

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 nd 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