) contributes to the ongoing development of an effective volunteer leader. Therefore, this program has been designed to meet all of the aforementioned objectives.

Certificates of Attendance are required for all programs and must be attached to this form. (Other types of documentation such as workshop applications, hotel vouchers, or seminar handouts will not be accepted as proof of attendance.) Candidates are advised to retain copies of attendance records for their personal files in addition to the copies sent with your application.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

<b>EDUCATIONAL PROGRAMS</b>	<b>CONTACT HOURS</b>	<b>DOCUMENTATION</b>
FADVS Annual Education Conference	4	Certificate of Attendance
National Volunteer Conference	4	Certificate of Attendance
Regional Volunteer Conference	4	Certificate of Attendance
FADVS Regional Council Program	2 per meeting	Copy of Program
Other Volunteer Conference/Educational Program:	2	Certificate of Attendance
University/College Course	2 per course	Transcripts
Academic Teaching	2 per course	Letter from Institution
Volunteer Conference Presenter	8	Copy of Program
FADVS Board Participation	5 per year served	Copy of Annual Meeting Minutes or FADVS Meeting Program
National/Regional Webinar	4	Certificate of Attendance
Community Leadership Volunteer Involvement	3 per year served	Volunteer Hours
<b>TOTAL NUMBER OF HOURS OF ACCUMULATED EDUCATION/TRAINING</b>		

<b>REQUIREMENTS: 20 HOURS INITIAL CERTIFICATION</b>
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<b>40 HOURS IS THE REQUIRED NUMBER OF HOURS FOR MAINTENANCE (EVERY FOUR YEARS).</b>
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I hereby attest to the accuracy of the above and attached information. I understand that the FADVS Certification Committee may elect to verify any information detailed in the submitted portfolio.

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

**Proctor Information**

- The proctor will be a staff member with administrative responsibility and employed by the candidate’s organization.
- The proctor will receive an email link to the examination.
- The proctor will, along with the candidate, sign, date, and indicate the completion time for the examination.

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Name of Proctor Title

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E-mail Address of Proctor Phone Number of Proctor

Questions regarding educational programming should be directed to a member of the FADVS Certification Chair.