

Form 1

Application for Approved Supervisory Site		
Name of Agency:		
Address:		
Contact Person:		
Telephone:	Fax:	E-Mail:
Supervisor(s) Name(s)	Title	Number of Years in Position
Checklist of Items to include in application		
1.	Application form completely filled out and signed	
2.	Proof that Executive Director is 40 hour trained (if CDVP then copy of that certification can be used as proof).	
3.	Job Descriptions of supervisors who will be providing supervision for the ICDVP requirement.	
4.	Copy of 501(c)(3) letter	
5.	Copy of Agency's complete organizational chart which includes the names and job titles of all staff. Note CDVP # and expiration date of all supervisors.	
6.	A brief explanation of how supervision will take place and how trainees will interface with domestic violence victims.	
7.	Completion certificate/document for the 150 hours of supervised victim services work.	
8.	Brief statement of Victim empowerment and Social Activism/Social Change.	
9.	One page description of agency programs and services.	
10.	Copy of agency mission statement.	
11.	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 ilcdvp@ilcdvp.org .		

FORM 1 continued

1. I certify that _____ provides domestic violence services
Agency Name
as defined in the ICDVP supervisory site policy, has been providing such domestic violence services for at least 5 (or the agency meets the requirements for an exception to this rule) years and is a not-for-profit, private domestic violence agency. A copy of 501(c)(3) form must be submitted with application.

2. Does your agency charge a fee to victims of domestic violence? Yes or No
If yes, please explain:

3. Is your domestic violence program a member of a network or coalition? Yes or No
If yes which one(s):
For how many years:

4. I certify that at the end of supervision, our agency will provide a written assessment (using ICDVP FORM 3) of the applicant's appropriateness for certification. I certify that our agency will adhere to standards and policies set forth by ICDVP, Inc.

<i>Print Name of Person Completing Form:</i>	<i>Print Name of Executive Director or Domestic Violence Program Director</i>
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<i>Signature</i>	<i>Signature</i>
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<i>Title</i>	<i>Date</i>
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APPROVED	DENIED	PENDING
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Date:	Reviewer Signature:
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Form 2

Application for 40 Hour Training Site Approval

(either 40 in-person OR 20 in-person/20 online combination training)

Name of Agency:

Address:

Contact Person:

Telephone:

Fax:

E-Mail:

Person(s) providing oversight for trainings.

Years in Position

CDVP#

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) letter
4. A copy of the agency's **actual** 40 or 20 hour in person DV training schedule, which includes **actual** timeframes. (Form 11 and 11b may be used for this).
5. Copy of agency's actual 40-hour training and/or 20 hour outline/tracking form including training topics/subtopics and timeframes. (See section X of Manual for a list of required topics.) (See forms 11 or 11B for sample of tracking document)
6. Sample of 40-hour and/or 20-hour online/20 hour in person completion certificate. (See section VIII for what should be on this document.)
7. Bibliography of training material used for 40-hour in person and/or 20 hour in person training.
8. One page statement on Victim Empowerment and Social Activism/Social Change.
9. A one page description of agency programs/services, along with statistical data of the domestic violence victims services provided for the past 5 years.
10. Copy of agency mission statement.
11. 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.

1. I certify that _____ has been providing 40 hour

Agency Name

domestic violence trainings as defined in the ICDVP training site policy, has been providing such domestic violence services for at least 5 years and is a not-for-profit, private domestic violence agency (as defined in the ICDVP training site policy).

Form 2 continued

2. How long has the training coordinator worked at your domestic violence agency?

3. How often do you provide training?

4. Does your agency charge a fee to victims of domestic violence? Yes or No
 If yes, please explain:

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

6. 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:

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

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

8. I certify that my agency provides documentation to individuals that complete 40 hours of training and will maintain and store documentation of all training participants for at least 5 years.

Yes or No

9. I certify that our agency will adhere to standards and policies set forth by ICDVP, Inc.

Yes or No

10. Prior to approval of a **new 40 hour training site**, a site visit will be conducted by a least two ICDVP board members.

Print Name of Person Completing Form:

Print Name of Executive Director or Domestic Violence Program Director:

Signature:

Signature:

Title:

Date:

Approved:

Date:

Signature:

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.

Form 3 continued

1. I certify that _____ has been providing 40 hour
Agency Name
 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

Print Name of Person Completing Form:

Print Name of Executive Director or Domestic Violence Program Director:

Signature:

Signature:

Title:

Date:

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

**Approved:**

**Date:**

**Signature:**

## Form 4

| Application for Continuing Education Site Approval                                                                                                                         |                                                                                                                                                                                                            |             |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|
| Name of Agency:                                                                                                                                                            |                                                                                                                                                                                                            |             |                  |
| Address:                                                                                                                                                                   |                                                                                                                                                                                                            |             |                  |
| Contact Person:                                                                                                                                                            |                                                                                                                                                                                                            |             |                  |
| Telephone                                                                                                                                                                  | Fax                                                                                                                                                                                                        | E-Mail      |                  |
| Person(s) providing oversight for CEU trainings.                                                                                                                           | Title                                                                                                                                                                                                      | CDVP/CPAIP# | Expiration Date: |
|                                                                                                                                                                            |                                                                                                                                                                                                            |             |                  |
|                                                                                                                                                                            |                                                                                                                                                                                                            |             |                  |
|                                                                                                                                                                            |                                                                                                                                                                                                            |             |                  |
| Checklist of Items to include in application for CDVP & CPAIP CEU sites                                                                                                    |                                                                                                                                                                                                            |             |                  |
|                                                                                                                                                                            | 1. Application form completely filled out and signed.                                                                                                                                                      |             |                  |
|                                                                                                                                                                            | 2. Job Descriptions of person(s) overseeing CEU workshops/conferences                                                                                                                                      |             |                  |
|                                                                                                                                                                            | 3. <b>ICDVP CEU site only</b> --Copy of 501(c)(3) letter                                                                                                                                                   |             |                  |
|                                                                                                                                                                            | 4. <b>CPAIP CEU site only</b> --Copy of 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. |             |                  |
|                                                                                                                                                                            | 5. At least one example of proposed CEU workshop including time frames.                                                                                                                                    |             |                  |
|                                                                                                                                                                            | 6. Copy of CEU workshop/training/conference attendance monitoring document.                                                                                                                                |             |                  |
|                                                                                                                                                                            | 7. Copy of evaluation form (See form 13 for an evaluation form sample.)                                                                                                                                    |             |                  |
|                                                                                                                                                                            | 8. Sample of completion certificate/letter. (See section VIII for what should be on this document.)                                                                                                        |             |                  |
|                                                                                                                                                                            | 9. <b>ICDVP CEU site only</b> —Brief statement of how you incorporate victim empowerment and social activism/social change in your workshops/conferences.                                                  |             |                  |
|                                                                                                                                                                            | 10. One page description of agency's programs and services.                                                                                                                                                |             |                  |
|                                                                                                                                                                            | 11. Copy of agency's mission statement.                                                                                                                                                                    |             |                  |
|                                                                                                                                                                            | 12. Check or money order for \$200.00 made payable to ICDVP, Inc.                                                                                                                                          |             |                  |
| Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525.<br>Any questions can be mailed or e-mail to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a> |                                                                                                                                                                                                            |             |                  |

**Form 4 continued**

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

2. **ICDVP CEU site only**—How long have each of the CEU staff(s) (named above) worked in the field of domestic violence:(give first name followed by length of time/use back of this page if needed)

3. **ICDVP CEU site only**—Does your agency charge a fee to victims of domestic violence?  
Yes or No

If yes, please explain:

4. **CPAIP CEU site only**—I certify that \_\_\_\_\_ has been an Illinois Department of Human Services Protocol approved provider of partner abuse intervention services for at least five years and that the agency is currently in compliance with the requirements of IDHS.  
*Agency Name*

5. **CPAIP CEU site only**—Is your agency an Illinois Certified Domestic Violence Professional approved CEU training site? Yes or No.

**If Yes, an application form must be submitted for approval but no application fee is required.**

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

7. Is your domestic violence or PAIP program a member of a network or coalition?  
Yes or No

If yes which one(s):

For how many years:

8. Are you willing to provide CEU workshops to (check all that apply).

Internal applicants (Your own agency's staff / volunteers).

External applicants



**Form 4 continued**

9. I certify that my agency provides documentation to individuals that complete the training and will maintain and store documentation of all training participants for at least 5 years.

10. I certify that our agency will adhere to standards and policies set forth by ICDVP, Inc.

*Print Name of Person Completing Form:*

*Print Name of Executive Director or Domestic Violence Program Director:*

*Signature:*

*Signature:*

*Title:*

*Date:*

*Date:*

## Form 5

### Petition For Approval Of CEU's For Committee/Board Participation

A maximum of 6 hours of CEU's may be earned per renewal period. This form is to be used by individuals who are applying for CEU approval for the following types of active service as: **ICDVP Board or committee member**, officer/member of an approved local or national domestic violence network, **chair or committee member of a major domestic violence conference/ convention**, and chair or committee member of the following organizations: Chicago Battered Women's Network, Illinois Coalition Against Domestic Violence or Illinois Department of Human Services Domestic Violence Advisory committee. One meeting hour equals one CEU hour. **If involved in more than one board/committee then you must submit petitions for each one of these boards/committees. All hours done on any one board/committee can be submitted on one petition. You may photocopy this form.**

Name:

Address:

Telephone:

E-Mail Address:

Certification Number:

Date of Request:

#### Checklist of Items to include in application

1. Application form
2. Attach documentation of attendance (i.e.: copy of minutes for each hour requested showing your name with start and end times of meeting).
3. Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.
4. Make checks payable to ICDVP, Inc.

Mail petition and payment to: ICDVP, P.O. Box 429, LaGrange, IL. 60525

#### Provide the following information

Name of Organization sponsoring group/committee/board:

Dates of Participation:

Role on Committee or Board:

Number of CEU's Requested (subject to approval by ICDVP Board):

Brief Summary of Committee/Board content and goals:

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

*Signature*

*Date*

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

APPROVED

DENIED

DATE:

SIGNATURE: Board/ Committee Member

Form 6

Petition For CEU's For Non-Approved ICDVP/CPAIP Workshops/Conferences

This form is to be used by individuals who are CDVP/CPAIP and have attended any conference that does not provide ICDVP-approved continuing educational units. One petition is required for each training program/conference. The date and number of CEU's must be included on any documentation.

Name:

Address:

Telephone:

E-Mail Address:

Certification Number:

Date of Request:

Checklist of Items to include in application:

1. Application form completely filled out and signed
2. Attach documentation of attendance (certificate, letter of verification).
3. Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.
4. Make checks payable to ICDVP, Inc.

Mail petition and payment to: ICDVP, P.O. Box 429, LaGrange, IL. 60525

Provide the following information

Name of Training Program:

Date of Training Program:

Name of Organization/Agency sponsoring training:

Number of CEU's Requested (subject to approval by ICDVP Board):

Note: One hour of classroom time equals 1 CEU.

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

Signature:

Date:

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

APPROVED

DENIED

COPY MAILED

SIGNATURE: Board/ Committee Member

DATE:

Form 7

Petition For Approval Of Teaching Or Training At A Domestic Violence Class Or Conference

This form is to be used by individuals who are CDVP/CPAIP and are applying for CEU approval of verified professional teaching in the field of domestic violence such as; teaching at accredited college/university, teaching ICDVP Board approved 40-hour/20-hour trainings, presenting at national/state level conferences or presenting approved ICDVP CEU trainings. One teaching hour equals one CEU hour. The maximum number of hours allowed by any individual is 10 hours per renewal period. One training/class per petition. Note: Anyone who teaches part or all of an ICDVP approved 40-hour training and/or PAIP training at the same agency—during the renewal period—needs only to submit all documentation with one form and pay one fee.

Name:

Address:

Telephone:

E-Mail Address:

Certification Number:

Date of Request:

Checklist of Items to include in application

1. Application form completely filled out and signed.
2. Attach documentation of this training/ class (i.e.: description, schedule, and brochure).
3. Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.
4. Make checks payable to ICDVP, Inc.

Mail petition and payment to: ICDVP, P.O. Box 429, LaGrange, IL. 60525

Provide the following information

Name of Training Program or Class:

Dates of Training Program or Class:

Name of School/Agency sponsoring training/class:

Number of CEU's Requested (subject to approval by ICDVP Board):

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

Signature

Date

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

APPROVED

DENIED

PENDING

SIGNATURE *Board/Committee Member*

DATE

SIGNATURE

DATE

Form 8

| Individual Certification Renewal Form | | | |
|--|--|------------------|-------|
| Check which certification is being renewed. | | CDVP | CPAIP |
| Name: | | | |
| Address: | | | |
| Telephone: | | E-Mail Address: | |
| Certification #: | | Date of Request: | |
| Application Process | | | |
| <ol style="list-style-type: none"> 1. ICDVP and CPAIP certification is valid for two years from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason. 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. 3. Renewal forms may be submitted no sooner than two months prior to expiration of certification. 1. FOR CPAIP'S ONLY, CEU's must be from the following three categories: <ul style="list-style-type: none"> Category 1: conferences, workshops or trainings specific to work with victims of domestic violence. Minimum of 10 hours and a maximum of 20 hours. Category 2: conferences, workshops or trainings specific to work with perpetrators of domestic violence. Minimum of 10 hours and maximum of 20 hours. Category 3: 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. | | | |
| Checklist of Items to include in application | | | |
| | 1. Application form completely filled out and signed. Do NOT forget to fill out list on 2nd page of this form. | | |
| | 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 nd 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. (only 1 applicant per check) | | |
| Mail signed 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 #
(CPAIP only) | ✓ if In-person |
|---------------------------------------|-----------------|-----------|----------------------------|----------------|
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| Grand Total number of hours submitted | | | | |

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**

## Form 8B

| Request for Extension                                                               |                                                                                                                                                                                     |      |  |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| Check which certification needs an extension/inactive status.                       |                                                                                                                                                                                     | CDVP |  |
| Name:                                                                               |                                                                                                                                                                                     |      |  |
| Address:                                                                            |                                                                                                                                                                                     |      |  |
| Telephone:                                                                          | Email:                                                                                                                                                                              |      |  |
| Certification #:                                                                    | Date of Request:                                                                                                                                                                    |      |  |
| Checklist of items to include with request form                                     |                                                                                                                                                                                     |      |  |
|                                                                                     | 1. Request for Extension form completely filled out and signed                                                                                                                      |      |  |
|                                                                                     | 2. \$25.00 to receive an extension                                                                                                                                                  |      |  |
|                                                                                     | 3. Make check(s) payable to ICDVP, Inc.                                                                                                                                             |      |  |
| Mail signed request form and payment(s) to: ICDVP, P.O. Box 429, LaGrange, IL 60525 |                                                                                                                                                                                     |      |  |
| Check below if requesting another extension                                         |                                                                                                                                                                                     |      |  |
|                                                                                     | Requesting a second 6 month extension. (Individual will not be able to get another extension if ceu training material cannot be submitted at the end of 2 <sup>nd</sup> extension.) |      |  |

My signature below signifies that I understand requesting an extension puts my certification on hold temporarily. During this time I understand I am not eligible to supervise candidates for the certification test nor am I eligible to be the coordinator of the 40 hour domestic violence training, the PAIP training and/or CEU training. I also understand that it is my responsibility to provide the required documentation to change my certification status back to being active.

(See section IV of manual for full policy for criteria on requesting an extension.)

SIGNATURE

CDVP/CPAIP#

DATE EXPIRES

## Form 9

### Application for ICDVP CEU Status

(Non-Domestic Violence Program Applicants Only)

Name of Agency:

Address:

Contact Person:

Telephone

Fax

E-Mail

Conference Coordinator:

CDVP/CPAIP #:

#### Checklist of Items to include in application

1. Application form completely filled out and signed.
2. Past conference brochure/flyer that includes the following information:
  - a. learning objectives
  - b. content with timeframes for individual sessions
  - c. conference agenda
  - d. any ceu language provided
3. Copy of CEU workshop attendance monitoring document. (See form 12 for a tracking form sample.)
4. Copy of completion certificate/letter.
5. Sample of training evaluation form. (See form 13 for an evaluation form sample.)
6. Certified Check or money order payable to ICDVP, Inc. \$300 for first year, \$150 for every renewal year.

**The signature below certifies that your agency:**

- **Agrees to a possible site visit prior to final approval of first year application.**
- **Agrees to submit all future conference brochures to ICDVP 6-8 weeks prior to conference date.**
- **Understands that the ICDVP Board reserves the right to deny any single conference that does not meet ICDVP guidelines.**
- **Will provide documentation to individuals that complete your trainings.**
- **Will store documentation of all training participants for a minimum of 5 years.**
- **To send all required materials as stated in the ICDVP manual to ICDVP at the end of each approved year.**

Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525.

Any questions can be mailed or e-mail to [ilcdvp@ilcdvp.org](mailto:ilcdvp@ilcdvp.org)

*Print Name of Conference Coordinator:*

*Signature:*

*Date:*

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

APPROVED

DENIED

DATE

Signature of Reviewer:

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. |
|--------------------------|--|

A. Name of Agency:

Address:

Contact Person:

| | | |
|------------|------|---------|
| Telephone: | Fax: | E-Mail: |
|------------|------|---------|

| B. Training Coordinator(s) Name(s) | Title | ICDVP/CPAIP Certification # | Expires |
|------------------------------------|-------|-----------------------------|---------|
| | | | |
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| C. Supervisor(s) Name(s) | Title | ICDVP/CPAIP Certification # | Expires |
|--------------------------|-------|-----------------------------|---------|
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| D. Name of person(s) overseeing CEU training | Title | ICDVP/CPAIP Certification # | Expires |
|--|-------|-----------------------------|---------|
| | | | |
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| | | | |

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.
- ← 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 provide 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/PAIP) renewal, made payable to ICDVP, Inc. (example: provide a check for \$800.00 if renewing status for training/supervision, CEU and PAIP)
- 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:*

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

Print Name of Person Completing Form:

Print Name of Executive Director or Domestic Violence Program Director:

Signature:

Signature:

Title:

Date:

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

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

*Signature of reviewer:*

# Form 11

## 40-Hour Domestic Violence Training (all in person)

### Tracking Documentation Form

**Agency Name:** \_\_\_\_\_

This document serves to verify that this staff/volunteer person has completed the forty hour training, as required by the guidelines of the Illinois Domestic Violence Act and the Illinois Certified Domestic Violence Professional requirements.

*Note: This form allows for the agency to determine the topic/timeframe for an additional 7 hours – but it is required that these topics/ timeframes are place in the appropriate sections on this form. The ICDVP Board requires the use of this form by all approved ICDVP training sites. It is recommended that a copy of this form be placed in the employee’s personnel file.*

Staff/Volunteer/Participant Name: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

| ICDVP Required Topics                                                                                                                                                                                                                                             | Time Frame (hours) | Date/Day Covered | Trainer or Training Coordinator Initials |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|------------------------------------------|
| <b>Foundations of Domestic Violence (2 hrs.)</b>                                                                                                                                                                                                                  |                    |                  |                                          |
| Definition of Domestic Violence                                                                                                                                                                                                                                   |                    |                  |                                          |
| Historical and Feminist Perspectives                                                                                                                                                                                                                              |                    |                  |                                          |
| Societal and Institutional Issues                                                                                                                                                                                                                                 |                    |                  |                                          |
| Myths and Realities                                                                                                                                                                                                                                               |                    |                  |                                          |
|                                                                                                                                                                                                                                                                   |                    |                  |                                          |
| <b>Dynamics (5 hrs.)</b>                                                                                                                                                                                                                                          |                    |                  |                                          |
| Statistics and Domestic Violence                                                                                                                                                                                                                                  |                    |                  |                                          |
| Cycle of Violence                                                                                                                                                                                                                                                 |                    |                  |                                          |
| Power and Control Wheel/Types of Abuse                                                                                                                                                                                                                            |                    |                  |                                          |
| Barriers or Challenges to Leaving an Abuser                                                                                                                                                                                                                       |                    |                  |                                          |
| Identifying Victims/Survivors                                                                                                                                                                                                                                     |                    |                  |                                          |
|                                                                                                                                                                                                                                                                   |                    |                  |                                          |
| <b>Direct Services Issues (5 hrs.)</b>                                                                                                                                                                                                                            |                    |                  |                                          |
| <b>Counseling DV victims/survivors</b> <ul style="list-style-type: none"> <li>• Listening Skills</li> <li>• Service Planning</li> <li>• Confidential Communication</li> <li>• Personal and Professional Boundaries</li> <li>• Empowerment Perspectives</li> </ul> |                    |                  |                                          |
| Defining Advocacy                                                                                                                                                                                                                                                 |                    |                  |                                          |
| Basic Crisis Intervention Skills                                                                                                                                                                                                                                  |                    |                  |                                          |
| Documentation of Client Files –Files-Victim’s Survivor’s Rights                                                                                                                                                                                                   |                    |                  |                                          |
|                                                                                                                                                                                                                                                                   |                    |                  |                                          |

|                                                                                          |  |  |  |
|------------------------------------------------------------------------------------------|--|--|--|
|                                                                                          |  |  |  |
| <b>Safety and Assessment (2.5 hrs.)</b>                                                  |  |  |  |
| Safety Planning                                                                          |  |  |  |
| Lethality Assessment                                                                     |  |  |  |
| Suicide Assessment: Warning Signs, Intervention Strategies (.5)                          |  |  |  |
|                                                                                          |  |  |  |
| <b>Abuser Profile (1 hrs.)</b>                                                           |  |  |  |
| Overview of Abusers                                                                      |  |  |  |
| Overview of Abuser Program Services                                                      |  |  |  |
|                                                                                          |  |  |  |
| <b>Children's Issues (3 hrs.)</b>                                                        |  |  |  |
| Effects of Domestic Violence on Child                                                    |  |  |  |
| Child Abuse and Neglect                                                                  |  |  |  |
| DCFS Issues                                                                              |  |  |  |
| Safety planning                                                                          |  |  |  |
| Working with Children                                                                    |  |  |  |
|                                                                                          |  |  |  |
| <b>Teen Dating Violence (1 hrs.)</b>                                                     |  |  |  |
| Dynamics                                                                                 |  |  |  |
| Legal Aspects                                                                            |  |  |  |
| Safety Planning for Teen-Dating Violence                                                 |  |  |  |
|                                                                                          |  |  |  |
| <b>Cultural Competency (3 hrs.)</b>                                                      |  |  |  |
| Anti-Racism (2 hrs.)                                                                     |  |  |  |
| Religion                                                                                 |  |  |  |
|                                                                                          |  |  |  |
| <b>Working with Battered Women with Complex Issues (6 hrs.)</b>                          |  |  |  |
| Older Battered Women                                                                     |  |  |  |
| Elder Abuse and Neglect Act                                                              |  |  |  |
| Rural Women                                                                              |  |  |  |
| Immigrant Battered Women                                                                 |  |  |  |
| People with Unique Challenges                                                            |  |  |  |
| Mental Health Issues                                                                     |  |  |  |
| DV in LGBT relationships and Homophobia (1.5 hrs.)                                       |  |  |  |
| Substance Abuse and Domestic Violence (1 hrs.)                                           |  |  |  |
| Sexually Transmitted Diseases including HIV and AIDS                                     |  |  |  |
| Prostitution/Trafficking                                                                 |  |  |  |
|                                                                                          |  |  |  |
| <b>Legal Issues and Domestic Violence (4 hrs.)</b>                                       |  |  |  |
| IDVA Act                                                                                 |  |  |  |
| Criminal or Civil Court/Orders of Protection                                             |  |  |  |
| Criminal Offenses: Assault, Domestic Battery, Violation of Order of Protection, Stalking |  |  |  |
| Conditions of Bond                                                                       |  |  |  |

|                                                                                                                                                                                                                                                                                                    |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Full Faith and Credit                                                                                                                                                                                                                                                                              |  |  |  |
| VAWA-Immigration Issues                                                                                                                                                                                                                                                                            |  |  |  |
| Prohibitions Against Firearm Possession.                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                    |  |  |  |
| <b>Miscellaneous (.5 hours)</b>                                                                                                                                                                                                                                                                    |  |  |  |
| Certification Code of Ethics                                                                                                                                                                                                                                                                       |  |  |  |
| Referrals to and Working with other Agencies/Systems                                                                                                                                                                                                                                               |  |  |  |
|                                                                                                                                                                                                                                                                                                    |  |  |  |
| <i>This form allows for the agency to determine the topic/timeframe for an additional 7 hours – but it is required that these topics/ timeframes are placed in the appropriate sections on this form. If the additional topics do not fit under any of the topics listed above, put them here.</i> |  |  |  |
| Topic:                                                                                                                                                                                                                                                                                             |  |  |  |
| Topic:                                                                                                                                                                                                                                                                                             |  |  |  |
| Topic:                                                                                                                                                                                                                                                                                             |  |  |  |
| Topic:                                                                                                                                                                                                                                                                                             |  |  |  |
| Total hours                                                                                                                                                                                                                                                                                        |  |  |  |

Date Training Completed: \_\_\_\_\_

# Form 11B

## Combination 40-Hour Domestic Violence Training Tracking Documentation Form

This document serves to verify that this staff/volunteer person has completed the forty hour training, as required by the guidelines of the Illinois Domestic Violence Act and the Illinois Certified Domestic Violence Professional requirements. *The Online Modules A through E listed within this document are a part of the Illinois Coalition Against Domestic Violence Online Education Series. At this point in time no other online modules are accepted for the 40 hour domestic violence training using the online and in person components. Section totals must equal at a minimum the required time allocation.*

|                                                                                                                                                                                                                                                            |                             |                                                                           |          |                                                 |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------|----------|-------------------------------------------------|------|
| Agency Name:                                                                                                                                                                                                                                               |                             | Check here if any or all of the 5 online training modules were completed. |          |                                                 |      |
| Staff/Volunteer/Participant Name:                                                                                                                                                                                                                          | Program Director Signature: |                                                                           |          |                                                 |      |
| <b>ICDVP Required Topics</b>                                                                                                                                                                                                                               | <b>Time Frame (hours)</b>   |                                                                           |          | Facilitator<br>Initials                         | Date |
| <b>Foundations of Domestic Violence (2 hrs.)<br/>Combination: Module A online (1 hr.) + In person (1 hr.)</b>                                                                                                                                              | Online<br>Module<br>A       | In Person                                                                 |          |                                                 |      |
|                                                                                                                                                                                                                                                            |                             | Discussion                                                                | Activity |                                                 |      |
| Definition of Domestic Violence                                                                                                                                                                                                                            |                             |                                                                           |          |                                                 |      |
| Historical and Feminist Perspectives                                                                                                                                                                                                                       |                             |                                                                           |          |                                                 |      |
| Societal and Institutional Issues                                                                                                                                                                                                                          |                             |                                                                           |          |                                                 |      |
| Myths and Realities                                                                                                                                                                                                                                        |                             |                                                                           |          |                                                 |      |
| <b>Sub Totals</b>                                                                                                                                                                                                                                          | <b>1</b>                    |                                                                           |          | <b>Section Total:</b><br>Minimum Requirement: 2 |      |
| <b>Dynamics (5 hrs.)<br/>Combination: Module A online (3 hr.) + In Person (2 hr.)</b>                                                                                                                                                                      | Online<br>Module<br>A       | In Person                                                                 |          | Facilitator<br>Initials                         | Date |
|                                                                                                                                                                                                                                                            |                             | Discussion                                                                | Activity |                                                 |      |
| Statistics and Domestic Violence                                                                                                                                                                                                                           |                             |                                                                           |          |                                                 |      |
| Cycle of Violence                                                                                                                                                                                                                                          |                             |                                                                           |          |                                                 |      |
| Power and Control Wheel/Types of Abuse                                                                                                                                                                                                                     |                             |                                                                           |          |                                                 |      |
| Barriers or Challenges to Leaving an Abuser                                                                                                                                                                                                                |                             |                                                                           |          |                                                 |      |
| Identifying Victims/Survivors                                                                                                                                                                                                                              |                             |                                                                           |          |                                                 |      |
| <b>Sub Totals</b>                                                                                                                                                                                                                                          | <b>3</b>                    |                                                                           |          | <b>Section Total:</b><br>Minimum Requirement: 5 |      |
| <b>Direct Services Issues (5 hrs.)<br/>Combination: Module B (2 hr.) + In Person (3 hr.)</b>                                                                                                                                                               | Online<br>Module<br>B       | In Person                                                                 |          | Facilitator<br>Initials                         | Date |
|                                                                                                                                                                                                                                                            |                             | Discussion                                                                | Activity |                                                 |      |
| Counseling DV victims/survivors <ul style="list-style-type: none"> <li>• Listening Skills</li> <li>• Service Planning</li> <li>• Confidential Communication</li> <li>• Personal and Professional Boundaries</li> <li>• Empowerment Perspectives</li> </ul> |                             |                                                                           |          |                                                 |      |
| Defining Advocacy                                                                                                                                                                                                                                          |                             |                                                                           |          |                                                 |      |
| Basic Crisis Intervention Skills                                                                                                                                                                                                                           |                             |                                                                           |          |                                                 |      |
| Documentation of Client Files –Files-Victim’s Survivor’s Rights                                                                                                                                                                                            |                             |                                                                           |          |                                                 |      |
|                                                                                                                                                                                                                                                            |                             |                                                                           |          |                                                 |      |

|                                                                                                     |                       |                      |          |                                                   |      |
|-----------------------------------------------------------------------------------------------------|-----------------------|----------------------|----------|---------------------------------------------------|------|
| <b>Sub Totals</b>                                                                                   | <b>2</b>              |                      |          | <b>Section Total:</b><br>Minimum Requirement: 5   |      |
| <b>Safety and Assessment (2.5 hrs.)<br/>Combination: Module B (1.25 hr.) + In Person (1.25 hr.)</b> | Online<br>Module<br>B | <b>In Person</b>     |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Safety Planning                                                                                     |                       |                      |          |                                                   |      |
| Lethality Assessment                                                                                |                       |                      |          |                                                   |      |
| Suicide Assessment: Warning Signs, Intervention Strategies<br><b>(.5)—must be covered in person</b> |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
| <b>Sub Totals</b>                                                                                   | <b>1.25</b>           |                      |          | <b>Section Total:</b><br>Minimum Requirement: 2.5 |      |
| <b>Abuser Profile (1 hrs.)<br/>Combination: Module B (.75 hr.) + In Person (.25 hr.)</b>            | Online<br>Module<br>B | <b>In<br/>Person</b> |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Overview of Abusers                                                                                 |                       |                      |          |                                                   |      |
| Overview of Abuser Program Services                                                                 |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
| <b>Sub Totals</b>                                                                                   | <b>.75</b>            |                      |          | <b>Section Total:</b><br>Minimum Requirement: 1   |      |
| <b>Children’s Issues (3 hrs.)<br/>Combination: Module C (2 hr.) + In Person (1)</b>                 | ICADV<br>Module<br>C  | <b>In Person</b>     |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Effects of Domestic Violence on Child                                                               |                       |                      |          |                                                   |      |
| Child Abuse and Neglect                                                                             |                       |                      |          |                                                   |      |
| DCFS Issues                                                                                         |                       |                      |          |                                                   |      |
| Safety planning                                                                                     |                       |                      |          |                                                   |      |
| Working with Children                                                                               |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
| <b>Sub Totals</b>                                                                                   | <b>2</b>              |                      |          | <b>Section Total:</b><br>Minimum Requirement: 3   |      |
| <b>Teen Dating Violence (1 hrs.)<br/>Combination: Module C (.5 hr.) + In Person (.5 hr.)</b>        | ICADV<br>Module<br>C  | <b>In Person</b>     |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Dynamics                                                                                            |                       |                      |          |                                                   |      |
| Legal Aspects                                                                                       |                       |                      |          |                                                   |      |
| Safety Planning for Teen-Dating Violence                                                            |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
| <b>Sub Total</b>                                                                                    | <b>.5</b>             |                      |          | <b>Section Total:</b><br>Minimum Requirement: 1   |      |
| <b>Cultural Competency (3 hrs.)<br/>Combination: Module C (1.5 hr.) + In Person (1.5 hr.)</b>       | ICADV<br>Module<br>C  | <b>In Person</b>     |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Anti-Racism (2 hrs.)— <b>module C = 1 hr.</b>                                                       |                       |                      |          |                                                   |      |
| Religion— <b>module C = .5</b>                                                                      |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |

| <b>Sub Totals</b>                                                                                               | <b>1.5</b>           |            |          | <b>Section Total:</b><br>Minimum Requirement: 3  |      |
|-----------------------------------------------------------------------------------------------------------------|----------------------|------------|----------|--------------------------------------------------|------|
| <b>Working w/Battered Women w/Complex Issues (6 hrs.)<br/>Combination: Module D (4 hr.) + In Person (2 hr.)</b> | ICADV<br>Module<br>D | In Person  |          | Facilitator<br>Initials                          | Date |
|                                                                                                                 |                      | Discussion | Activity |                                                  |      |
| Older Battered Women                                                                                            |                      |            |          |                                                  |      |
| Elder Abuse and Neglect Act                                                                                     |                      |            |          |                                                  |      |
| Rural Women                                                                                                     |                      |            |          |                                                  |      |
| Immigrant Battered Women                                                                                        |                      |            |          |                                                  |      |
| People with Unique Challenges                                                                                   |                      |            |          |                                                  |      |
| Mental Health Issues                                                                                            |                      |            |          |                                                  |      |
| DV in LGBT relationships and Homophobia (1.5 hrs.)<br><b>Module D = .75 hr.</b>                                 |                      |            |          |                                                  |      |
| Substance Abuse and Domestic Violence (1 hrs.)<br><b>Module D = .5 hr.</b>                                      |                      |            |          |                                                  |      |
| Sexually Transmitted Diseases including HIV and AIDS                                                            |                      |            |          |                                                  |      |
| Prostitution/Trafficking                                                                                        |                      |            |          |                                                  |      |
|                                                                                                                 |                      |            |          |                                                  |      |
| <b>Sub Totals</b>                                                                                               | <b>4</b>             |            |          | <b>Section Total:</b><br>Minimum Requirement: 6  |      |
| <b>Legal Issues and Domestic Violence (4 hrs.)<br/>Combination: Module E (3.75 hr.) + In Person (.25 hr.)</b>   | ICADV<br>Module<br>E | In Person  |          | Facilitator<br>Initials                          | Date |
|                                                                                                                 |                      | Discussion | Activity |                                                  |      |
| IDVA Act                                                                                                        |                      |            |          |                                                  |      |
| Criminal or Civil Court/Orders of Protection                                                                    |                      |            |          |                                                  |      |
| Criminal Offenses: Assault, Domestic Battery, Violation of Order<br>of Protection, Stalking                     |                      |            |          |                                                  |      |
| Conditions of Bond                                                                                              |                      |            |          |                                                  |      |
| Full Faith and Credit                                                                                           |                      |            |          |                                                  |      |
| VAWA-Immigration Issues                                                                                         |                      |            |          |                                                  |      |
| Prohibitions Against Firearm Possession.                                                                        |                      |            |          |                                                  |      |
|                                                                                                                 |                      |            |          |                                                  |      |
| <b>Sub Totals</b>                                                                                               | <b>3.75</b>          |            |          | <b>Section Total:</b><br>Minimum Requirement: 4  |      |
| <b>Miscellaneous (.5 hours)<br/>Combination: Module E (.25 hr.) + In Person (.25 hr.)</b>                       | ICADV<br>Module<br>E | In Person  |          | Facilitator<br>Initials                          | Date |
|                                                                                                                 |                      | Discussion | Activity |                                                  |      |
| Certification Code of Ethics                                                                                    |                      |            |          |                                                  |      |
| Referrals to and Working with other Agencies/Systems                                                            |                      |            |          |                                                  |      |
|                                                                                                                 |                      |            |          |                                                  |      |
| <b>Sub Totals</b>                                                                                               | <b>.25</b>           |            |          | <b>Section Total:</b><br>Minimum Requirement: .5 |      |



|                                                                                                                   |                                     |          |                                                    |             |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|----------------------------------------------------|-------------|
| <b><i>If the additional topics do not fit under any of the topics listed above, add them to this section.</i></b> | <b>In Person</b>                    |          | <b>Facilitator<br/>Initials</b>                    | <b>Date</b> |
|                                                                                                                   | Discussion                          | Activity |                                                    |             |
| <b>Topic:</b>                                                                                                     |                                     |          |                                                    |             |
| <b>Topic:</b>                                                                                                     |                                     |          |                                                    |             |
| <b>Topic:</b>                                                                                                     |                                     |          |                                                    |             |
| <b>Topic:</b>                                                                                                     |                                     |          |                                                    |             |
| <b>Sub Totals</b>                                                                                                 |                                     |          | <b>Section Total:</b><br>Minimum Requirement: 0--7 |             |
| <b>Date Training Completed:</b>                                                                                   | <b>Grand Total of all Sections:</b> |          |                                                    |             |
|                                                                                                                   | Minimum Requirement: 40             |          |                                                    |             |

**Using This Section Is Optional.**

| <b>Facilitator Full Name</b> | <b>Initials</b> | <b>Date Presented</b> |
|------------------------------|-----------------|-----------------------|
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## Form 12

Sign In And Sign Out For CDVP/CPAIP Continuing Education Unit (CEU)

| Training Name:        |               | Date:        |               |
|-----------------------|---------------|--------------|---------------|
| Name/ Address (print) | ICDVP/CPAIP # | Sign in Time | Sign out Time |
|                       |               |              |               |
|                       |               |              |               |
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## Form 13

### Evaluation Questions

| Check the box under the most appropriate heading                                                         | Strongly Agree | Agree | Disagree | Strongly Disagree |
|----------------------------------------------------------------------------------------------------------|----------------|-------|----------|-------------------|
| <b>The quality of instruction and teaching ability –</b>                                                 |                |       |          |                   |
| The instructor presented materials in a manner that was easily understood.                               |                |       |          |                   |
| The instructor presented materials in a manner that was appropriate to your skill level.                 |                |       |          |                   |
| The instructor answered the questions asked by audience members.                                         |                |       |          |                   |
| <i><b>If you marked disagree or strongly disagree to any of the above questions, please explain.</b></i> |                |       |          |                   |
| <br>                                                                                                     |                |       |          |                   |
| <b>The instructor's level of knowledge and expertise –</b>                                               |                |       |          |                   |
| The instructor demonstrated an understanding of the materials that she/he was presenting.                |                |       |          |                   |
| <i><b>If you marked disagree or strongly disagree to the above question, please explain.</b></i>         |                |       |          |                   |
| <br>                                                                                                     |                |       |          |                   |
| <b>The usefulness of the program content for meeting each of the program's stated objectives –</b>       |                |       |          |                   |
| The program content was what I expected.                                                                 |                |       |          |                   |
| <i><b>If you marked disagree or strongly disagree to the above question, please explain.</b></i>         |                |       |          |                   |
| <br>                                                                                                     |                |       |          |                   |
| <b>The adequacy of the physical facilities –</b>                                                         |                |       |          |                   |
| The room was accessible for all.                                                                         |                |       |          |                   |
| The room provided enough space for all attendees.                                                        |                |       |          |                   |
| <i><b>If you marked disagree or strongly disagree to any of the above questions, please explain.</b></i> |                |       |          |                   |
| <br>                                                                                                     |                |       |          |                   |

If you have any other comments please include them on the back of this form.

## Form 14

### PAIP Training (all in person)

### Tracking Documentation Form

**Agency Name:**

|                                                                                                                                                                                     |                                  |                     |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|-------------------------|
| This document serves to verify that this staff/volunteer person has completed the PAIP training, as required by the Illinois Certified Domestic Violence Professional requirements. |                                  |                     |                         |
| Start Date:                                                                                                                                                                         | Staff/Volunteer Name:            |                     |                         |
| Completion Date:                                                                                                                                                                    | Approved by:                     |                     |                         |
| <b>CPAIP Required Topics</b>                                                                                                                                                        | <b>Agency Topic / Time Frame</b> | <b>Date Covered</b> | <b>Trainer Initials</b> |
| <b>Introduction (.25 hrs.)</b>                                                                                                                                                      |                                  |                     |                         |
| • Define PAIP program                                                                                                                                                               |                                  |                     |                         |
| • Overall objectives                                                                                                                                                                |                                  |                     |                         |
| <b>Orientation to Group Process (1.0 hrs.)</b>                                                                                                                                      |                                  |                     |                         |
| • Understanding group cohesiveness                                                                                                                                                  |                                  |                     |                         |
| • Creating a learning atmosphere                                                                                                                                                    |                                  |                     |                         |
| • Assessing group effectiveness                                                                                                                                                     |                                  |                     |                         |
| • Utilizing the control log in group                                                                                                                                                |                                  |                     |                         |
| <b>Domestic Violence Information (1.0 to 1.75 hrs.)</b>                                                                                                                             |                                  |                     |                         |
| • Characteristics of abusers and their role in the group process                                                                                                                    |                                  |                     |                         |
| • Impact of abuse on victims, children and society                                                                                                                                  |                                  |                     |                         |
| • Representing the victim in group                                                                                                                                                  |                                  |                     |                         |
| <b>PAIP issues (2 hrs.)</b>                                                                                                                                                         |                                  |                     |                         |
| • Historical development of PAIP                                                                                                                                                    |                                  |                     |                         |
| • Key components of effective PAIPs                                                                                                                                                 |                                  |                     |                         |
| • Theoretical components                                                                                                                                                            |                                  |                     |                         |
| • Compare and contrast PAIPs with therapeutic interventions                                                                                                                         |                                  |                     |                         |
| • Components of a Protocol Approved PAIP                                                                                                                                            |                                  |                     |                         |
| • Intake/referral process                                                                                                                                                           |                                  |                     |                         |
| • Assessment procedures including exclusion requirements                                                                                                                            |                                  |                     |                         |
| • Effective PAIP evaluation                                                                                                                                                         |                                  |                     |                         |

| <b>Facilitator Issues (6.0 hrs.)</b>                            |           |  |  |
|-----------------------------------------------------------------|-----------|--|--|
| • Role of facilitator                                           |           |  |  |
| • Use of Power as a facilitator                                 |           |  |  |
| • Confidentiality                                               |           |  |  |
| • Using confrontation and challenging to promote accountability |           |  |  |
| • Identify personal beliefs and bias                            |           |  |  |
| • Stages of Change Model                                        |           |  |  |
| • Expectation for Male/Female co-facilitators                   |           |  |  |
| • Teaching strategies for behavior change                       |           |  |  |
| <b>Group Dynamics (2-3 hrs.)</b>                                |           |  |  |
| • Challenges in group facilitation                              |           |  |  |
| • Strategies to avoid groupthink and colluding                  |           |  |  |
| • Assessing change in DV offenders                              |           |  |  |
| <b>Skill Building (5-6 hours)</b>                               |           |  |  |
| • Best practices in group facilitation                          |           |  |  |
| • Practice facilitation, role-plays                             |           |  |  |
| • Challenges/troubleshooting in role-plays                      |           |  |  |
| • Addressing parenting with DV offenders                        |           |  |  |
| <b>Miscellaneous (3.25 hours)</b>                               |           |  |  |
| • Certification for PAIP                                        |           |  |  |
| • Working with special populations                              |           |  |  |
| • Curriculum videos                                             |           |  |  |
| • Other                                                         |           |  |  |
|                                                                 |           |  |  |
|                                                                 |           |  |  |
|                                                                 |           |  |  |
| <b>Total Hours</b>                                              | <b>20</b> |  |  |

(Name of Agency)  
(Street/PO of agency, City, state, zip)

## Certificate Of Completion

For the  
**40 Hour Domestic Violence Training**  
(Combining the 20 hour in person & ICADV's 20 hour on-line domestic violence foundation training)

**Training Dates:**

**Location of Training:**

**Completed by:**

If this box is checked, the above participant completed the 20 hour online components with ICADV and the 20 hour in person component with **(agency name)** and has therefore completed the 40 hour Domestic Violence training in its entirety.

**Professional License Number:**

Hours Attended: 40

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**(Name),** CDVP #:

**(Agency name)** is approved as a 40 hour domestic violence training Site by the Illinois Certified Domestic Violence Professionals, Inc. Board.