

## Form 8

| Individual Certification Renewal Form  |  |                  |       |
|--|--|------------------|-------|
| <b>Check which certification is being renewed.</b>   |  | CDVP             | CPAIP |
| Name:  |  |                  |       |
| Address:   |  |                  |       |
| Telephone:   |  | E-Mail Address:  |       |
| Certification #:   |  | Date of Request: |       |
| Application Process  |  |                  |       |
| <ol style="list-style-type: none"> <li>1. ICDVP and CPAIP certification is valid for two years from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason.</li> <li>2. The certification may be renewed by completion of the required renewal form and submitting proof that 30 hours of Continuing Education units have been obtained since the professional's last renewal period.</li> <li>3. Renewal forms may be submitted no sooner than <b>two</b> months prior to expiration of certification.</li> <li>1. <b>FOR CPAIP'S ONLY</b>, CEU's must be from the following three categories:               <ul style="list-style-type: none"> <li><b>Category 1:</b> conferences, workshops or trainings specific to work with victims of domestic violence. Minimum of 10 hours and a maximum of 20 hours.</li> <li><b>Category 2:</b> conferences, workshops or trainings specific to work with perpetrators of domestic violence. Minimum of 10 hours and maximum of 20 hours.</li> <li><b>Category 3:</b> conferences, trainings or workshops on topics useful to work with perpetrators of domestic violence but may not necessarily be specific to domestic violence. Category 3 can include but is not limited to conferences, workshops or trainings that address substance abuse, mental health, systems coordination, ethics, boundaries, legal and regulatory issues, general counseling, etc. Additionally, for category 3, up to 6 continuing education hours will be credited for participation on domestic violence or Partner Abuse committees and up to 10 continuing education hours for the provision of domestic violence or PAIP trainings.</li> </ul> </li> </ol> |  |                  |       |
| Checklist of Items to include in application   |  |                  |       |
|  | 1. Application form completely filled out and signed. <b>Do NOT forget to fill out list on 2<sup>nd</sup> page of this form.</b> |                  |       |
|  | 2. Any petition (and the materials requested by that petition) and the required fee that is needed.                              |                  |       |
|  | 3. Copies of attendance certificates/letters for all trainings listed on 2 <sup>nd</sup> page of this form.                      |                  |       |
|  | 4. Renewal Fee \$75.00 - please send payment in the form of a check or money order.  |                  |       |
|  | 5. Make checks payable to ICDVP, Inc. <b>(only 1 applicant per check)</b>  |                  |       |
| Mail <b>signed</b> renewal form and payment to: ICDVP, P.O. Box 429, LaGrange, IL. 60525   |  |                  |       |

**NOTE: Effective 2015, the maximum hours allowed for on-line training is 15.**

**Form 8 continued**

**LIST ALL WORKSHOPS/TRAININGS/CONFERENCES ATTENDED FOR CEU CREDIT.**

| Conference Date                              | Conference Name | CEU Hours | Category #<br>(CPAIP only) | ✓ if In-person |
|--|-----------------|-----------|----------------------------|----------------|
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|  |                 |           |                            |                |
| <b>Grand Total number of hours submitted</b> |                 |           |                            |                |

I certify that to my knowledge, the above information is correct. I understand that submitting false information can result in my renewal application being denied and may affect my status as an Illinois Certified Domestic Violence Professional or Illinois Certified Partner Abuse Intervention Professional.

*Signature*

*Date*

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

|  |          |  |        |  |         |       |
|--|----------|--|--------|--|---------|-------|
|  | APPROVED |  | DENIED |  | PENDING | DATE: |
|  | APPROVED |  | DENIED |  | PENDING | DATE  |
|  | APPROVED |  | DENIED |  | PENDING | DATE  |

**SIGNATURE of Reviewer**