

**FORM 8 – INDIVIDUAL CERTIFICATION RENEWAL (Revised 04-11-19)**

Individual Certification Renewal Form			
<b>Check which certification is being renewed.</b>		CDVP	CPAIP
Name:			
Address:			
Telephone:		E-Mail Address:	
Certification #:		Date of Request:	
Application Process			
<ol style="list-style-type: none"> <li>1. CDVP and CPAIP certification is valid for two years from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason.</li> <li>2. The certification may be renewed by completion of the required renewal form and submitting proof that 30 hours of Continuing Education units related to the 40-hour DV training and/or 20-hour PAIP training content have been obtained since the professional's last renewal period.</li> <li>3. Effective 2015, the maximum hours allowed for on-line trainings is 15.</li> <li>4. Renewal forms may be submitted no sooner than <b>two</b> months prior to expiration of certification.</li> </ol>			
Checklist of Items to include in application			
1. Application form completely filled out and signed. <b>Do NOT forget to fill out list on 2<sup>nd</sup> page of this form.</b>			
2. Any petition(s), the materials requested by that petition(s), and the required fee that is needed.			
3. <b>Copies</b> of attendance certificates/letters for all trainings listed on 2 <sup>nd</sup> 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. <b>(only 1 applicant per check)</b>			
Mail <b>signed</b> renewal form and payment to: ICDVP, P.O. Box 429, LaGrange, IL. 60525			

**Form 8 continued**

**LIST ALL WORKSHOPS-TRAININGS-CONFERENCES-PETITIONS ATTENDED FOR CEU CREDIT.**

Conference Date	Conference Name	CEU Hours	✓ if In-person	✓ if Petition
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**