Form 8B

Request for Extension				
Check which certification needs an extension/inactive status. CDVP		CPAIP		
ame:				
Address:				
lephone:	Email:			
ertification #:	Date of Request:			
Checklist of items to include with request form				
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.)				
	Check which certification needs an extendence: Iddress: Checklist of items to i Request for Extension form completely fill Section 2. \$25.00 to receive an extension Make check(s) payable to ICDVP, Inc. Mail signed request form and payment(s) to Check below if requesting a second 6 month extension. (In	Check which certification needs an extension/inactive status. Idress: Idress: Idress: Checklist of items to include with request 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 4 Check below if requesting another exten Requesting a second 6 month extension. (Individual will not be a	Check which certification needs an extension/inactive status. CDV Check Checklist of items to include with request form Checklist of completely filled out and signed Section 1. Request for Extension form completely filled out and signed Check below if requesting another extension Check below if requesting another extension Requesting a second 6 month extension. (Individual will not be able to get	Check which certification needs an extension/inactive status. CDVP Check which certification needs an extension/inactive status. CDVP Check is 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 Check below if requesting another extension Requesting a second 6 month extension. (Individual will not be able to get another

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