

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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