

Form 10

Renewal Application for Training/Supervision/CEU Site Approval

This form can only be used by agencies that have been previously approved by the ICDVP Board and are in good standing.

<input type="checkbox"/>	Check this box if you are renewing as a Non-Domestic Violence Program. Complete sections A, D, G and H.
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A. Name of Agency:

Address:

Contact Person:

Telephone:	Fax:	E-Mail:
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B. Training Coordinator(s) Name(s)	Title	ICDVP/CPAIP Certification #	Expires

C. Supervisor(s) Name(s)	Title	ICDVP/CPAIP Certification #	Expires

D. Name of person(s) overseeing CEU training	Title	ICDVP/CPAIP Certification #	Expires

E. Please include the following for Training site renewal.

- Sample copy of training certificate or letter of completion.
- Completed copy from agency's most recent training with trainers' signatures/initials, dates and time frames.
- List of materials/bibliography/resources used to design and/or implement the training program.
- ← Check box if renewing training site status.** Signature on form certifies that this agency agrees to participate in oversight and monitoring of training by ICDVP, Inc. and that the agency will store documentation of all 40-hour and 20-hour trained participants for at least 5 years.

Form 10 continued

F. Please include the following for Supervision site renewal.

- Organizational chart that includes the following: clear, defined lines of authority, names of supervisors and ICDVP/CPAIP with certification number is placed next to staff that is certified.
- ←Check box if renewing supervision site status.** Signature on form certifies that this agency agrees clients who are victims or perpetrators of Domestic Violence receive services from staff members who are supervised by CDVP's and/or CPAIP's.
- Attached is an explanation of how supervision takes place and how trainees interface with victims or perpetrators of domestic violence within the agency.

G Please include the following for CEU site renewal.

- At least one example of proposed CEU workshop including day(s) and time frames.
- Sample copy of training certificate or letter of completion.
- Non-DV agency CEU site only**—Summary of evaluations for each approved workshop/training/conference (do not submit individual evaluations)
- ←Check box if renewing CEU site status.** Signature on form certifies that this agency:
 - will participate in oversight and monitoring of training by ICDVP, Inc.
 - will provides documentation to individuals that complete the training.
 - will maintain and store documentation of all training participants for at least 5 years.

H. Please include the following if you are renewing your Training and/or Supervision and/or CEU site status.

- This Application form filled out and signed.
- Agency check of \$200.00 for **each** (training/supervision/CEU) renewal, made payable to ICDVP, Inc. (example: provide a check for \$600.00 if renewing status for training/supervision and CEU)
- Non-DV agency CEU site only**--Certified Check or money order payable to ICDVP, Inc. for \$150.00 per year
- Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to ilcdvp@ilcdvp.org
- ←Check box to confirm the following statement.** Signature on form indicates that the agency's Executive Director (or in the case of multi-program agencies the Domestic Violence Program Director) be 40 hour trained even if they do not have client contact and are not required to be certified.

Is your agency willing to train and/or supervise and/or provide ICDVP CEU's for **Internal certification applicants** (your own agency's staff / volunteers) and/or **External certification applicants**? (Not applicable to Non-DV ceu sites.) *circle all that apply:*

20hr in-person training PAIP 40hr in-person Training Supervision CEU

<i>Print Name of Person Completing Form:</i>	<i>Print Name of Executive Director or Domestic Violence Program Director:</i>
<i>Signature:</i>	<i>Signature:</i>
<i>Title:</i>	<i>Date:</i>

~~~~~**STAFF USE ONLY**~~~~~

|          |        |         |       |
|----------|--------|---------|-------|
| Approved | Denied | Pending | Date: |
|----------|--------|---------|-------|

*Signature of reviewer:*