

### Form 3

#### Application for PAIP Training Site Approval

Name of Agency:

Address:

Contact Person:

Telephone:

Fax:

E-Mail:

Person(s) providing oversight/facilitating trainings.

Years in Position

CPAIP#

Expiration Date:

#### Checklist of Items to include in application

1. Application form completely filled out and signed.
2. Job Descriptions of Training Coordinators (as defined in Section Five of the ICDVP Policy & Procedure manual.)
3. Copy of 501(c)(3) form OR Copy of Articles of Incorporation.
4. Copy of agency's actual PAIP training schedule, which includes actual time frames.
5. Sample of the PAIP completion certificate. (See section VIII for what should be on this document.)
6. Copy of the PAIP training attendance monitoring documentation form.
7. Bibliography of training material used for the PAIP training.
8. Copy of the most recent IDHS protocol compliance renewal letter and copy of the original IDHS protocol approval letter indicating compliance for at least the last five years.
9. Statement of tardiness/make-up policy for the PAIP training.
10. One page statement on perpetrator stages of change and the importance of the victim's voice within PAIP.
11. A one page description of agency programs/services.
12. Copy of agency mission statement.
13. Agency check for \$200.00 made payable to ICDVP, Inc.

Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to [ilcdvp@ilcdvp.org](mailto:ilcdvp@ilcdvp.org).

**Form 3 continued**

1. I certify that \_\_\_\_\_ *Agency Name* has been providing 40 hour Partner Abuse Intervention trainings as defined in the ICDVP training site policy, has been providing such PAIP services for at least 5 years and is a not-for-profit, private domestic violence agency (as defined in the ICDVP training site policy). A copy of 501(c)(3) form must be submitted with application.

2. How long has your training coordinator worked at an IL approved PAIP?

3. Do you provide training in any language other than English:  
If so, which language(s)

4. If you provide victim services, is your domestic violence program a member of a domestic violence network or domestic violence coalition? Yes or No

If yes which one(s):

For how many years:

5. Are you willing to train (Check all that apply)

- Internal certification applicants (your own agency's staff / volunteers)
- External certification applicants

6. I certify that my agency provides documentation to individuals that complete 20 hours of training and will maintain and store documentation of all training participants for at least 5 years.  
Yes or No

7. I certify that our agency will adhere to standards and policies set forth by ICDVP, Inc.  
Yes or No

<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>

~~~~~**For Staff Use Only**~~~~~

|                  |              |                   |
|------------------|--------------|-------------------|
| <b>Approved:</b> | <b>Date:</b> | <b>Signature:</b> |
|------------------|--------------|-------------------|