

## 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](mailto: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:**